



# South Dakota High School Activities Association

## Rapid City Central High School-ACTIVITIES- Parent Consent Form 2011-2012

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Activities: \_\_\_\_\_

### Consent for Medical Treatment

I am the (Mother-Father-Legal Guardian) of \_\_\_\_\_, who participates in extra-curricular activities for Rapid City Central High School. I hereby consent to ANY medical services that may be required while said child is under the supervision of an employee of the Rapid City School District while on a school-sponsored activity and hereby APPOINT said employee to act on my behalf in securing necessary medical services from any duly licensed medical provider.

Parent's Signature: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

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

### Consent for Release of Medical Information (HIPPA)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in SDHSAA sponsored activities. Such disclosure may be made by a Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do it in writing and present my revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This information will expire on JULY 1, 2012.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws and regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to insure health care treatment.

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

### Annual Parent or Guardian Permit

I/WE give our permission for our son/daughter to participate in organized school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports.

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

### Insurance

The school does not provide medical insurance for the student athlete. However, there is a designated insurance carrier that will provide medical coverage for the student at a reasonable cost. Information on coverage is available in the administration office.

\_\_\_\_\_ I DO NOT NEED TO PURCHASE ADDITIONAL COVERAGE. Our student is covered by \_\_\_\_\_ insurance.

\_\_\_\_\_ I DO NEED INSURANCE. I (We) will purchase additional coverage from insurance company through RCAS or other company

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Interim-Annual Pre-Participation History TO BE COMPLETED BY PARENT OR GUARDIAN

The South Dakota High School Activities Association requires all students who plan to participate in school interscholastic athletics to have on file in the school a record of a satisfactory medical history and a physical examination performed by a duly licensed Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, duly licensed Physician's Assistant or Nurse Practitioner. The Physical exam must be dated June 1, 2011 or after to be valid for 2011-2012 activities season. The following questions must be answered by the PARENT or GUARDIAN. All YES answers must be further clarified in the appropriate space below.

	Yes	No
1. In the past year, has this student had any illness, condition, or injury that:		
a. Required the student to go to the hospital as a patient overnight, in the Emergency Room, or for X-Rays?	_____	_____
b. Required an operation?	_____	_____
c. Lasted Longer than a week?	_____	_____
d. Developed any allergies?	_____	_____
2. In the past year, has the student begun taking medication on a daily basis?	_____	_____
3 In the past year, did this student "pass out" or get "knocked out" (concussion)?	_____	_____
If yes, how many times? _____		
4. In the past year, has this student experienced any major medical problem related to vision, hearing, or teeth?	_____	_____
5. Are there any other sports that this student would like to participate in that were not Approved at a previous examination?	_____	_____

PLEASE explain any YES answers to the above questions: \_\_\_\_\_  
I do not know of any additional health reason, which should keep this student from participating in interscholastic athletics. I certify that the answers to the above questions are TRUE.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

\*Please Note: THIS FORM must be on file in the Activities Office before the student will be allowed to COMPETE in any scheduled contest

\*Please Note: A CURRENT PHYSICAL must be on file in the Activities Office before the student will be allowed to PRACTICE.



# Rapid City Central High School

## Activity Participant Guidelines and Regulations

### I. Activities Statement of Philosophy

#### Levels of Competition and Expectations

1. **Varsity Level:** Objective of the program is COMPETITION and STRIVING TO WIN AND HAVING THE BEST PERSONNEL REGARDLESS OF GRADE LEVEL TO PROVIDE THAT OPPORTUNITY.

2. **Junior Varsity/Freshman/Level:** Program is based on ESTABLISHING AND IMPROVING SKILL DEVELOPMENT AS WELL AS PARTICIPATION, HOWEVER PARTICIPATION MAY NOT BE EQUAL AMONG ALL PARTICIPANTS. EXPECTATION OF SOME LEVEL OF PARTICIPATION SHOULD EXIST.

### II. Participant/Squad Selection

It is the desire of the Rapid City School District to see as many students as possible participate in the activities program while at Rapid City Area Schools. Coaches are encouraged to keep as many students as possible without balancing the integrity of their sport or activity. Time, Space, facilities equipment and other factors will place a limitation on the most effective squad size for any particular sport.

#### CUTTING POLICIES:

1. Choosing the members of the athletic squad is the sole responsibility of the coaches and outside evaluator (in volleyball and basketball) of those squads.
2. Lower level coaches shall take into consideration the policies established by the Head Coach in that particular program when selecting final team rosters.
3. Prior to tryouts, the coach shall provide the following information to all candidates and parents for the team: 1) Extent of the tryout period; 2) Criteria used to select the team; 3) Number to be selected; 4) practice commitment if they make the team; 5) game commitments.
4. Take into consideration the steering committees recommendations as listed in number 5 below.
5. When a squad cut becomes necessary, the process will include the following:
  - a. Ensure that a consistent selection process exists in the high school programs for all student activities to include objective criteria rating instrument utilization. The rating sheet must be the basis for any cuts that are made. Each participant must have individual skills/abilities rated and recorded, resulting in an overall tryout score. These rating sheets will be utilized to provide feedback to the participants and the parents if requested.
  - b. Ensure there is no pre-selection of participants.
  - c. Ensure the participation of Summer Camps/Activities is not included in the criteria utilized for selection. Provide extended periods of "try-outs" for students involved in the selection process. The try-outs should be no less than five, two hour sessions.
  - d. Ensure that consistent teams of evaluators exist on each campus within various grade levels (9<sup>th</sup>, Sophomore, JV, Varsity) and that the selection process is clearly communicated to all participants.
  - e. Provide for Athletic Director approval of the final selection process utilized for all activities as well as a review of participants selected for participation. The Athletic Director is ultimately responsible for the selection process. The AD must sign off on the participant selection and cuts. Signing will indicate approval and awareness of the process and results.

### III. Academic Eligibility

The co-curricular program is an integral part of the school curriculum and comes under the authority of the Principal to the same degree, as do all other phases of the curriculum. Activity participation should not detract from Academic Achievement.

FRESHMAN students must have a current semester grade point average of 1.5 or better for the previous semester to be eligible for any co-curricular or interscholastic activity unless the student's eligibility requirements are modified through an Individual Education Plan (IEP) or a 504 Plan.

SOPHOMORE students must have a current semester grade point average of 1.6 or better for the previous semester to be eligible for any co-curricular or interscholastic activity unless the student's eligibility requirements are modified through an IEP or 504 plan

JUNIOR students must have a current grade point average of 1.8 or better for the previous semester to be eligible for any co-curricular or interscholastic activity unless the students eligibility requirements are modified through an IEP or 504 plan.

SENIOR students must have a current grade point average of 2.0 or better the previous semester to be eligible for any co-curricular or interscholastic activity unless the student's eligibility requirements are modified through an IEP or 504 plan.

Students in grade 9-12 will also meet the eligibility requirements established by the South Dakota High School Activities Association

### IV. Training Rules and Regulations

During the entire school year, including the season of practice and the off-season, regardless of quantity, a student shall not use or consume, have in possession, buy, sell, or give away: alcohol or tobacco which includes smokeless tobacco. According to state law, any person adjudicated, convicted, or the subject of a suspended imposition of sentence for possession, use, or distribution of controlled substances such as marijuana as defined in chapter 22-42 is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education for one year. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

#### PENALITIES AND RECOMMENDATIONS:

1. **First Violation:** After confirmation by school administration of the first violation, the student shall lose eligibility for the next two (2) weeks of competition. *Weeks of practice that are absent of interscholastic competition cannot be counted.*
  - a. Following suspension for the first violation it is mandatory that before being readmitted to activities following the suspension, the student shall show evidence, in writing, that he/she has sought or received counseling from a community agency or professional individual such as a drug counselor, medical doctor, psychiatrist or psychologist.
2. **Second Violation:** After confirmation of the second violation, the student shall be dropped immediately from the Current sports season. Also, the student will be suspended for four (4) weeks of competition during the next sports season in which the student is a participant. Weeks of practice that are absent of interscholastic competition cannot be counted.
  - a. It is mandatory that before being readmitted to activities following the second violation, the student shall show evidence, in writing, that he/she has sought or received counseling from a community agency or professional individual such as a drug counselor, medical doctor, psychiatrist or psychologist.
3. **Third Violation:** After confirmation of the third or subsequent violations, the student shall lose eligibility for ONE FULL YEAR from the date of the violation.
  - a. It is Mandatory that before being readmitted to activities following suspension for the third violation, the student shall show evidence, in writing, that he/she has sought or has received counseling from a community agency or professional individual such as a drug counselor, medical doctor, psychiatrist or psychologist.

#### PLEASE NOTE:

1. Violations and penalties apply during the off season or during each sports in which the student participates.
2. Rules in effect for the entire school year. (Beginning with practice and extending through the end of the season).
3. Violations are cumulative throughout the school year whether they occur during the season or in the off season.
4. Practice and conditioning weeks cannot be counted as penalty weeks.
5. Violations carry over from one sport season to the next or from one school year to the next. If the violation occurs during the off season, the suspension will be invoked at the beginning of the next sport season in which the student shall participate or the next school year.
6. It would be the discretion of the coach as to whether the individual would continue to practice during the suspension.
7. It is not a violation if the student is present where alcohol, tobacco or any controlled substance is used.

FOR FINE ARTS TRAINING RULE VIOLATIONS AND ALL OTHER INFORMATION, PLEASE CONSULT THE ACTIVITIES HANDBOOK.

I HAVE READ AND UNDERSTAND THE ACTIVITES PHILOSOPHY, ACADEMIC STANDARDS AND TRAINING RULES AS SET FORTH BY THE RAPID CITY SCHOOL DISTRICT.

Signature of Parent

Date

Signature of Student

Date

## CONCUSSION FACT SHEET FOR ATHLETES

### ***What is a concussion?***

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### ***What are the symptoms of a concussion?***

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### ***What should I do if I think I have a concussion?***

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### ***How can I prevent a concussion?***

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

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

Student's Signature: \_\_\_\_\_

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

Parent's/Guardians Signature: \_\_\_\_\_

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

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL**

## CONCUSSION FACT SHEET FOR PARENTS

### ***What is a concussion?***

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

### ***What are the signs and symptoms?***

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 after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<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> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<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 or 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 is "feeling down"</li> </ul>

### ***How can you help your teen prevent a concussion?***

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

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

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

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

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL**