PRINCIPALS' COMMITTEE ON ATHLETICS GRADES 6-8

Acknowledgement, Authorization and Assumption of Risk Form

Academic Year

The second secon
The undersigned, being an adult student athlete or parent/legal guardian of the undersigned minor
prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports
Affilia of the state of the sta
program sponsored the Principals' Committee on Athletics Grades 6-8. The undersigned specifically assert
that said structent athlete will comply with the rules and regulations governing athletics participation of the
Principals' Committee on Athletics Grades 6 - 8; the undersigned hereby authorize the release of information
and reports concerning the academic standing, medical condition, financial aid, attendance, residency and
disciplinary record of the undersigned student to Principals' Committee on Athletics Grades 6 – 8 for the
purpose of enforcing the rules and regulations of the athletics program; that they are aware that the athletic
participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in
sports participation. For sports involving helmets, we acknowledge the following WARNING: Do not use
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any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN

PREVENT ALL SUCH INJURIES.

Now, therefore, pursuant to Rhode Island General Laws 7-6-9, as amended, the undersigned, in consideration of participation in a Principals' Committee on Athletics Grades 6 – 8 sports program, herein grant to its officers, directors, trustees, agents (to include but not limited to the local School Committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards to participation in the sports program sponsored by the Principals' Committee on Athletics Grades 6 – 8. The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by Principals' Committee on other Grade 6 – 8.

School (Print)	Name of Parent/Guardian (Print)			
City or Town (Print)	Signature of Parent/Guardian			
Name of Student (Print)	Date of Signature			
Signature of Student	<notary seal=""></notary>			

This form must be completed by all students intending to participate in any Principals' Committee on Athletics Grades 6 – 8 sport. All minor students must sign and have a parent or legal guardian also sign. All times are to be notarized and returned to the school principal or principal's designee for storage in the school. Failure to submit a duly executed form will cause the athlete to be declared ineligible. Only one form for each participant is necessary for the duration of one's eligibility in sports programs sponsored by the Principals' Committee on Athletics Grades 6 – 8.

School Name & Address:	•	
Grade:		

PRINT NAME:



STATE OF PHODE ISLAND

Health Care Provider Name and Addres	s
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Tiverton Athletic Department

Insurance Form

For a student/athlete to compete at Tiverton High School they must have some form of medical insurance. If there is no family medical insurance, then prior to competition, the student must apply and acquire school insurance. No Participation will be allowed until evidence of insurance is demonstrated.

Students Name	Grade
Please check one of the follow	ring that applies to your situation:
I have family in	suance.
If so, list the nar	ne of the plan and it's number:
	#
I have school in	surance.
insurance. I also	al insurance and will obtain school sponsored ounderstand that my child will not be allowed to this purchase has been demonstrated.

Athletic Department

Emergency Medical Authorization

This form must be made available by the coach at all team practices and contest for each team member to insure proper medical treatment by physicians or hospital in the event of serious injury.

Afhlete's Name	·		
Birth Date	Grade	Sex	
Parent's Name	-	•	
Home Phone		Business Phone	
Address		Zip Code_	
Smail Address			
in the event the parents	cannot be confacted, please co	ontact:	·
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List sports the above-na	med athlete plays:		
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3.			
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I hereby give my conse authorities and/or for to resulting from his/her a	at for medical treatment deems ansportation to a hospital emen inletic participation.	ed necessay by physicians des gency room for treatment for	signated by school any illness or injury
Preferred physician			
Preferred hospital		•	
I understand this author immediate treatment	rization will only be enforced	when I cannot personally be o	confacted and provide for
		•	
Signed (I	Parent or Guardian)		Dafe

CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

prior to returning to competition from a previous MHI, research has shown that I in 15 athletes with a concussion have recurring concussus on how many concussions are too many or what leads to that perdamage from multiple concussions have been reported but no consen or collision sports. Cases of individuals suffering permanent brain should be referred for follow-up evaluation and essessment to deterfindings and the potential for complications resulting from MHIs, it is sions within 7-10 days from the first concussion. Because of these Highlighting the importance of making sure athletes are symptom free manent damage. mine any residual effects that might preciude participation in contact recommended that athletes sustaining more than one concussion repeated concussions have been linked to longer recovery periods. future injuries (Guskiewicz et al, 2003). It has also been shown that concussions. As the number of concussions increase, so do the risk for history of at least one concussion are at an increased risk for further A three-year, follow-up study shows that athletes having a previous

MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD IN-

monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned whether an athlete can return to action with relative safety. above, is now revealing subtle residual effects of concussion not found by more concussions an individual has, the greater is the risk of having addi-tional concussions. The exact period of increased vulnerability or the numthe obvious signs of concussion are gone and appear to have relevance to traditional evaluation. These identifiable deficits frequently persist after Now, rather that discuss a length of time to be free of symptoms, guidebeen free of symptoms for a minimum of a week. (McCrea et al. 2003). ally, physicians have advised athletes not to return to action until they have ber of concussions that is "too many" has not been determined. concussion and from cumulative damage of multiple head injuries. The significant damage from a concussion for a period of time after a preceding athlete who has signs and symptoms of post concussion should be relines suggest using the gradual return-to-play protocol shown above while turned to action. There is also unanimity that there is increased risk of There is unanimous agreement within the medical community that NO Tradition-

Source: National Federation of State High School Associations Sports Medicine Handbook—Third Edition.

Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm

Findings of faut—The Rhode Island General Assembly hereby finds and declares menaged injuries or death is significant when a concursion or head injury is not properly ovaluated as the head or body that causes the brain to move rapidly inside the skull. The risk of eathsire, participate in sports and recreational notivities. A concussion is cause by a blow or motion Concussions are one of the most commonly reported injuries in children and adolescents w

 \mathfrak{S} way the brain normally works. Concussions can occur in any organized or unorganized spo reoreational notivity and can result from a full or from pinyers colliding with each other, the Concussions are a type of brain injury that can range from mild to severe and can disrupt the yest mejority occurs without loss of consciousness. ground, or with obstables. Concussions occur with or without loss of consolousness, but the

E Œ Continuing to play with a concussion or symptoms of a head injury leaves the young athlete uspecially vulnerable to greater lajury and even death. The general assembly also recognize list physical injury or death to youth athletes in the Sinte of Kliede Island. that, despite having generally recognized return to play standards for concussion and head h ury, some affected youth athletes are prematurely returned to play resulting in nehial or pot

Concursions can occur in any sport or recreational activity. All cosches, parents, and ethics shall be advised of the signs and symptoms of concursions as well as the protocol for treatm

and/or guardian and returned to the school at the beginning of each sport senson may not return to play until helshe is evaluated by a licensed physician and until sues related to the continuation of play after a suspected concussion or head inju Furthermore, an athlete who is suspected of sustaining a concussion or head injection and athletes and of the Nature & Risk of concussions and head injury including in a practice or game shall be removed from composition. In addition, the athle athlete recoives written clearance to return to play from that ilcensed physician This information sheet must be reviewed, signed by all athletes and their pare In respicase to these findings echools are required to educate and inform pare prior to the youth's return to practice or competition. The law also requires the following:

Any athlete who is suspected of sustaining a concussion or head injury duri

return to play until helshe is evaluated by a licensed physician and receives Any stillete who is suspected of sustaining a concussion or head injury may practice or a game shall be remoyed from practice or game en clearance to return to play by that licensed physician.

Parent/Guardian For more information please visit the RIIL website (www.rill.org) H

Athlete

School

I have reviewed the contents of this pamphlet with my son/daughter

Parent Signature Jata Cimel

Athlete Signature