

ICS Sports Fall 2019

It's that time of year to sign up for sports. Please pass in the following information no later than September 6th.

_____ Student Concussion Certificate

<https://nfhslearn.com/courses/61059/concussion-for-students>

_____ Parent Concussion Certificate

<https://nfhslearn.com/courses/61151/concussion-in-sports>

_____ EAA Liability Form

_____ Parent/Athlete Concussion Information Sheet

_____ Pre-participation Head Injury Concussion Reporting Form

_____ \$50.00 for Sport Participation Fee

_____ \$25.00 for Jersey Fee (you will receive \$ back when you return the jersey)

If you have any questions, please contact m us at school-978-454-5339 or by [emai - sports@icslowell.com](mailto:emai-sports@icslowell.com) or Mshemchukics@comcast.net

Thank you,

Erin Galvagni and Melissa Shemchuk
Athletic Directors



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
 SECRETARY

JOHN AUERBACH
 COMMISSIONER

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes No

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes No

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes No

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:
 Name: _____ Signature/Date _____
 (Please print)

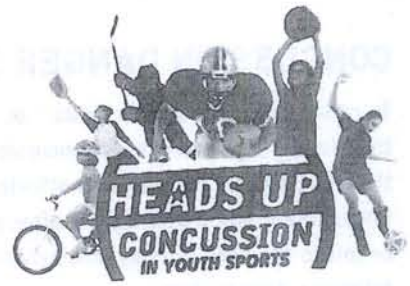
Student Athlete:
 Signature/Date _____



Ecumenical Athletic Association
72 Tyng Road ♦ Tyngsboro, MA 01879 ♦ 978-649-0432

Medical Treatment and Liability Release Form

We, the undersigned parents, request that our	daughter	son,	participate in the sport programs for		
the			School as a member of the Ecumenical Athletic Association.		
<p>We do not hold any coach, League Directors or Board Members, or anyone connected with the facilities used by the Ecumenical Athletic Association responsible for any injury or illness incurred by our child during the course of any scheduled practice, game or competition.</p> <p>We further acknowledge, understand, and agree that by our child taking part in any sport, there is a possibility of physical illness or serious injury, including but not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs and serious injury to bones, ligaments, joints, and tendons, and that the participant is assuming the risk of such illness or injury by participating in any sport sponsored by the League.</p>					
INSURANCE COMPANY INFORMATION					
Insurance Company Name					
Insurance Company Address					
Insurance Policy Number					
Subscriber's Name					
Student-Athlete's Name				Date of Birth	
Address		City		State	ZC
Parent/Guardian's Name		Home Phone		Cell #	
Emergency Contact		Relationship to Athlete			
Emergency Contact Telephone Number					
Please list any medications prescribed for the student-athlete:					
Please list any known allergies for the student-athlete:					
Please list any medical conditions of the student-athlete that we should be aware of:					
<p>In the event of an emergency and we cannot be reached, we give permission for medical treatment for our child. In case of serious injury, the child will be transported to the hospital by ambulance.</p>					
Parent/Guardian Signature:			Date:		
Parent/Guardian Signature:			Date:		
Parent e-mail Address					
<p>The EAA photographs league events/athletic contests throughout the year. These photos may be used to promote the league and the success of the student-athletes through various media outlets; such as; but not limited to, local newspaper, league website and Facebook. Team and group photos are exempt.</p>					
I do	do not	allow my child's photo to be used for league purposes. Parent's initials:			
<p>★★ ONCE FORM IS COMPLETED ★★</p> <p>Please complete all sections and upload completed form to your child's registration account.</p>					



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date