



SIMSBURY HIGH SCHOOL
DEPARTMENT OF ATHLETICS AND STUDENT ACTIVITIES



Spring Strength & Conditioning Sign-up Packet

In order to be eligible to participate in the strength and conditioning program through the athletic department at Simsbury High School, please complete this registration packet and return it to the athletic office prior to attending the first session.

Student's Name: _____ **Grade:** _____

Identify PRIMARY sport: _____ **Are you currently In-season or Out-of-season (circle one)**

Which Simsbury High School fall and/or winter sports did you play this school year: _____

Identify SPECIFIC ATHLETIC areas of focus/goals (if any):

Amount Enclosed: _____

- The pay-to-participate fee for Spring Strength & Conditioning 2016-17 is waived for student-athletes. Non student-athletes must pay \$175.00 pay-to-participate for the year.
- Please make checks payable to Simsbury High School
- The fee must be paid in advance of any workout session.

2016-17 SPORTS CONTRACT

- 1) As a student athlete, I understand that participation on an interscholastic team is a privilege and a commitment. I have read the expectations for athletes in the Simsbury High School Student Handbook including the policy prohibiting “**Hazing**” and “**Bullying**” in any form (BOE Policies 5131.91 and 5131.911).
- 2) As a member of a team, I am dedicated to keeping myself in the best physical condition possible in order to perform to the best of my ability and to contribute to the success of the team. As such, training rules are as follows:
 - a) NO possession and/or use of tobacco products,
 - b) NO possession and/or use of alcohol,
 - c) NO possession and/or use of illegal drugs.
- 3) My violation of any of these rules, from the first day of practice through the last scheduled game or contest for my sport, will result in my removal from the team for the remainder of the current sport season and all future sport seasons, unless I request and fulfill the conditions of the reinstatement process. (See Petition Process for Reinstatement to the Athletics Program included in this packet. The process is also detailed in the Simsbury High School Student Handbook.)
- 4) Any Team Captain found in violation of this contract will lose his/her position as Captain for the remainder of the season. His/her ability to hold the position of Captain in subsequent seasons would be subject to review by the Coach and School Administration.
- 5) By participating as a member of an SHS athletics team, I understand that I could be photographed during the course of practices and/or contests and that my image may be used by media outlets and/or our school website.
- 6) Participation in high school athletics involves the potential for injury which is inherent in all sports. Even with the best coaching, use of appropriate protective equipment, and strict observance of rule, injuries are still a possibility. On rare occasions, these injuries can be so sever as to result in total disability, paralysis, or even death.

I have read and understand the Sport Contract and am aware of the consequences for violation of sections 1 and 2.

Student-Athlete's Signature: _____ **Date:** _____

I/We have read and understand this contract and we have discussed it with our child. We recognize our responsibility in ensuring that our child abides by the provisions of this agreement, and we give our permission for our child to participate in the Simsbury High School Interscholastic Programs.

Parent(s)/Guardian(s) Name (Please print): _____

Parent(s)/Guardian(s) Signature: _____ **Date:** _____



SIMSBURY HIGH SCHOOL

Athletic Emergency Information Form



ATHLETE'S NAME _____ DATE OF BIRTH _____ GRADE _____

HOME ADDRESS: _____

HOME PHONE _____ ATHLETE'S CELL _____

FIRST CONTACT	
PARENT/GUARDIAN NAME	HOME PHONE
RELATIONSHIP	CELL
ADDRESS	WORK

SECOND CONTACT	
PARENT/GUARDIAN NAME	HOME PHONE
RELATIONSHIP	CELL
ADDRESS	WORK

OTHER CONTACTS IF PARENT/GUARDIAN CANNOT BE REACHED			
NAME	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	RELATIONSHIP
NAME	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	RELATIONSHIP

PRIMARY INSURANCE CARRIER _____

INSURANCE POLICY NUMBER _____

HOSPITAL PREFERENCE _____

ALLERGIC REACTION TO:

BEE STINGS

SHELLFISH

NUTS

MEDICATIONS CURRENTLY TAKING*

MEDICAL CONCERNS: Please Explain or Attach SHS Action Plan

DIABETIC

SEIZURE DISORDER

PREVIOUS CONCUSSIONS

OTHER MEDICAL-RELATED CONCERNS (please explain):

*The School nurse MUST have a current order on file for Authorization to Administer Medication.

I/WE GIVE PERMISSION FOR YOU TO TAKE WHATEVER ACTION YOU DEEM NECESSARY FOR THE HEALTH AND WELFARE OF MY CHILD IN CASE OF AN EMERGENCY.

PARENT/GUARDIAN SIGNATURE

DATE



SIMSBURY HIGH SCHOOL

DEPARTMENT OF ATHLETICS AND STUDENT ACTIVITIES



Student and Parent Concussion Informed Consent Form 2016-17

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion

http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The [Concussion Education Plan and Guidelines for Connecticut Schools](#) was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loses consciousness
- Amnesia/memory problems
- Acts silly/combative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity* .
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity ,<70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don’t resolve, the athlete should be referred back to her/his medical provider.

I have read and understand this document the “Student and Parent Concussion Informed Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ **Date** _____ **Signature** _____
(Print Name)

I authorize my child to participate in _____ **for school year** _____
(Sport/Activity)

Parent/Guardian name: _____ **Date** _____ **Signature** _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>.
http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. Centers for Disease Control and Prevention. *Heads Up: Concussion in High School Sports*. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- Centers for Disease Control and Prevention. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 16, 2010. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. *Heads Up: Concussion in High School Sports Guide for Coaches*. Retrieved on June 16, 2014.



SIMSBURY HIGH SCHOOL
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Sudden Cardiac Arrest Awareness
Student & Parent Informed Consent Form
2016-17

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.

Part I – SUDDEN CARDIAC ARREST - 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 student'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.

PART II - 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. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- 0.63 per 100,000 in all students (6 in one million)
- 1.14 per 100,000 athletes (10 in one million)
- 0.31 per student non-athletes (3 in one million)
- The relative risk of SCA in student athletes vs non-athletes was 0.65
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the National Collegiate Athletic Association (NCAA) (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices. SCA can be prevented if the underlying causes can be diagnosed and treated.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?

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.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

[\(http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/\)](http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/)

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.

REMOVAL FROM PLAY

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.

To summarize:

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.

(National Heart, Lung, and Blood Institute)

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

Sources:

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>



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OUT-OF-SEASON PHYSICAL FITNESS PROGRAM
PARENT/ATHLETE CONSENT FORM

Student's Name: _____ Grade: _____ Sport: _____

The CIAC allows a school to conduct non-mandated out-of-season conditioning programs provided students are not coerced to participate and as long as the programs do not interfere with any other educational, athletic or family commitments.

We feel the program we are offering can be very beneficial to your child's growth and development and encourage them to participate. However, this program is not an interscholastic athletic program, therefore, you should always make certain your child is medically able to participate in the rigors such a program demands. As parents you take full responsibility for the medical well-being of your child (listed above) and give them permission to participate in the Simsbury High School optional out-of-season condition program.

While off season conditioning is strongly encouraged, it does not necessarily guarantee a spot on the roster.

Signature of Parent/Guardian _____

As an athlete of Simsbury High School, I am willing to participate in a planned out-of-season condition program of my own free will and I am willing to abide to the following:

- I will attend only at times specified by my coach.
- I will to bring equipment or use any school equipment (except weights) during these conditioning sessions.
- I will participate only under the supervision of a coach or certified adult.

Signature of Athlete _____