

# Checklist for Madison Spring Sports Participation



**ONLY COMPLETE PACKETS WILL BE ACCEPTED; A COMPLETE PACKET INCLUDES THE FOLLOWING THREE COMPONENTS AND THIS CHECKLIST (PLEASE STAPLE OR PAPER CLIP THIS SHEET ON TOP).  
A COMPLETE PACKET IS REQUIRED TO TRY OUT AND PRACTICE A SPORT. DUE DATE IS MONDAY, 3/7/16.**

## VOLLEYBALL

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_

1. Parent/Guardian Release Form—Volleyball Safety Guidelines (yellow sheet)
  - Parent/guardian reviews information and signs and dates.
  - Student reviews information and signs and dates.
  
2. Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form
  - Parent/guardian reviews information and signs and dates.
  - Student reviews information and signs and dates.
  
3. Athletic Registration & Physical Form
  - All student athletes, EACH SPORTS SEASON, need a parent/guardian to complete Sections I, II, III, and IV. (Please note: parent/guardian signatures are required in Section II and Section IV.)
  - A medical authority licensed to perform a physical examination completes both sides of the physical form. This is a two-sided form which is labeled *Physical Examination Form* on one side and *Clearance Form* on the other. The *History Form* is to be filled out by the patient and parent prior to seeing the physician. This form stays on file in the clinic/doctor's office.
    - Physicals are valid for two calendar years.
    - Please make a copy of the physical for your records.
  - Check here if your student's physical already should be on file. The last sport your student played at

Madison was: \_\_\_\_\_ Year \_\_\_\_\_

### FOR OFFICE STAFF ONLY: Please check for all required signatures on each form.

- Parent/Guardian Release Form— Volleyball Safety Guidelines \_\_\_\_\_
- Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form \_\_\_\_\_
- Athletic Registration Form (Two signatures required) \_\_\_\_\_
- Physical Form:
  - Included:     Cleared to play     Not cleared to play
  - \_\_\_\_\_
  - Physical on file:     Physical still valid     Physical expired
  - \_\_\_\_\_
  - Physical not on file \_\_\_\_\_
- ALL CLEARED**    Initials \_\_\_\_\_    Date \_\_\_\_\_

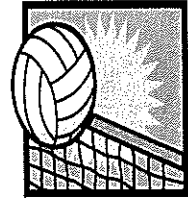




**SEATTLE  
PUBLIC  
SCHOOLS**

Athletic  
Department

**PARENT/GUARDIAN RELEASE FORM**  
**Volleyball Safety Guidelines**



Seattle Public Schools strives to protect each student-athlete from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student-athlete and others from injury and/or illness. Participants and their parents/guardians should recognize that conditioning, nutrition, proper techniques, safety procedures, and well fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of Seattle Public Schools field trip policy and the activity coach.

Sport guidelines are as follows:

- Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
- Advise the coach if you are ill or have any prolonged symptoms of illness.
- Advise the coach if you have been injured.
- Engage in warm-up activities prior to strenuous participation.
- Be alert for any physical hazards in the locker room or in or around the participation area. Advise the coach of any hazards or concern.
- Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc..

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the Volleyball Program.

I am aware that **volleyball** is a high-risk sport and that practicing or competing in **volleyball** will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of practicing and competing in **volleyball** include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risk of practicing or competing in **volleyball** may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the Seattle Public Schools, nor the student organization of the Seattle Public Schools shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the District. We further agree that neither the District nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Athletic Department / 401 Fifth Avenue North Seattle, WA 98109 206.252-1800 Fax: 206.252-1801



## Seattle Public Schools Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 6/15/2009

Seattle Public Schools  
Concussion Information Sheet

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

**RETURN TO PARTICIPATION PROTOCOL**

**If your child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.**

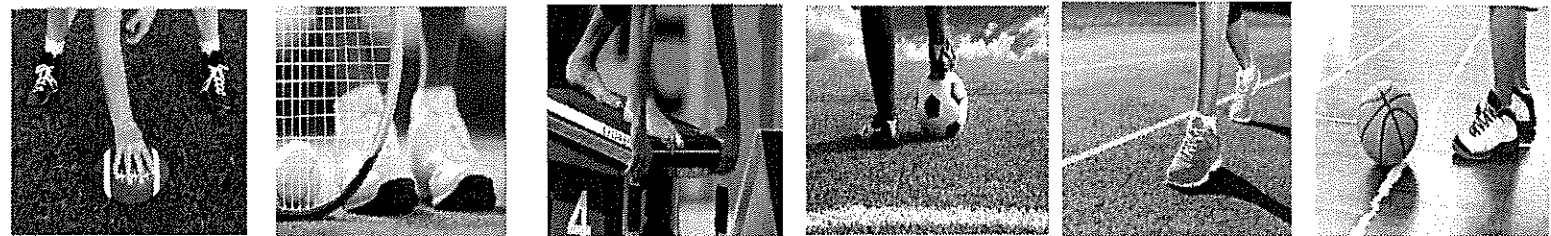
**The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.**

# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

*SCA is also the leading cause of sudden death in young athletes during sports*

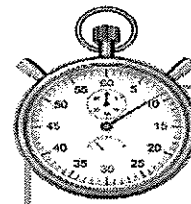
**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

*Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!*



### Cardiac 3-Minute Drill

#### 1. RECOGNIZE

##### Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

#### 2. CALL 9-1-1

- Call for help and for an AED

#### 3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

#### 4. AED

- Use AED as soon as possible

#### 5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second Counts!**

**UW Medicine**  
Center For Sports Cardiology  
[www.uwportscardiology.org](http://www.uwportscardiology.org)



WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION



SCA Awareness  
Youth Heart Screening  
CPR/AED in Schools

[www.nickoftimefoundation.org](http://www.nickoftimefoundation.org)







## Seattle Public Schools

### Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

Seattle Public Schools believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Seattle Public School athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

**I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.**

_____	_____	_____
<i>Student Name (Printed)</i>	<i>Student Name (Signed)</i>	<i>Date</i>
_____	_____	_____
<i>Parent Name (Printed)</i>	<i>Parent Name (Signed)</i>	<i>Date</i>





**ATHLETIC REGISTRATION & PHYSICAL FORM  
SEATTLE SCHOOL DISTRICT ATHLETIC DEPARTMENT**

\_\_\_\_\_

Id Number

**SECTION I: INFORMATION**

F

M

\_\_\_\_\_

Birth Date

Grade

Student-Athlete Name: \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medications in use \_\_\_\_\_ Medicine Allergic to \_\_\_\_\_

School attended last year: \_\_\_\_\_  
School Name City/State

Private School Student:  yes  no If yes, school name: \_\_\_\_\_

**SECTION II: MEDICAL EMERGENCY AUTHORIZATION**

Name of Student Athlete \_\_\_\_\_ School \_\_\_\_\_

I hereby grant permission to the Athletic Trainer Sports Service Provider and Team Physicians, or other physicians designated by the above named school and Parent/Guardian to provide my child with any medical care or surgical care that they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the Athletic Trainer Sports Service Provider's who are under the direction and guidance of a physician to provide my child with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my child's health and well being as a result of injuries or other medical conditions occurring as the result of/or during athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to the Athletic Trainer Sports Service Provider and/or school officials to seek necessary treatment at a hospital or health care center.

Person to call in case of injury \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

→ \_\_\_\_\_  
Parent/Guardian Signature Date

**SECTION III: SPORT INJURY RISK PARENT CONSENT**

Student may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check mark in the box next to the selected sport(s). *Please see attached Sport Risk/Injury Parent Consent forms for approval of chosen sports for your son/daughter:*

- Fall:  X Country  Football  Golf  G/Soccer  G/Swimming
- HS Volleyball  MS Ultimate Frisbee
- Winter:  Basketball  Gymnastics  B/Swimming  Wrestling
- Spring:  Baseball  B/Soccer  Softball  Tennis  Track
- MS Volleyball

Cheer Squad  Yes  No Additional Sport/Activity \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperfexity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



