Full Name of Student: Date of Birth: Grade:

Gender: Male Female Student Address: Home Phone:

Resides with: Both parents Mother Father Other

Mother’s name: Work #: Cell #:

Father’s name: Work #: Cell #:

Father’s Employer: Father E-mail address:

Mother’s Employer: Mother’s E-mail address:

Siblings (Name & Age or Grade):

Emergency Contact Person: Phone:

**(Contacted when parent(s) cannot be reached)**

**STUDENT INSURANCE**

# *(Insurance is required for ALL students participating in extra-curricular activities)*

Student is covered by medical insurance: Yes No

State law and Pawnee School District requires that all students participating in athletics and/or cheerleading must be covered by insurance in case of injury. Parents of students taking part in these activities must file with the school the data requested below to assure that all participants have insurance coverage. **No student will be allowed to practice or continue ongoing practices until the following information is returned to the coach of the team on which the student participates.**

Insurance Company: Policy #:

Insurance Company Address: Group #:

**REGISTRATION SIGN OFF SHEET**

**The following policies have been included in your handbook and registration packet. Please read them carefully and sign that you have received the policy and abide by the rules set forth by the policy.**

**Student Acknowledgement and Pledge**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations. In order to help keep my school safe, I pledge to adhere to all School and School District rules, policies and procedures.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office. I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

**Parent/Guardian Acknowledgement**

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office. I understand that my failure to return this acknowledgement will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies and procedures.

I have received **the *Pawnee Jr. High/High School Student Handbook/Extra Curricular Policy:*** Yes No

I have received the ***Concussion Information Sheet:*** Yes No

**Signatures are effective for the school year. By signing or typing your name, you are agreeing to the above policies.**

Parent Name: Student Name:

Parent Signature: Student Signature:

Date: Date:

**IHSA AND IESA CONCUSSION INFORMATION SHEET**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all** **concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

|  |  |
| --- | --- |
| * Headaches
* “Pressure in head”
* Nausea or vomiting
* Neck pain
* Balance problems or dizziness
* Blurred, double, or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish or slowed down
* Feeling foggy or groggy
* Drowsiness
* Change in sleep patterns
 | * Amnesia
* “Don’t feel right”
* Fatigue or low energy
* Sadness
* Nervousness or anxiety
* Irritability
* More emotional
* Confusion
* Concentration or memory problems (forgetting game plays)
* Repeating the same question/comment
 |

**Signs observed by teammates, parents and coaches include:**

|  |  |
| --- | --- |
| * Appears dazed
* Confused about assignment
* Is unsure of game, score, or opponent
* Shows behavior or personality changes Can’t recall events prior to hit
* Can’t recall events after hit
* Any change in typical behavior or personality
 | * Vacant facial expression
* Forgets plays
* Moves clumsily or displays in-coordination
* Answers questions slowly
* Slurred speech
* Seizures or convulsions
* Loses consciousness
 |

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The return to play policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy. You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

**Signatures are effective for the school year. By typing your name, you are agreeing to the above policies as if you were signing the paper.**

Student-athlete Name: Student-athlete Signature: Date:

Parent/Legal Guardian: Parent/Legal Guardian Signature: Date: