



## **STUDENT ATHLETE INFORMATION PACKET**

Great Valley Academy provides the opportunity for students to participate in school-sponsored athletic teams throughout the school year. Please complete the attached packet of information and return to the school office or head coach. A packet must be completed for each sport.

**All of the following documents are required to be signed and returned before your student may participate in athletic practices or games.**

- ☐ Voluntary Activity Agreement
- ☐ GVA Student Athlete Code of Conduct
- ☐ Athlete Transportation Agreement
- ☐ Athlete Medical History
- ☐ Physician Physical Exam
- ☐ Concussion Information
- ☐ Copy of Student's Medical Card



**PARENT'S CONSENT  
AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION  
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of: \_\_\_\_\_ (School)

\_\_\_\_\_  
(Student Name: please print)

\_\_\_\_\_  
(Grade)

has my permission to participate in the following extra-curricular activity, club, program, or special class:

\_\_\_\_\_  
to be held at \_\_\_\_\_ Supervising Teacher \_\_\_\_\_

Days/Months/Times: \_\_\_\_\_

**PARENTS, PLEASE NOTE:** It is a privilege, not a right, to participate in extra-curricular activities; the privilege may be revoked at any time. The acceptance and inclusion of student is at the discretion of School and subject to program standards and criteria. Student shall comply with all applicable codes of conduct and maintain high ethical and moral standards.

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify Principal or Assistant Principal. Student shall not further participate until the unsafe circumstance is remedied.

By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

**AUTHORIZATION FOR  
MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this activity, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Home Phone No.: \_\_\_\_\_

Parent/Guardian Work Phone No.: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian's Name (please print)

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



PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.



## GVA STUDENT ATHLETE CODE OF CONDUCT

**The following expectations are for all players and parents.**

1. **Respect:** Players and parents must respect all coaches, referees, other players and equipment.
2. **Practices:** Players are expected to be present and complete all practices for the duration of the season. Unexcused absences from practices may result in a player not being allowed to participate in an upcoming game and/or being dismissed from the team.
3. **Games:** Players are expected to be at all games and to be a part of the team during the games, even if they are not in the game. Players are expected to stay and clean up and set up after home games. Unexcused absences from games may result in a player not being allowed to participate in an upcoming game and/or being dismissed from the team.
4. **Transportation:** Parents are responsible for transportation to and from games.
5. **Coaches:** Players are expected to greet their coaches at the beginning of each practice and game and are expected to check in with their coach before leaving a practice or game. Parents need to trust the coaches in their efforts to do their best to be fair, yet remain competitive in the league.
6. **Referees:** Players and parents may not confront a referee. Players may not contest or complain about a call to a referee. Players must show respect to referees at all times and are expected to thank them after a game. Parents, please refrain from shouting or saying disrespectful words to the referees.
7. **Players:** They are expected to give their best at all time during games and practices, and represent GVA and their team well. This includes behavior in the classroom. If they are not taking the commitment in the classroom seriously, they may be asked to leave a practice or game.
8. **Attendance:** Players who are absent from school may not participate in practice or a game on the day of the absence.

**I have carefully read this athlete code of conduct and fully understand its contents and voluntarily consent to its terms and conditions.**

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Name of Player

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Signature of Player

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Date

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Date



## ATHLETE TRANSPORTATION AGREEMENT FORM

I, as a parent or guardian of \_\_\_\_\_ acknowledge that is my  
(Student's Name)  
responsibility to provide or arrange transportation to and from athletic events for my student.

Team: \_\_\_\_\_ Season: \_\_\_\_\_

My student and I agree and understand that we assume all risks inherent in transportation, and with full knowledge of the risks, we agree to defend, indemnify, and hold harmless Great Valley Academy, its officers, agents, employees, and/or volunteers from any and all claims, demands, losses, damages and expenses, including legal fees and costs, or other obligations or claims arising out of any liability or damage to property, or any other loss, sustained or claimed to have been sustained arising out of the transportation described above.

**I have carefully read this agreement and fully understand its contents and voluntarily consent to its terms and conditions.**

\_\_\_\_\_  
Name of Player

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## ATHLETE MEDICAL HISTORY

Athlete Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical History

Athletes and parents: This health history is a critical element in the determination of an athlete's risk of injury during athletic participation. Please review and answer all questions before seeing a physician for the athlete's physical examination.

- |  |     |    |            |
|--|-----|----|------------|
| 1. Has anyone in the athlete's family died suddenly before the age of 50?  | Yes | No | Don't Know |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?   | Yes | No | Don't Know |
| 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?  | Yes | No | Don't Know |
| 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?  | Yes | No | Don't Know |
| 5. Does the athlete have a history of concussion?  | Yes | No | Don't Know |
| 6. Has the athlete ever suffered heat-related illness (heat stroke)?   | Yes | No | Don't Know |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?   | Yes | No | Don't Know |
| 8. Does the athlete take any medication(s)?  | Yes | No | Don't Know |
| 9. Is the athlete allergic to any medications or bee stings?   | Yes | No | Don't Know |
| 10. Does the athlete have only one of any paired organs? (kidneys, ears, etc.)   | Yes | No | Don't Know |
| 11. Has the athlete had an injury in the last year that caused missing 3 or more consecutive days of practice or competition?  | Yes | No | Don't Know |
| 12. Has the athlete had surgery or been hospitalized in the past year?   | Yes | No | Don't Know |
| 13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? | Yes | No | Don't Know |
| 14. Are you, the parent or athlete, worried about any problem or condition at this time?   | Yes | No | Don't Know |

Please give details on any "Yes" answers from the above health history. \_\_\_\_\_

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## PHYSICAL EXAM TO BE COMPLETED BY A PHYSICIAN

Athlete Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision:

R \_\_\_\_/\_\_\_\_ uncorrected R \_\_\_\_/\_\_\_\_ corrected L \_\_\_\_/\_\_\_\_ uncorrected L \_\_\_\_/\_\_\_\_ corrected

	Normal	Abnormal Findings	Initials
Eyes			
Ears, Nose & Throat			
Mouth & Teeth			
Neck			
Cardiovascular			
Chest & Lungs			
Abdomen			
Skin			
Genitalia-Hernia (Male)			
Musculoskeletal: ROM, strength, etc.			
a. Neck			
b. Spine			
c. Shoulders			
d. Arms/Hands			
e. Hips			
f. Thighs			
g. Knees			
h. Ankles			
i. Feet			
Neuromuscular			

**Please Print/Stamp**

Physician's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Participation Restrictions \_\_\_\_\_

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

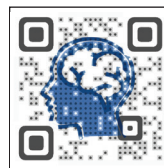
## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_