DIOCESAN ATHLETIC INTERSCHOLASTIC PROGRAM Health and Concussion/Registration Form

Please check all sports in which your child may participate this year:

___Cross Country

___Volleyball

___Cheer

____Football

____Basketball

____Soccer

____Golf

PHYSICIAN'S CERTIFICATE

I hereby certify that _____

(ATHLETE) has been examined by me and found physically fit to engage in all Diocesan interscholastic athletics for the school year 2018-2019.

PHYSICIAN'S

SIGNATURE_____DATE_____

GENERAL INFORMATION

NAME OF ATHLETE _____Grade

_____

SEX: M_____ F_____

ADDRESS _____

Home PHONE _____ AGE _____DATE OF BIRTH _____

PARENT(S)/LEGAL GUARDIAN(S)

_____

ADDRESS (if different than student)_____

PHONE_____ CELL PHONE_____

ANOTHER PERSON TO CONTACT_____

RELATIONSHIP _____PHONE _____

ALLERGIES AND OTHER MEDICAL CONCERNS

_____

_____

MEDICAL INSURANCE NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

ELIGIBILITY – <u>RELIGIOUS EDUCATION STUDENTS</u> This student is an active member of

_____ (NAME OF PARISH) Religious Education Program. He/she will be participating all year in the Religious Education Program.

_____

(Signature of pastor or designee) (Date)

*continued on back/next page

CONCUSSION STATEMENT Initials: Student/Parent

_____/_____A concussion is a brain injury which should be reported to my parents, my coaches or a medical professional if one is available.

_____ /_____ A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.

_____ /_N/A_ I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.

_____ /_N/A_ I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.

_____ /_____ I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.

_____ /_____ Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.

_____/ _____ After a bump, blow, or jolt to the head or body, an athlete should receive immediate attention if there are any danger signs, such as loss of consciousness, repeated vomiting, or a headache that gets worse.

_____ /_____ After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.

_____/ _____ Sometimes repeat concussions can cause serious and long-lasting problems and even death.

_____ /_____ I have read the concussion symptoms on the "Concussion Information Sheet" found on the DAC website at www.nashvilledac.com . *Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training. Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form What is sudden cardiac arrest? Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. How common is sudden cardiac arrest in the United States? SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes. Are there warning signs? Although SCA happens unexpectedly, some people may have signs or symptoms, such as: • fainting or seizures during exercise; • unexplained shortness of breath; • dizziness; • extreme fatigue; • chest pains; or • racing heart. These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated. What are the risks of practicing or playing after experiencing these symptoms? There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it. Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are: • All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year. Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013 • The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms: (i) Unexplained shortness of breath; (ii) Chest pains; (iii) Dizziness (iv) Racing heart rate; or (v) Extreme fatigue; and • Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest • Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing. I have reviewed and understand the symptoms and warning signs of SCA.

PARENT CONSENT STATEMENT By signing this form, I _____ _____ (PARENT/GUARDIAN) certify that I request and give my permission for _____(CHILD) to engage in the Diocesan interscholastic athletic program. I release the participating schools, principals, coaches, Knights of Columbus, the Diocese of Nashville and their representatives from any and all liability and waive claims against them. In addition, I have read and agree to the concussion statement and sudden cardiac arrest information above.

_____ _____

(Signature of Student/Athlete (Date)

_____ _____

(Signature of parent or legal guardian) (Date)