

The mascot logo for Benson High School, featuring a stylized tiger's head with large, sharp teeth and whiskers, rendered in a light gray color.

# Benson High School Sports Packet 2016-2017

360 S. Patagonia Street  
Benson AZ 85602  
Athletic Department - 520-720-6844  
Fax 520-720-6710

Dear High School Parent:

To help ensure the health and safety of your son or daughter the Benson Unified School District requires the following information for participation in interscholastic activities.

1. Physical Exam – This is required annually. The exam must not be completed before March 1<sup>st</sup> of the first year of participation. **THIS FORM MUST BE SIGNED BY A DOCTOR.**
2. Annual Pre-participation Physical Examination (this has replaced the previous Health History Questionnaire.) **THIS FORM MUST BE SIGNED BY A DOCTOR.**
3. Emergency Medical Treatment Release (please fill out completely with **ALL** insurance information.
4. Concussion Acknowledgement Form
5. Parent Code of Ethics

In addition parents and students are required to sign Permission to Participate Form and provide health insurance information. If your student does not have health insurance you may purchase a very affordable coverage at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). This needs to be purchased before the student can participate.

When **ALL** of the information is returned and **FILLED OUT COMPLETELY**, the athlete can participate.

Enclosed is the information that will be helpful in developing an effective line of communication between coaches, athletes and parents.

Sincerely,

Darin Giltner, A.D.

# BENSON HIGH SCHOOL CODE OF CONDUCT

## **ATHLETIC CODE OF CONDUCT:**

The Athletic Department will help student – athletes achieve as much success as possible, however, proper sportsmanship is a primary objective. Athletes are to recognize that decisions and consequences are a part of learning. Disregard for sportsmanship and rules will not be tolerated.

To help ensure fairness and uniformity the following minimal guidelines will be required. The rules and consequences under the Athletic Code are in addition to those required and imposed by the school district.

## **EXTRA CURRICULAR ACTIVITIES:**

**Definition:** Extracurricular activities are all interscholastic activities and those endeavors for which no credit is earned in meeting graduation or promotional requirements that are organized, planned, or sponsored by the District consistent with District policy.

**Interpretation:** Interscholastic activities shall include all activities that operate under the guidelines, rules or procedures established by the Arizona Interscholastic Association, such as athletics, speech and theater, and music. Physical education classes do not require participation in athletics as part of a grade.

Endeavors for which no credit is earned that are sponsored by the District and District personnel will include; all school-sponsored clubs, student government, and pom-cheer activities. Students in clubs or group activities that may impact on the student's grades in the related classes shall not be subject to these regulations.

## **ATTENDANCE:**

1. Student must attend all practices.
2. Unexcused Absences:
  - a. First Offense- misses next game.
  - b. Second Offense- misses next 2 (two) games.
  - c. Third Offense- off team.
3. To compete, an athlete must attend school on the day of the activity. Approved shortened schedules for seniors, doctor or dentist appointments, or funerals shall serve as exceptions.
4. Athletes who report to school late following an athletic contest will not practice or play on that day unless cleared by the principal.
5. In the event a student – athlete is inadvertently allowed to participate after an attendance violation, the student will forfeit participation on the next appropriate occasion.
6. An athlete who is suspended from school may not participate in practice or play during the period of suspension. This period is defined as from the close of school on the day of suspension to the end of the school day upon completion of the suspension.
7. Participation during non-school day following an absence from school shall be left to the discretion of the coach.
8. A doctor's release must be submitted to the athletic trainer for approval before an athlete returns to practice after an injury or hospital stay.

### **ACADEMIC ELIGIBILITY TO PARTICIPATE IN EXTRACURRICULAR ACTIVITIES:**

1. To be eligible, students must be passing all of their subjects at the end of each one-week grading interval. A student has one week to make up any deficiency from the time of the first notice.
2. Students must be passing three (3) subjects not previously passed at the end of each semester to be eligible to compete in extracurricular activities the following semester.
3. A student must be a student in "good standing", i.e. (academics, tardies, truancy, discipline)
4. A "**D**" is the lowest passing grade.
5. Students who do not meet the above eligibility requirements become academically deficient and will be unable to participate in extracurricular activities until the deficiency is cleared up.
6. Academically deficient students will be notified in a manner that will ensure confidentiality, both for pending ineligibility and for the period of ineligibility.
7. Coaches and/or sponsors will be advised under the same procedure.
8. One academic warning and three consecutive ineligible weeks (4 consecutive weeks of ineligibility) will result in a termination from the team.

### **SUBSTANCE ABUSE:**

1. To insure maximum performances, team efforts, and good health habits, athletes must refrain from using alcohol, illegal drugs or tobacco.
2. During the season of practice or play, a student may not use or have in possession any of the above substances. The season is defined as the time from the first practice until completion of all season obligations.
3. The athlete found guilty of having in his/her possession any illegal drugs or substances with the intent of selling, giving away, or other distribution will immediately be dropped from the team for the remainder of the season and will forfeit all awards, records and accomplishments.
4. Violation of the Substance Abuse Rule will be addressed as follows:
  - a. Suspected violations must be immediately reported to the athletic director.
  - b. A conference with the student-athlete regarding the incident will be held.
  - c. If a violation is substantiated, the student-athlete will be suspended from participation in athletics as follows:
    1. First Violation – Student will be suspended from participation in 1/5<sup>th</sup> of the allowable season contests. If the athlete cannot complete the suspension at the end of the season, the suspension will carry into his/her next season of participation. The athlete will be expected to attend practice during the period of suspension unless excused by the coach. However, he/she is not to be a part of travel or any other team function until the suspension is completed. The athlete will also be expected to complete a drug awareness program if available.
    2. Second Violation – Student is to be dropped from the team for the remainder of the season and will forfeit all awards, records and accomplishments.

### **ATHLETIC FACILITIES:**

1. At no time is it permissible for individuals or groups to work out in the gymnasium without authorized supervision (weekend and summer months included).
2. At no time will individuals or groups be working out, jogging, or just "messing around" while teams or squads are having an official practice session.
3. Athletes in the gymnasium for one sport practice will not use equipment not specifically for their sport.
4. Improper conduct while using athletic facilities will be dealt with and administered by the person in charge.
5. Destruction of school property will be dealt with and administered by supervisor and the administration.
6. Improper use of school facilities or lack of supervision will result in the loss of user privileges.

# **GENERAL RULES:**

## **CHANGING SPORTS:**

1. Athletes will be allowed to transfer from one sport to another during a given season only upon mutual agreement of both coaches in the first 3 weeks of practice, in good standing with the coach/school, and with the approval of the athletic director.
2. Any athlete that quits a sport during the season, he/she will not be allowed to join another sport. It will be necessary to wait until the sport season is over before joining the next sport team, etc...

## **GOOD CONDUCT RULES:**

1. All athletes are required to conduct themselves in a manner, which makes them a credit to Benson High School and the Arizona Interscholastic Athletic Association.
2. Athletes who display behavior, which causes a negative effect on the athletic program at any time during the season of practice or play, will jeopardize their chances of participation. Disregard for sportsmanship conduct and team rules will clearly result in disciplinary action.
3. Consequences for violations of the "Good Conduct Rule" will be administered upon approval of his/her immediate supervisor.
4. If a student-athlete chooses to appeal the disciplinary action taken, he/she shall take the following steps:
  - a. The student must file a written appeal with the athletic director within 48 hours of the decision to administer disciplinary action.
  - b. The athletic director will appoint an Athletic Appeals Board consisting of three (3) faculty members and him/herself. The athletic director will chair the Board.
  - c. The Appeals Board will follow the necessary procedure to resolve the appeal.
  - d. During the appeal process any suspension shall be postponed.

## **TEAM RULES:**

1. Coaches may elect to include additional team rules suited for their sport provided:
  - a. The Athletic Director will approve team rules.
  - b. Parents and team are informed of the rules in writing prior to the start of the season.
  - c. Only coaches and administrators can do the selection and administration of discipline.

## **PRACTICE SCHEDULES (ATHLETIC):**

All practice sessions will end in time to have all participants on their way home three hours after the beginning of the session, including shower and dressing time. The building Principal or Athletic Director must approve all practices that include evenings and Saturdays. The scheduling of Saturday practices is discouraged and is not mandatory for the participants. Two-hour practice sessions are recommended as a maximum. Beginning practice dates for all sports are governed by the AIA. Students participating in practices on Wednesdays must be released and out of the buildings by 6:00 p.m.

**ATHLETIC PROGRAMS:** Baseball, Boys Basketball, Girls Basketball, Cross Country\*, Spirit line/Dance, Football, Golf\*, Boys and Girls Track, Soccer, Softball\*, Tennis\*, Volleyball, Wrestling

\* = If Number Permit.

## **COACHES CODE OF ETHICS FOR BENSON SCHOOLS**

1. Exemplify the highest moral character, behavior and leadership.
2. Respect the integrity and personality of the individual athlete.
3. Abide by the rules of the game in letter and in spirit.
4. Respect the integrity and judgments of sports officials.
5. Demonstrate a mastery of and continuing interest in coaching principles and techniques through professional improvement.
6. Encourage a respect for all athletics and their values.
7. Display modesty in victory and graciousness in defeat.
8. Promote ethical relationships among coaches.
9. Fulfill responsibilities to provide health services and an environment free of safety hazards.
10. Encourage the highest standards of conduct and scholastic achievement among all athletes.
11. Seek to implement good health habits including the establishment of sound training rules.
12. Strive to develop in each athlete the qualities of leadership, initiative and good judgment.

## **PUBLIC CONCERNS/COMPLAINTS ABOUT ATHLETICS**

Trust in staff members and support for their actions should be such that employees are freed from unnecessary, spiteful, or negative criticisms and complaints.

In spite of this, criticisms and complaints may be forthcoming from the community, these complaints are best handled starting at the school level and, when necessary, should proceed through the various administrative levels.

Parents who have concerns should follow the chain of command by first meeting with the Coach and then if not resolved meeting with the Athletic Director and if not resolved at that level meeting with the Principal. If necessary, after meeting with the Principal a formal written complaint can be filed by using the form in Board Policy KEB. The form is available at the School District Office.

# ATHLETIC PARTICIPATION CONSENT

I hereby give my consent for my student/athlete to participate in organized interscholastic athletics, realizing that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries, in some cases severe, are still a possibility. I also give my consent for him/her to travel in school-sponsored vehicles operated by school personnel. I agree not to hold the school responsible in case of accident or injury whether it is during team travel, practice, or an interscholastic event provided.

## ATHLETIC CODE AGREEMENT

I, the undersigned, have read and understand fully the athletic code and I agree to abide by it.  
I, the parent/guardian, have read, understood, and will full support enforcement of this code.

## ELIGIBILITY TO PARTICIPATE

**\*Per AIA Bylaws: Article 15. Student Eligibility Rules, Sec. 15.7. Paragraph 15.7.3. Subparagraph 15.7.3.1**

To be eligible to compete, students must be passing all of their subjects at the end of each one-week grading interval. The one-week grading interval runs from 12:01 on Sunday through 7 consecutive 24-hour periods ending on Sunday at midnight. A student has one week to make up any deficiency notice from the time of the first notice.

In order to remain on the team, an athlete is required to practice during his/her period of ineligibility.

**A grade of "D" is the lowest passing grade.** Students who do not meet the above eligibility requirements become academically deficient and will be unable to compete in extracurricular activities until the deficiency is cleared up.

## BENSON UNIFIED SCHOOL EMERGENCY MEDICAL TREATMENT RELEASE

As a parent/guardian of \_\_\_\_\_ I hereby give permission for Benson Unified School District personnel to give emergency first-aid treatment and to obtain, if necessary, medical treatment from a doctor and/or hospital. This release may be used during school athletic trips. I agree to the participation of my above named son/daughter in the program/programs, which they participate in. In addition, I consent to practice sessions and travel to and from the programs.

## EMERGENCY/MEDICAL INSURANCE STATEMENT

It is hereby understood that Benson Unified School District does not provide medical insurance coverage to students for injuries incurred while participating in athletics. It is further understood that the responsibility for payment of medical expenses lies with the family or their insurance.

Students participating in athletics are **required** to show proof of insurance or purchase individual Student Accident / Health Insurance before they will be allowed to attend any practice session.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number (If Applicable) \_\_\_\_\_

I, the undersigned, have read and understand fully the Permission to participate, Eligibility policy, Emergency Medical statement and the Medial Insurance Statement and agree to abide by it.

Emergency Phone Numbers (must have ONE)

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

1) \_\_\_\_\_

\_\_\_\_\_  
Student/Athlete Signature      Date

2) \_\_\_\_\_

## **Parents Code of Ethics**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other sports events.
- I will place the emotional and physical well being of my student/athlete ahead of a personal desire to win.
- I will insist that my student/athlete play in a safe and healthy environment.
- I will support coaches and officials working with my student/athlete, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my student/athlete that is free of drugs, tobacco and alcohol, and will refrain from their use at all sports events.
- I will remember that the game is for youth – not for adults.
- I will do my very best to make school sports fun for my student/athlete.
- I will ask my student/athlete to treat other players, coaches, fans and officials, with respect regardless of race, sex, creed or ability.
- I promise to help my student/athlete enjoy the sports experience by doing whatever I can, such as being a respectful fan.
- I will expect that the coach be trained in the responsibilities of being a sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will respect the coaches' decisions and will encourage my student/athlete to communicate with the coaches.
- If I disagree with a coach's decision, I will abide by the athletic chain of command.
- I will support the team by cheering in a positive manner.

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Parent/Guardian Signature

Date



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.  
7007 North 18<sup>th</sup> Street, Phoenix, Arizona 85020-5552  
Phone: (602) 385-3810 Fax: (602) 385-3779

## **AIA POSITION STATEMENT** **SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES**

**PURPOSE OF FORM:** All AIA Member schools are required to **ANNUALLY** communicate this AIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14.13.2)

The Arizona Interscholastic Association (AIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti-Doping Agency's Prohibited List ([www.wada-ama.org](http://www.wada-ama.org)).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.



# AIA ELIGIBILITY RULES

## PROTECT YOUR ELIGIBILITY BY KNOWING THE RULES

1. Enrollment Rule
2. Academic Rule
3. Domicile Rule
4. Age Limit/Birth Record Rule
5. Physical Examination Rule
6. Parental or Legal Guardianship Rule
7. Maximum Participation Rule
8. Transfer Rule
9. Amateur Rule
10. Recruitment Rule
11. Non-School Participation
12. Rule Sportsmanship Rule

### Introduction

Every year over 70,000 student in the state of Arizona participate in interscholastic activities at the high school level. The Arizona Interscholastic Association is comprised of member schools that establish eligibility criteria for students, such as yourself, to be able to participate.

When you become a member of an interscholastic team at your high school, you will find that both your school and the AIA will have rules you must follow in order to be eligible for interscholastic participation. AIA rules must be followed as minimum standards for all interscholastic competition in any member school. Your high school may have additional requirements. But they may not be less stringent than these statewide minimums.

This information contained in this packet will acquaint you with the major rules and regulations you must follow in order to maintain and protect your high school eligibility. Any questions you have concerning these essential requirements or athletic eligibility should be checked with your school principal or athletic director. These administrators in your school have a complete copy of all AIA eligibility requirements.

THE INFORMATION CONTAINED HERE INCLUDES PORTIONS OF THE BYLAWS, NOT THE ACTUAL LAWS. PLEASE REFER TO THE BYLAW REFERENCES FOR THE COMPLETE STATEMENT OF THE BYLAWS IN THEIR ENTIRETY.

1. **Enrollment Rule** **Reference: Bylaw 15.3**
  - a. You must be enrolled and attending classes in your high school no later than the 14<sup>th</sup> school day of the semester in order to establish eligibility.
  - b. If you have been enrolled in school for 15 or more days during any one semester, it will count as one of the eight (8) semesters of high school attendance during which you may possibly have eligibility.
2. **Academic Rule** **Reference: Bylaw 15.4**
  - a. You must be enrolled in a minimum of five (5) courses the first six semesters of high school and a minimum as determined by your school during the 7<sup>th</sup> and 8<sup>th</sup> semester.
3. **Domicile Rule** **Reference: Bylaw 15.5**
  - a. Except as otherwise stated in Article 15. You, whether an adult or not, are privileged with eligibility for interscholastic competition only at the school in the district which your parents are domiciled. In multi-school districts, you are eligible only at the school in the attendance zone in which your parents are domiciled.
4. **Age Limit/Birth Record Rule** **Reference: Bylaw 15.6**
  - a. If you become 19 years of age on or before September 1, you are NOT eligible for any part of that school year.
  - b. You must submit an acceptable record of birth before your name is placed on an eligibility list for varsity competition.
5. **Physical Examination Rule** **Reference: Bylaw 15.7**
  - a. You must have a physician's record of physical examination on file with the principal stating that you are physically fit for interscholastic athletic competition each year.
  - b. Your physical examination for the following year must be given on or after March 1<sup>st</sup>.

6. **Parent or Legal Guardianship Rule** **Reference: Bylaw 15.8**
  - a. You must get signed permission to participate from your parents or guardians on a form provided by the school.
  
7. **Maximum Participation Rule** **Reference: Bylaw 15.9**
  - a. You are eligible to participate for only for seasons in each sport and no more than eight semesters.
  - b. You may be eligible for no more than eight semesters you attend school after you enroll in the ninth grade. If you attend school for fifteen (15) days or more in a semester, that counts as a semester of attendance.
  
8. **Transfer Rule** **Reference: Bylaw 15.10**
  - a. If you move with your parents to a new school district, you will be eligible at your new school provided you meet all other eligibility requirements.
  - b. If you transfer schools and your parents do not move into the district of your new school you will be ineligible for 365 days.
  
9. **Amateur Rule** **Reference: Bylaw 15.11**
  - a. You must be an amateur. This means that you have never used and are not using your knowledge of athletics or athletic skill in an athletic contest for financial gain.
  
10. **Recruitment Rule** **Reference: Bylaw 15.12**
  - a. The bylaws prohibit recruiting of high school students for athletic purposes. If you are solicited to enroll in or transfer to a school to participate in athletics, you are being illegally recruited and your eligibility is in jeopardy.
  - b. If the recruitment rule is violated, you will not be eligible at a member school until reinstated by the AIA Executive Board.
  
11. **Non-School Participation Rule** **Reference: Bylaw 14.4**
  - a. If you are a member of a school team, you may not practice or compete with a non-school team in the same sport during the same season.
  - b. You will become ineligible if you violate the above rule.
  
12. **Sportsmanship Rule** **Reference: Bylaw 16.3**
  - a. If you are ejected from an interscholastic contest for unsportsmanlike conduct, you will be ineligible for your team's next contest.
  - b. You may also be subject to other penalties.

I have read and understand the summary of bylaws concerning my son's or daughter's athletic eligibility.

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Parent/Guardian Signature

Date

I have read and understand the summary of bylaws concerning my eligibility.

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Student Athlete Signature

Date



## Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, and athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit Line and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

\*Student Athlete: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or legal guardian: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUIRED CONCUSSION TEST Procedure...

\*FOR FRESHMAN AND NEW STUDENTS\*

It is a requirement with the Arizona Interscholastic Association for all Arizona high school athletes to complete the online concussion course. Please complete this course and provide a copy of the completion certificate to the Athletic Secretary. Athletes will NOT be allowed to participate in any practices or games until this course and all athletic paperwork, including sports physical are turned in to the Athletic Secretary.

Site: [www.aiaacademy.org/brainbook](http://www.aiaacademy.org/brainbook)  
Create a username and password and complete course.

Please call High School Athletic Department with any questions at 520-720-6844.

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just “not feeling right” or “feeling down”</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> </ul>

### How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### What should you do if you think your child has a concussion?

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**If you think your teen has a concussion:**  
 Don’t assess it yourself. Take him/her out of play.  
 Seek the advice of a health care professional.

**It’s better to miss one game than the whole season.**

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# ATENCIÓN\*

HOJA INFORMATIVA PARA **LOS PADRES**

## CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

### ¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeteo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

### ¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo adolescente le informa sobre *algún* síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que notan los padres o tutores	Síntomas que reporta el atleta
<ul style="list-style-type: none"><li>• El atleta luce aturdido o desorientado</li><li>• Está confundido en cuanto a su posición o lo que debe hacer</li><li>• Olvida las instrucciones</li><li>• No se muestra seguro del juego, de la puntuación ni de sus adversarios</li><li>• Se mueve con torpeza</li><li>• Responde a las preguntas con lentitud</li><li>• Pierde el conocimiento (aunque sea por poco tiempo)</li><li>• Muestra cambios de humor, conducta o personalidad</li><li>• No puede recordar lo ocurrido antes o después de un golpe o una caída</li></ul>	<ul style="list-style-type: none"><li>• Dolor de cabeza o "presión" en la cabeza</li><li>• Náuseas o vómitos</li><li>• Problemas de equilibrio o mareo</li><li>• Visión borrosa o doble</li><li>• Sensibilidad a la luz y al ruido</li><li>• Debilidad, confusión, aturdimiento o estado groguí</li><li>• Problemas de concentración o de memoria</li><li>• Confusión</li><li>• No se "siente bien" o se siente "desganado"</li></ul>

### ¿Cómo puede ayudar a su hijo adolescente para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.

### ¿Qué debe hacer si cree que su hijo adolescente ha sufrido una conmoción cerebral?

1. **No permita que su hijo siga jugando.** Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse. No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.
2. **Busque atención médica de inmediato.** Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo adolescente y cuándo podrá volver a jugar sin riesgo alguno.
3. **Enséñele a su hijo que no es sensato jugar con una conmoción cerebral.** Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo adolescente lo convenza de que está "bien".
4. **Avíseles a todos los entrenadores de su hijo y a la enfermera de la escuela sobre cualquier conmoción cerebral.** Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo adolescente *alguna vez* tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

### Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

### Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales *de forma gratuita*, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.  
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES



## ATHLETIC PACKET CHECKLIST

(Check off upon completion)

BRAINBOOK CONCUSSION COURSE: (<http://aiaacademy.org>...create login, watch video, answer questions, print certificate and staple to packet).

INFORMED CONSENT FORM: (insurance information, emergency contact information, parent/guardian signature and student signatures).

STUDENT-ATHLETE CODE OF CONDUCT: (parent/guardian and student signatures).

AIA POSITION STATEMENT: (parent/guardian and student signatures).

AIA ELIGIBILITY RULES: (parent/guardian and student signatures).

2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION: (student, information, health information, parent/guardian, student and physician signatures).

2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EXAM: (completed exam, physician information and physician signature).

**Incomplete packets will not be accepted.**

**Physician signature is required on evaluation and exam forms.**







## 2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

Exam Date: \_\_\_\_\_

Name:
Sex:
Age:
Date of Birth:
Grade:
School:
Sport(s):
Address:
Phone:
Personal Physician:
Hospital Preference:

In case of emergency, contact:	
Name:	
Relationship:	
Phone (Home):	
(Work):	
(Cell):	
Name:	
Relationship:	
Phone (Home):	
(Work):	
(Cell):	

Explain "Yes" answers on following page.  
 Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>			
* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>			
* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>			
Head <input type="checkbox"/>	Neck <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Upper Arm <input type="checkbox"/>	Elbow <input type="checkbox"/>	Forearm <input type="checkbox"/>
Hand/Fingers <input type="checkbox"/>	Chest <input type="checkbox"/>	Upper Back <input type="checkbox"/>	Low Back <input type="checkbox"/>	Hip <input type="checkbox"/>	Thigh <input type="checkbox"/>
	Knee <input type="checkbox"/>	Calf/Shin <input type="checkbox"/>	Ankle <input type="checkbox"/>	Foot/Toes <input type="checkbox"/>	

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

Explain "Yes" Answers Here

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
40) How many periods have you had in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

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## 2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name:

Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP \_\_\_\_\_

Date: \_\_\_\_\_



## 2016-2017 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ___/___ (___/___/___)
Vision: R20/___ L20/___	Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
Pupils: Equal ___ Unequal ___	

	Normal	Abnormal Findings	Initials*
<b>Medical</b>			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: \_\_\_\_\_

Cleared Without Restriction  
 Not Cleared For:  All Sports  Certain Sports \_\_\_\_\_  Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician(Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP