

John Carroll Catholic Cavalier Football 2012 Required Forms

Player Name _____ Parent Name _____

- Parents Permission and Indemnity
- AHSAA Concussion Information
- AHSAA Conduct Rule
- JCCHS Pre-Participation Physical Evaluation
- Diocese of Bham Form CH-1
- Medical Information Form
- Star Sportsmanship (New Players)*

*Star Sportsmanship

Go to <http://www.starsportsmanship.com>

Our school code is ***STAR02076***

Print your certificate

Bring your certificate to Coach Musso.

PARENTS PERMISSION AND INDEMNITY

We, the undersigned, being the parents of _____ who is ___ years of age, and a member of the Parish of _____ (herein called "The Parish") of the Diocese of Birmingham in Alabama do hereby give our consent for him/her to attend any field-tip, sporting event, or other activity by the Parish or Diocese, scheduled to take place during the 2009 – 2010 calendar year, at locations other than the Parish's premises.

We consent to and authorize our child being transported to and from each said activity in (a) private motor vehicle driven by a parent or a teacher or other person approved by The Parish or (b) in a commercial: bus, taxi or other public conveyance, arranged for by The Parish. We have adequate medical and hospital insurance in case an injury is incurred by our child while being transported to and from and or while participating in said activity.

The name of our Medical/Health insurance company is _____
Contract # _____ Telephone _____

In consideration of the owner and/or driver of the private motor vehicle transporting your child to and from any said activity and in further consideration of The Parish asking said activity for the benefit of the students including our child:

(1) We do hereby further give our consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for our child in the event of injury during the course of any said activity, including transportation to and from said activity. This emergency care may be given under whatever conditions are deemed necessary, or whatever conditions may exist, so as to preserve the life, limb, or well-being of our child.

(2) We do hereby further agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, The Diocese, its employees, the pastor, parish council members, and the Bishop of Birmingham in Alabama, a corporation sole, and his and their respective successors in office, from any and all claims, demands, actions and causes of action, arising out of or pertaining to any bodily injury or death sustained by our child in an accident occurring during the course of said activity authorized by The Parish including transportation to and from said activity, and including any emergency medical and or surgical treatment for our child, and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or in part, the negligence, wantonness or other similar conduct of the owner and/or driver of the said private motor vehicle.

(3) This indemnity applies, in all events, to the extent that any such injury, damage, illness, or death to our child is not covered by applicable and enforceable liability insurance available to the parents.

(4) We do assume all risks and hazards incidental to or attendant with our child's participation in said activity, and in each phase of it.

Witness with our hands and seals, This the _____, day of _____, 20 _____

Witnesses:

Witness

Parent

Witness

Parent

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Concussion Information Form

(Required by AHSAA starting with the 2011-12 school year.)

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 cannot 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

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• 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

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)

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 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 a student-athlete's safety.

AHSAA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

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 clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

This form is required by Alabama Law established in June, 2011, coinciding with the AHSAA Concussion Policy in effect since 2009.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student Athlete Name Printed	_____ Student Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date

AHSAA Conduct Rule

CONDUCT RULE GOVERNING EJECTION OF COACHES AND PLAYERS FROM ONE OR MORE CONTESTS:

- First Ejection: Minimum penalty of a \$300 fine
- Second Ejection: Minimum penalty of one-game suspension
and \$500 fine
- Third Ejection: Minimum penalty of suspension for the
remainder of the season plus a \$750 fine.

If any of the ejections occur during the last contest of the season, a monetary fine will be placed on the school.

John Carroll Catholic High School **AHSAA Conduct Rule Agreement**

We the undersigned, being the parent/legal guardian of _____, understand that if my child is ejected from any AHSAA contest, that as a parent/legal guardian, we will assume full responsibility in paying the monetary fine issued by the AHSAA. Until the fine is paid, the student athlete will be allowed to participate in practice but **will not be allowed to participate in any games**. When the parent/legal guardian reimburses JCCHS the full amount of the fine, the administration will inform the head coach that the student athlete has been cleared to participate in any remaining games on the schedule.

Parent/Legal Guardian Signature

Date

Sport Played by Student Athlete

JOHN CARROLL CATHOLIC HIGH SCHOOL
Pre-participation Physical Evaluation

History Date _____
 Name _____ Sex _____ Age _____ Date of birth _____
 Address _____ Phone _____
 School _____ Grade _____ Sport _____

Explain "Yes" answers below:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees or other stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told that you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rashes, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had heat or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear glasses or contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle | | |
| <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot | | |
| 14. When was your first menstrual period? _____ | | |
| When was your last menstrual period? _____ | | |
| What was the longest time between your periods last year? _____ | | |

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____

Signature of athlete _____

Signature of parent/guardian _____

Preparticipation Physical Evaluation

Rule 1, Sec. 13 - No student shall be eligible to represent his/her school in interscholastic athletics unless there is on file in the Superintendent's or Principal's office a physician's statement for the current year certifying that the student has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

Physical Examination

C O M P L E T E	L I M I T E D	Height _____ Weight _____ BP _____ / _____ Pulse _____		
		Vision R 20 / _____ L 20 / _____ Corrected: Y N		
		Normal	Abnormal findings	
	Cardiovascular			
	Pulses			
	Heart			
	Lungs			
	Skin			
	C O M P L E T E	E. N. T.		
		Abdominal		
		Genitalia (Males)		
		Musculoskeletal		
		Neck		
		Shoulder		
		Elbow		
		Wrist		
		Hand		
		Back		
		Knee		
		Ankle		
Foot				
Other				

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for: Collision
 Contact
 Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

**Diocese of Birmingham in Alabama - Form CH-1
Parental/Guardian Consent Form and Liability Waiver**

Type or Print Clearly All Information

Child _____ Sex _____ Date of Birth _____

Parent(s)/Guardian(s) _____

Home Address _____ City _____ State _____ Zip _____

Home phone () _____ Other phone() _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in this parish youth event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of personnel from _____ parish/school

A brief description of the activity follows:

Date of event/activity: _____

Type of event/activity: _____

Destination of event/activity: _____

Name and Location of overnight lodging (if applicable) _____

Individual in charge of and responsible: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnitees.

Parent sign Initials here _____

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnitees, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: _____ Relationship: _____

Phone(s) of Alternate: _____

Signature(s) of Parent/Guardian: _____

Name _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____
Family Health Plan Carrier: _____
Policy/Contract Number: _____ Phone: _____
Name of Policy Holder: _____

Optional:
My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

Signature: _____ **Date:** _____

Optional Instruction:
Do not give non-prescription medication of any kind to my child without my express permission.
Exceptions: _____
Signature: _____ **Date:** _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____
Special Dietary Considerations: _____

Physical Limitations: _____
You should be aware of these special medical or psychological conditions of my child:

CODE OF CONDUCT

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

Signature: _____ **Date:** _____

John Carroll Football 2012
Player Information

Student Name: _____

Grade Fall 2012: _____

Parent Name: _____

Parent Email: _____

Parent Email: _____

Parent Phone: _____

Parent Phone: _____

Student: Email: _____

Student Phone: _____