**Knoxville Junior High School**

**Extra-Curricular Packet**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

***Circle*** all that will apply to your son/daughter this school year:

Volleyball (Girls 7th & 8th) Student Council (Coed 5th – 8th)

Football (Boys 7th & 8th) Yearbook (Coed 5th – 8th)

Cross Country (Coed 5th – 8th) Band (Coed 7th & 8th)

Cheerleading (Girls 7th & 8th) Orchestra (Coed 7th & 8th)

Poms (Girls 7th & 8th) Choir (Coed 7th & 8th)

Boys Basketball (7th & 8th) Scholastic Bowl (Coed 7th & 8th)

Girls Basketball (7th & 8th) Track (Coed 6th – 8th)

Wrestling (Coed 5th – 8th)

The following items ***must*** be taken care of before a student is allowed to participate in KJHS

Extra-curricular activities (practice and/or competitions):

1. The attached packet must be completed.
2. An activity fee of $25/ extra-curricular activity must be paid.
3. Per the KJHS handbook, activity fees must be paid by the 5th day of the start of the activity.
4. Band, Choir, and Orchestra included in registration fee.
5. No fee required for Yearbook and Student Council.
6. Sports physical completed and paperwork submitted to KJHS/coach (this only applies to athletics).

**Knoxville School District #202**

To: Parent or Guardian

From: Board of Education

**Declaration of Accident Insurance**

It has been a past practice to require all student’s participation in our athletic programs to enroll in the Student Accident Insurance Program. The Board of Education has made every effort to supply reasonable benefit in adequate carriers consistent with a realistic cost policy. It is strongly urged that you review the benefits which are accorded by this insurance coverage and, should they, in your opinion, not meet with what you believe may be up to your requirements, that you make other independent arrangements.

( ) I/we purchased school accident insurance for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

( ) I/we declare that I/we have adequate accident insurance.

***PLEASE CHECK ONE OF THE OPTIONS ABOVE***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name of Student Athlete Signature of Parent/Legal Guardian***

|  |
| --- |
| ***Consent to Self Administer Asthma Medication***  As the patient under my care, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is prescribed to self-administer the following asthma medication.  Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time/Special Circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Physician Signature of Physician Date  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed name of Parent/Guardian Signature of Parent/Guardian Date |

**STUDENTS CONSENT TO PARTICIPATE IN EXTRACURRICULAR DRUG AND CONTROLLED SUBSTANCE TESTING PROGRAM**

***Drug Testing Policy:*** Each student and parent/ guardian must consent to random drug testing in order to participate in ANY extracurricular activity. Students or their parents who do not sign a “Random Drug Testing Consent” Form will not be allowed to participate in ANY extracurricular activities. If a student tests “positive”, the Building Principal, or their designee, will implement the exclusion procedure as outlined in the Activity portion of the Student Handbook and the student will not participate in ANY extracurricular activities. In addition, the Building Principal will order a second drug test after the time for when the previously reported substance should have been eliminated from the student’s system. If the second test is “negative,” the student will resume extracurricular activities, providing the requirements of the Activity portion of the Student Handbook have been met. If the second, or subsequent tests are “positive”, the Building Principal will use the exclusion procedure again. No student shall be expelled or suspended from school, because of a “positive” test under this program, unless staff has an independent reasonable suspicion of drug or alcohol use.

We have received, and read and understand, the District Extracurricular Drug and Controlled Substance Testing Program. We voluntarily agree that

***(Student)***  shall be subject to its terms of his or her entire

Junior/senior school career (Grades 7-12). We accept the method of obtaining urine specimens, the testing and analyses of such specimen, and all other aspects of the program. The Student-participant agrees to cooperate in furnishing urine specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all State and Federal privacy statute and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

We further understand the School District will pay for all initial random drug test and all initial “follow-up” drug tests. Once the student-participant has a verified “positive” test result and has subsequently tested negative from a “follow-up” test, any future “follow-up test drug test that must be conducted will be paid for by the student’s parents(s)/ guardian(s).

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***Parent/ Guardian Signature Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Signature Date***

**Knoxville School District #202**

To: Parent or Guardian

From: Board of Education

**PERMISSION TO COMPETE**

My/our student athlete has my/our permission to compete in all sports and extra-curricular activities at Knoxville Schools. As parent/guardian, I/we will read and discuss with my/our student athlete the Knoxville Athletic rules, regulations, and conditions, as adopted by the Board of Education. At the beginning of each season an informational meeting directed by the Head Coach of the respective sport will be conducted to explain the Knoxville Athletic rules and specific expectations of that sport. Parents/guardians are encouraged to attend this meeting; **however, it is not mandatory**.

WARNING: PARENTS AND ATTHLETES MUST BE AWARE OF THE POSSIBILITY OF PERMANENT DISABILITY WHILE PARTICIPATING IN ATHLETICS. A CATASTROPHIC INJURY OR DEATH MAY RESULT THROUGH THE PARTICIPATION IN ATHLETICS. IN SIGNING THIS PERMIT, I/WE ACKNOWLEDGE THAT THIS POSSIBILITY EXISTS.

Participation in activities is an integral part of the student learning experience. This participation is a privilege that carries with it responsibilities to team, school, community and self. In their play and conduct, these experiences contribute to the growth of each student. Any student who tries out for a team must understand that his/her selection to the team, selection to dress, playing time and positioning is solely up to the coach or sponsor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Parent/Guardian Date***

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

***Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2012 Reviewed 4/24/2013***

**Concussion Information Sheet**

**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 the 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 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/>

**Student/Parent Consent and Acknowledgements**

By signing this form, we acknowledge we have been provided information regarding concussions.

**STUDENT**

Student Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**PARENT OR LEGAL GUARDIAN**

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

***Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2012 Reviewed 4/24/2013***