



YMS Athletic Participation Requirements

1. Information sheet completed and signed by both student and parent.
2. Emergency Medical Authorization completed.
3. A current physical signed by a physician stating the athlete is in sound health. According to IESA rules a current physical is good for 13 months.
4. An athlete must comply with all rules and regulations of the Illinois Elementary School Association (IESA) and Yorkville School District 115.
5. A student cannot fail any subjects. If he/she is on the weekly eligibility check, the athlete will be ineligible for the next week.
6. An \$80.00 USER FEE for football and an \$65.00 USER FEE for all other sports must be paid to the athletic office prior to the first scheduled contest of each sport. It shall be understood that payment of fees does not guarantee athletic participation. If an athlete drops or is removed from a program, such fees paid shall not be reimbursed.

Thank you for your cooperation and we look forward to this athletic season.

**YORKVILLE MIDDLE SCHOOL
ATHLETIC / MEDICAL EMERGENCY INFORMATION**

Please Print

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

Athlete's Name: _____

Birth Date: _____ Grade Level: 6 7 8 Sex: _____

Parent Names: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Street, City and Zip: _____

Email Address: _____

Do both parents live within District #115? Yes _____ No _____

School attended last year _____

List the sports the above named athlete wants to participate in for the year:

1. _____ 2. _____ 3. _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and / or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician: _____

Preferred hospital: _____

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian)

(Date)

EMERGENCY CONTACT: (In the event the parent's cannot be contacted)

Name _____

Phone Number _____

Home Work Cell

Relationship to student/athlete _____

List any medical conditions or medicine your child takes:

**YORKVILLE MIDDLE SCHOOL
DISTRICT #115
INSURANCE WAIVER**

I hereby certify that _____ has insurance
Name of student

Coverage for any injuries that may occur through participation in the sports programs of Yorkville Community District #115.

Said coverage is provided for under:

Policy # _____

Insurance Company _____

Termination Date (if any) _____

I hereby agree to waive any coverage that may be otherwise provided through the insurance program of the Yorkville Community District #115 for the school year . I understand that insurance is provided only to those students who purchase the district's regular Student Accident Insurance program.

I do not wish to purchase insurance for my child under Yorkville Community District #115 insurance program. I further agree that I will hold harmless Yorkville Community District #115 for any expense that may accrue as a result of any injury to my child while participating in the said district's sports program.

Parent/Guardian's Signature

ATHLETIC WAIVER

I hereby give permission for my son/daughter, _____, to participate
Name of Student

in interscholastic athletics at Yorkville Middle School. I understand that he/she is to abide by the rules in the Yorkville Middle School Athletic Code of Ethics handbook. By nature, athletic participation has some inherent danger, and I understand this and realize that our son/daughter could potentially receive an injury.

Student/Athlete _____
Print Name Signature Date

Parent(Guardian) _____
Print Name Signature Date

I grant permission for Yorkville Middle School to publish the name of my son/daughter and/or picture on the Yorkville High School athletic web page.

Parent(Guardian) _____
Print Name Signature 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 |
|--|--|

****KEEP THIS PAGE FOR YOUR FUTURE REFERENCE****

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 incoordination
- 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

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 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. IHSA Policy 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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

*****RETURN THIS PAGE TO YOUR COACH*****

Keep the first page for your reference!