Brunswick High School Athletic Forms
Cover Sheet

To: Students/Parents/Guardians
Included in this packet are all the necessary papers for a student to participate in our athletic program. If you have any questions, please contact the athletic office at 319-1920. The hours are 7:00-3:00 Monday through Friday.
The following is a summary of each of the forms.

Emergency Information Card:
This card must be filled out and signed because it will be given to the coach for emergency use. You will be asked to complete an emergency card for each sport season in which your son/daughter participates. These cards are in addition to the one on file in the Main Office.

Athletic Permission Form:
Please be sure to have the doctor sign and stamp the bottom section of this form. If there is no physician signature, a physical form signed by physician must accompany the form. In section one, only one sport per season should be checked. This does not mean that they must do this sport; the student can always come in the athletic office and have it changed. This form must, also, be signed by a parent/guardian.

Statement Sheet:
BOTH parent/guardian and the participating student must sign this sheet. It acknowledges that you have both read and agree to abide by the Athletic Guidelines and Chemical Use and Abuse Procedures.

Concussion Protocol:
Please familiarize yourself with our concussion protocol and sign and return the form provided in this packet. Signatures required by both parent/guardian and student athlete.

Social Media:
Please familiarize yourself with our social media agreement and sign and return the form provided in this packet. Signatures required for both parent/guardian and student athlete.

General Information:
All completed forms must be returned to Rita Maines in the Athletic Office before the first day of try-outs. When all forms have been turned in, the student athlete will be given a clearance slip along with the filled out emergency card to turn in to the coach on the first day. These forms must be redone each year to insure the student is in good health.

If the student plays two or more sports, before the beginning of the next sport tryout, they must come in to the athletic office and ask to have their paperwork transferred to the next sport.

Please be sure to call 319-1920 should you have any questions.

Revised 6/21/16
ATHLETIC DEPARTMENT PHILOSOPHY

The Brunswick High School Athletic Department believes in promoting the physical, social and emotional development of all student athletes.

We believe valuable lessons are learned through participation in athletics. Teamwork, sportsmanship, integrity, loyalty, pride and commitment are all important qualities that are enhanced through these experiences.

*It is the duty of coaches, families, participants and spectators to...*

1. Cultivate awareness that participation in high school activities is part of the total education experience. No one should either seek or expect academic privileges for the participants.
2. Emphasize sportsmanship, ethical conduct and fair play as they relate to the lifetime impact on the participants and spectators.
3. Develop an awareness and understanding of the rules and guidelines governing competition, and comply with them in all activities.
4. Recognize the purpose of activities in school programs is to develop and promote physical, mental, moral, social and emotional well-being of participants.
5. Avoid any practice or technique which endangers the present or future welfare of a participant.
6. Avoid practices that encourage students to specialize or that restrict them from participation in a variety of activities.
7. Refrain from making disparaging remarks to opponents, officials, coaches, or spectators.
8. Encourage the development of proper health habits and discourage the use of chemicals.
9. Exemplify self-control and accept adverse decisions without public display of emotion.
10. Encourage everyone to judge the success of the activities programs on the basis of the attitude of the participants and spectators, rather than on the basis of a win or loss.

BHS ATHLETIC GUIDELINES

All athletes should realize that athletic participation is a privilege. Team members are afforded the privilege of representing themselves and their school as long as they are willing to accept the responsibility of adhering to each provision therein.

High school athletes must always keep in mind that athletic contests are games designed and conducted to promote the physical, moral, social, and emotional well-being of the individual players.

Members of a team must recognize that they have the following responsibilities:
1. They are the official representatives of Brunswick High School.
2. They represent their families, friends, and community.
3. They are expected to be leaders in promoting good citizenship and sportsmanship.
4. Their actions, in and out of school, build student respect and contribute to improve school spirit. This responsibility implies that proper respect be given to the administration, teachers, coaches, officials, fellow athletes, and the student body.

Student Conduct and Training Rules

1. No smoking (tobacco or electric/vapor), chewing of tobacco, drinking of alcoholic beverages or unauthorized use of drugs, on or off school grounds, is allowed. **Possession of any of the previously mentioned substances will warrant the same penalty as outlined in the BHS Student/Parent/Guardian Handbook and Extracurricular/Non-athletic Activities Chemical Use and Abuse Procedures.**
2. All team members will abide by additional training regulations as set forth by the coach and approved by the athletic director. Each athlete will be given a written copy of these rules to be signed by both the athlete and parent/guardian to prove both have read and do understand them.

Eligibility

Students will be **ineligible** to participate in any interscholastic secondary contest and/or co-curricular activity who:

1. Have attained the age of twenty.
2. Have competed under assumed names.
3. Have attended approved secondary schools for more than eight semesters - starting with the day they first enrolled and running consecutively.
5. Are not enrolled in at least six (6) courses in each semester.
6. Who have failed to earn passing grades and receive credit in five courses in each quarter.
7. Students serving as assistants do not count as one of these six courses. Ineligibility will be for the next full quarter. Fourth quarter grades will determine eligibility for the fall or first quarter of the following school year. Grades or credits earned during summer school for purposes of eligibility must be approved by the principal first. If ruled ineligible, a student may not participate, practice, or travel with any interscholastic team. Students may appeal any decision (in writing) to the high school principal. Administration reserves the right to review eligibility at any time.

**General Rules**

1. Each student must return to the athletic administrator an Athletic Permission Form stating: 1) the activities in which he/she will be allowed to participate; 2) that the parent/guardian has medical insurance to cover their child in the activities permitted or that they wish to purchase school insurance to cover their child and; 3) that he/she is physically able to participate (must be signed by a physician), 4) signed copy of BHS Social Media form by student and parent. It is the student’s responsibility to take care of permission/physical forms. Therefore, any student who participates in a tryout without fulfilling the above requirements may be suspended from that activity for two (2) weeks.

2. General conduct in and out of school shall be such as to bring no discredit to the athletes, their parent/guardians, the team, or the school. Vulgar language, vulgar physical acts and/or participation in uncivilized or illegal activities will not be tolerated. In instances of such conduct not covered under Brunswick School Department policies or procedures, the penalties will be decided by the coaches, athletic administrator, and a building administrator.

3. Regular school attendance is required of all team members. **Athletes must be in class period 1/2 by 7:45am.** Tardies of any length will not be tolerated. Athletes who are absent or tardy will not be allowed to participate in practices or games that day. It is important that a parent/guardian, who writes a note indicating that their student had an appointment, be able to show the appointment notice and time signed by the doctor or his/her designee. If the appointment is for anything else, the notice for the appointment and time is provided to the attendance officer. In the event that a student is tardy due to an illness of any kind but still wishes to participate in any of those days extracurricular events, the student must present a physician’s note, prior to the activity, indicating that he or she is physically cleared to participate on the day of their late arrival.

Only an administratively excused absence or tardy will allow athlete to participate that day. Athletes who skip classes for any reason which includes but is not limited to, going out to lunch, senior skip day, etc, will be subject to penalties determined by the coaches, athletic administrator and a building administrator.

4. All athletes are required to travel to and from out-of-town contests with the team in school-provided transportation. Permission to return home with parents/guardians after an away contest may be granted on special occasions. **A TRAVEL RELEASE FORM FROM THE PARENT/GUARDIAN MUST BE RECEIVED BEFORE THE TRIP AND THE PARENT/GUARDIAN MUST SEE THE COACH AT THE CONTEST. This can be found on the high school website under the athletics tab, paperwork.**

5. Athletes will be issued the best possible equipment. Each athlete will assume responsibility for this equipment and will be assessed for any lost, stolen, or damaged items. Equipment issued will only be worn during practice or games or special events. Team members will be notified at least one week in advance of when to return uniforms.

6. An athlete will have 10 days from the start of preseason to change from one sport to another sport. If an athlete decides not to continue in a sport, he/she must notify the coach in person.

7. Athletes are expected to be neatly dressed for both home and away contests as designated by their coach.

8. Students must meet all academic/disciplinary obligations prior to any type of athletic participation.

9. Individual coaches/advisors have the responsibility to take disciplinary action pertaining to any problem that may arise that has not already been stated.

10. Students must be enrolled in at least six (6) courses in each semester for the school year 2018-2019 to be eligible to participate in athletics or any other co-curricular or extra-curricular activity. Students serving as assistants do not count as one of these six (6) courses.

11. All BHS students are expected to be familiar with the school chemical use and abuse procedures as well as the regulations regarding absence or tardiness.

12. In order for a participant of any co-curricular activity to be eligible for a certificate and/or letter for that activity, he/she must maintain academic eligibility and must finish the season as a member of that team. A season shall be interpreted to be that length of time through the last possible meet or game as indicated by the Maine Principals Association Sports Season Calendar.

13. Criteria for awards for each activity will be developed by the coach and submitted to the athletic administrator for approval before each season.

**The Chemical Abuse Procedures**

for Violation of the Brunswick School Department Chemical Abuse Policy

Participation in athletic and non-athletic extracurricular activities is a privilege, not a right. Students and parents/guardians need to be aware of the following procedures for violations of the Chemical Abuse Policy (JICH) dated May 9, 2007. Agreeing to the rules and procedures is a precondition to participation in these activities. Coaches and activity sponsors shall foster a process for the
acceptance of these agreements that reinforces the values of the program and the concept that one’s word of honor in a pledge is inviolable.

Any student who is a participant in an athletic or non-athletic extracurricular activity shall not:

a. Use tobacco products (including smokeless and/or E-Cigarettes or anything resembling).

b. Use or be in the presence of the use or storage of alcohol and/or drugs.

c. Possess, buy, sell or give away marijuana or any other substance defined by law as a “drug” (Title 17-A, Maine Revised Statutes Annotated, Chapter 25).

d. Use, possess, buy, or sell or give away any substance which can affect or change a student’s mental state, physical condition, or behavior pattern, including but not limited to volatile materials such as glue, paint or aerosols (when possessed for the purpose of inhalation); over the counter medications (such as pseudoephedrine or dextromethorphan) that when used alone in larger quantity or in combination with other drugs may pose serious health risks (including death); or other plants and herbs smoked or ingested with the intent to produce drug-like effects.

e. Use control substances as defined in the Federal Controlled Substance Act, 21 USC 812 (examples include but are not limited to: narcotics, hallucinogens, amphetamines, barbiturates, marijuana, and anabolic steroids).

f. Use any performance enhancing substance list in the Maine Department of Health and Human Services Banned Substances list and any other substance which is illegal in Maine or the use of which is illegal for minors.

g. Use prescription drugs not prescribed for the student and/or not in compliance with the Board’s policy: Administrating Medicines to Students (FILE: JLCD)

h. Possess drug paraphernalia (defined as any implement used to distribute, deliver or consume a prohibited substance) or any counterfeit drug or substance that is described as or is purported to be a prohibited substance as defined above.

**Students may not be in the possession of medication specifically prescribed for the student’s own use by her/his physician. Any prescribed medication should be left with the school nurse to be administered as needed.**

Students and parents/guardians need to understand that violation of the Chemical Abuse Policy is cumulative to a maximum of four (4) offenses during their high school career. It is understood that a student who violates the Chemical Abuse Policy while not participating in an athletic or non-athletic activity shall have those violation(s) count when applying for athletic and/or non-athletic extracurricular eligibility.

These procedures apply to all students in athletic activities beginning the date of the fall preseason until the end of the school year or spring post-season, whichever is longer. These procedures apply to all students participating in non-athletic activities from the beginning of the school year until the end of the school year.

Each violation will be reviewed by the Principal or her/his designee and referred to the Substance Abuse Team. SAT members include the school nurse, the student’s guidance counselor, the school Substance Abuse Counselor, the Athletic Administrator and an administrator. The SAT will make the recommendations for discipline and/or treatment for each student violation of the Chemical Abuse Policy. The parents/guardians and participant will meet with the SAT to address the violation. The recommendation(s) of the SAT must be followed before the participant will be allowed to return to full participation in an extracurricular activity.

**I. Type I Offenses - Disciplinary Action for Possession of, Use of, and/or in the presence of Prohibited Substance(s) while a participant in any athletic and/or non-athletic extracurricular activity.**

**A. First Offense**

1. The coach, advisor and/or administrator (or designee) will discuss and verify the violation with the student participant involved who is suspected of the violation.

2. If not already accomplished by I.A.1. Athletic Coaches will notify the Athletic Administrator, who will notify the Principal. Advisors or coaches of non-athletic extracurricular activities will notify the Principal. Once the violation is verified the Principal will make the offense known to the Substance Abuse Team.

3. The following disciplinary procedure will be implemented:

   a. The student participant will be suspended from all athletic and/or non-athletic activities for the minimum of ten (10) athletic and/or non-athletic participation days or the number of school days recommended by the Substance Abuse Team whichever number of days is greater.

   b. The student upon returning to the activity may not participate in any contest or competition until a minimum of five (5) days of athletic and/or non-athletic extracurricular participation has been completed.

   c. Upon agreeing to an approved education program, ten (10) days is reduced to five (5). Student must make copy of certificate and bring to Athletic Director or might be in jeopardy of not participating in athletics at BHS.

   d. If the involved student has originally disclosed the offense her/himself, the suspension will be considered to have begun on the date of that disclosure. In all other circumstances of disclosure the disciplinary suspension will begin on the date the offense is verified.
The student will be required to follow the recommendation(s) made by the Substance Abuse Team prior to resuming participation in any extracurricular activities.

g. The student will meet with a licensed school Substance Abuse Counselor for a minimum of three times for evaluation prior to returning to participation. If the parents/guardians chooses to meet with another licensed Substance Abuse Counselor it shall be at the expense of the parents/guardians. In the event that an appointment cannot be attended in a reasonable time frame the student will provide the Athletic Administrator or an Assistant Principal, if the violation occurred in a non-athletic activity/team/club with the date of his/her appointment. Base on the evidence of a scheduled appointment the Athletic Administrator or Assistant Principal will allow the student to return to participation in an activity no more than three (3) days before the date of his/her appointment.

B. Second Offense
1. Procedures I.A.1., I.A.2. 1.A.3.f and I.A.3.g will be followed.
2. The following disciplinary procedure will be implemented:

   a. The participant will be suspended from all athletic and/or non-athletic extracurricular activities for ninety (90) days OR required to complete 30 hours of community service, along with completion fo essay agreed upon by student and Athletic Director, within 45 days. If completed the suspension will be reduced to 45 days. Service must be approved by an Administrator and will not count towards the student's BHS service requirement.

   b. The beginning date of the suspension will be determined as in I.A.3.c.

   c. For those violations that occur in the spring the consequences shall carry over into the next school year.

   d. The student will be required to follow the recommendation(s) of the Substance Abuse Team prior to resuming participation in any athletic or non-athletic extracurricular activity.

II. Type II Offenses - Disciplinary Procedures Subsequent to Selling or Furnishing any Prohibited Substance while a participant in an extracurricular activity.

A. First Offense
   1. Procedures I.A.1, I.A.2 and I.A.3.f. will be followed.
   2. The student will be suspended from participation in athletic and/or non-athletic extracurricular activities for one (1) calendar year or the recommendation of SAT, whichever is greater.

B. Second Offense
   1. The student will be suspended from all athletic and non-athletic extra-curricular activities for the remainder of his/her period(s) of enrollment in Brunswick High School.

VIOLATION OF THE BRUNSWICK SCHOOL DEPARTMENT CHEMICAL ABUSE POLICY

Participants who violate the Chemical Abuse Policy during the school year but not during their sport season shall have the violation count in the Chemical Abuse procedure.
Athletic Participation
Permission Form

Student’s name __________________________ Grade __________ Date of Birth __________

Parent/Guardian __________________________ Telephone __________
Address ____________________________________ Town __________________

Email Address __________________________________

To the student and parent:

In an effort to provide the greatest protection for all concerned, the Brunswick School Department requires that those wishing to compete in interscholastic athletics cooperate in the following ways: First – parental permission to participate in specific sports is required (Section I below). Secondly – the signature of the parent/guardian (also Section I below) indicates acceptance of medical insurance coverage responsibility. Parents should understand that the School Department Insurance does not cover sports related injuries. Students/Parents may purchase private accident insurance. For further information, contact the Brunswick High School Athletic Department at 319-1920. Lastly – a statement signed by the student’s physician must be on file at Brunswick High School and dated no later than twelve (12) months prior to participation in any sports season (Section II below). It is recommended that students entering Junior High School and Senior High School provide evidence of having had a physical examination prior to admission. A student athlete will not be required to have their weight or height made public.

Students with religious standards or financial situations, which preclude compliance with the above request, should also contact the school office. Thank-you.

Section I: Parental Permission and Acknowledgement of Insurance Responsibility
Please check off one sport in each season in which your son/daughter is planning to participate in. If the student athlete changes his/her mind at any time all they need to do is inform the athletic office of the change.

Fall
____ Cheerleading
____ Cross-Country
____ Field Hockey
____ Football
____ Golf
____ Soccer
____ Girl’s Volleyball

Winter
____ Basketball
____ Cheerleading
____ Co-ed Track
____ Ice Hockey
____ Swimming
____ Alpine/Nordic Skiing
____ Other

Spring
____ Baseball
____ Lacrosse
____ Softball
____ Tennis
____ Track

My signature indicates permission for my son/daughter to participate in the above sport/sports checked and also acknowledges my responsibility for providing medical insurance coverage throughout the period of participation.

Parent/Guardian Signature __________________________ Work Phone __________ Date __________

Section II – Physician’s Statement
From my knowledge of the above student’s physical/mental condition, I consider him/her fit to participate in all interscholastic sports except as noted below:

Physicians Signature __________ Date __________ Date of Last Physical __________

This form must be completed and returned to the Athletic Office before a student may participate in tryouts.

Revised June 17, 2016
PROCEDURES SUBSEQUENT TO THE POLICY
“DRUG, TOBACCO AND ALCOHOL USE BY STUDENTS”
(Brunswick School Department Policy, File: JICH)

“The Brunswick School Department recognizes chemical dependency as a treatable disease which may interfere with the learning process, create interpersonal problems and cause physical and emotional suffering to the user as well as to family and close associates. The Brunswick School Department will cooperate with effective organizations to help detect diagnose and treat affected students. The Brunswick School Board unequivocally endorses the philosophy that the schools should be free from the detrimental effects of illicit drugs, alcohol and tobacco. The School Department is committed to helping to prepare students to make responsible choices about the use of chemicals and tobacco, to assist those who are at risk or affected or those who manifest signs of abuse in order that they may lead healthy, productive lives. It is through this policy and subsequent procedures that the School Department can provide for and protect the integrity of the educational environment. It is recognized that in order for the School Department to effectively intervene family and community involvement is crucial. Compliance with Brunswick School Department’s standards of conduct related to substance abuse is mandatory.”
(from the Brunswick School Department Policy named and filed as indicated above)

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BRUNSWICK HIGH SCHOOL
ATHLETIC GUIDELINES AND CHEMICAL USE AND ABUSE PROCEDURES

<table>
<thead>
<tr>
<th>SIGNED STATEMENT</th>
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<tbody>
<tr>
<td>(must be signed by both athlete and parent/guardian)</td>
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</table>

I have read and understand the attached

Brunswick High School Athletic Guidelines & Chemical Use and Abuse Procedures

& have secured my parent’s or guardian’s signature, which acknowledges their receipt of the rules.

Athlete’s Signature ____________________________ Date __________

I acknowledge receiving the

Brunswick High School Athletic Guidelines & Chemical Use and Abuse Procedures

attached to this statement.

Parent’s Signature ____________________________ Date __________

TelephoneNumber ______________________________

This statement must be signed and returned to the Athletic Department prior to practice or participation in any Brunswick High School Athletic Sports Team/Activity.

6/21/10
CONCUSSION INFORMATION SHEET

PARENTS and STUDENT-ATHLETES: Please read, sign, and keep a copy. You must turn in a signed form prior to the start of practice.

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 a concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<table>
<thead>
<tr>
<th>Symptoms may include one or more of the following:</th>
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<tbody>
<tr>
<td>Headaches</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Neck pain</td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Blurred, double, or fussy vision</td>
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<tr>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Feeling sluggish or slowed down</td>
</tr>
<tr>
<td>Feeling foggy or groggy</td>
</tr>
<tr>
<td>Drowsiness</td>
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<tr>
<td>Change in sleep patterns</td>
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<td></td>
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<tr>
<td>&quot;Don't feel right&quot;</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
</tr>
<tr>
<td>Sadness</td>
</tr>
<tr>
<td>Nervousness or anxiety</td>
</tr>
<tr>
<td>Irritability</td>
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<tr>
<td>More emotional</td>
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<tr>
<td>Confusion</td>
</tr>
<tr>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>(forgetting game plays)</td>
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<tr>
<td>Repeating the same question/comment</td>
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<tr>
<td>Amnesia</td>
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</tbody>
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<table>
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<tr>
<th>Signs observed by teammates, parents or coaches include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed</td>
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<tr>
<td>Shows behavior or personality changes</td>
</tr>
<tr>
<td>Vacant facial expression</td>
</tr>
<tr>
<td>Can't recall events prior to hit</td>
</tr>
<tr>
<td>Confused about assignment</td>
</tr>
<tr>
<td>Can't recall events after hit</td>
</tr>
<tr>
<td>Forgets plays</td>
</tr>
<tr>
<td>Seizures or convulsions</td>
</tr>
<tr>
<td>Is unsure of game, score or opponent</td>
</tr>
<tr>
<td>Any change in typical behavior or personality</td>
</tr>
<tr>
<td>Moves clumsily or displays in coordination</td>
</tr>
<tr>
<td>Loses consciousness</td>
</tr>
<tr>
<td>Answers questions slowly</td>
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<tr>
<td>Slurred speech</td>
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</tbody>
</table>
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 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 under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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 Brunswick School Department requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years and reflected in Board policy:

Any student suspected of having sustained a concussion or other head injury during a school-sponsored athletic activity including but not limited to competition, practice or scrimmage, must be removed from the activity immediately....

No student will be permitted to return to the activity or to participate in any other school-sponsored athletic activity on the day of the suspected concussion.

Any student who is suspected of having sustained a concussion or other head injury shall be prohibited from further participation in school-sponsored athletic activities until he/she has been evaluated and received written medical clearance to do so from a licensed health care provider who is qualified and trained in concussion management.

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/Concussion

Student-Athlete (Name Printed)  Student-Athlete (Signature)

________________________________________
Date

Parent or Legal Guardian (Name Printed)  Parent or Legal Guardian (Signature)

________________________________________
Date

Adopted:  11/14/12
Graduated Return to Play Protocol- after clearance note from doctor and satisfactory results from the Impact test

Day 1. No activity

Day 2. Light aerobic exercise: Intensity below 70%; no resistance training

Day 3. Sport-specific exercise: Running, skating drills; no head impact drills

Day 4. Non-contact training drills: Progression to more complex training drills, may start resistance training

Day 5. Full-contact practice: Following physician clearance, participate in normal training

Day 6. Return to play: Normal game play

If at any time post-concussion symptoms occur during the graduated return, there will be at minimum a 24hr rest period. Once asymptomatic following the rest period the athlete will drop back to the previous asymptomatic level and the progression will resume.
Brunswick High School
Student-Athlete Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.

I will not degrade my opponents before, during, or after games.

I will post only positive things about my teammates, coaches, opponents and officials.

I will use social media to purposefully promote abilities, team, community, and social values.

I will consider “Is this the me I want you to see?” before I post anything online.

I will ignore any negative comments about me and will not retaliate.

If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.

I am aware that I represent my sport(s), school, team, family and community at all times, and will do so in a positive manner.

If any student-athlete violates this agreement, the student-athlete will meet with Athletic Director for first offense. 2nd offense, suspended for 1 game, 3rd offense, suspended from team for rest of the season. If happens again in another season, suspended from athletics for remainder of the year.

Student-Athlete Signature

____________________________________________________

Date

____________________

Parent Signature

____________________________________________________

Date

____________________
When involved in sports there is an inherent risk that injury can occur that may affect your child’s participation in athletics while affiliated with their school. In order to provide a higher consistency of care and to ensure a safe return to sports, it is recommended that certain medical and health information about your child’s injury be shared with appropriate personnel associated with her/his school as well as her/his physician. This information is intended to permit the Certified Athletic Trainer of Select Physical Therapy affiliated with Brunswick High School to release medical information as needed to meet the child’s health and safety needs.

My signature below hereby authorizes the Certified Athletic Trainer to release medical information concerning my child’s injury to authorized school personnel and physicians when needed to meet my child’s health and safety needs. I understand that this authorization is voluntary and I may refuse to sign, however, the continuity of care for my child may be affected if not signed.

Initials: __________

I give permission for the Certified Athletic Trainer of Select Physical Therapy to administer appropriate medical care to my child in case of injury or illness. I also understand that this authorization will expire at the end of the academic school year.

Initials: __________

The ImPACT Concussion Management Program is a computerized neuro-psychological test that helps determine cognitive functioning, e.g. memory, reaction time and problem solving. The program helps medical personnel determine when an athlete that has sustained a concussion is able to safely return to activity/play.

I agree to allow my daughter/son to participate in the ImPACT Concussion Testing Program, baseline testing, sponsored by the Maine Concussion Management Initiative. I understand that the Certified Athletic Trainer will administer the ImPact Concussion Program at Brunswick High School. I further agree that should she/he sustain a concussion that they may take the post concussion test to help determine when my child may return to activity/play.

Initials: __________

I certify under penalty of perjury, that I am the parent or guardian of the above-named student athlete and I am authorize to sign this document and permit the disclosure and receipt of my child’s medical and health information.

Parent/Guardian Signature: __________________________ Date: __________

Student Athlete Signature: __________________________ Date: __________
Pre-participation Medical History

Name ___________________________ Sex ______ Age ______ BOH ______
Grade ______ School ________________ Sport(s) ____________________________
Address _____________________________________________________________ Phone ____________

Personal Physician __________________________ Phone ______________________
In case of emergency, contact __________________ Phone ______________________
Name ___________________________ Relationship ______ Phone (H) ______ (W) ______

Explain "YES" answers below. Circle questions that you don't know the answers.

1. Have you had a medical illness or injury since your last check-up or sports physical?
   - No [ ] Yes [ ]

2. Do you have an ongoing or chronic illness?
   - No [ ] Yes [ ]

3. Have you ever been hospitalized overnight?
   - No [ ] Yes [ ]

4. Have you ever had surgery?
   - No [ ] Yes [ ]

5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
   - No [ ] Yes [ ]

6. Have you ever taken supplements or vitamins to help gain or lose weight or to improve your performance?
   - No [ ] Yes [ ]

7. Do you have any allergies (for example, to pollen, medicine, food, materials, stinging insects)?
   - No [ ] Yes [ ]

8. Have you ever had a rash or hives develop during or after exercise?
   - No [ ] Yes [ ]

9. Have you ever passed out during or after exercise?
   - No [ ] Yes [ ]

10. Have you ever been dizzier or after exercise?
    - No [ ] Yes [ ]

11. Have you ever had chest pain during or after exercise?
    - No [ ] Yes [ ]

12. Do you get tired more quickly than your friends do during exercise?
    - No [ ] Yes [ ]

13. Have you ever had racing of your heart or skipped heartbeat?
    - No [ ] Yes [ ]

14. Have you had high blood pressure or high cholesterol?
    - No [ ] Yes [ ]

15. Have you ever been told that you have a heart murmur?
    - No [ ] Yes [ ]

16. Has any family member or relative died of heart problems or sudden death before age 50?
    - No [ ] Yes [ ]

17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
    - No [ ] Yes [ ]

18. Has a physician ever denied or restricted your participation in sports for any reason?
    - No [ ] Yes [ ]

19. Do you have any current skin problems (for example, rashes, eczema, fungal, viral or bacterial infections)?
    - No [ ] Yes [ ]

20. Have you ever been diagnosed with a concussion?
    - No [ ] Yes [ ]

21. Have you ever been knocked out, become unconscious, or lost your memory?
    - No [ ] Yes [ ]

22. Have you ever been hospitalized for a head injury?
    - No [ ] Yes [ ]

23. Have you ever had a seizure?
    - No [ ] Yes [ ]

24. Do you have frequent headaches?
    - No [ ] Yes [ ]

25. Have you ever had numbness or tingling in your arms, hands, or feet?
    - No [ ] Yes [ ]

26. Have you ever had a stinger, hickey, or pinched nerve?
    - No [ ] Yes [ ]

27. Have you ever taken an ImPACT baseline test?
    - No [ ] Yes [ ]

28. Have you ever become ill from exercising in the heat?
    - No [ ] Yes [ ]

29. Do you have asthma?
    - No [ ] Yes [ ]

30. Do you have seasonal allergies that require medical treatment?
    - No [ ] Yes [ ]

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

Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ______
This sheet must be signed and returned within three (3) days of entry into school or student will not be admitted.

EMERGENCY INFORMATION FORM

Following is the information we currently have in our administrative system. Please make any corrections necessary or add any missing information. It is the parent’s responsibility to notify the school of any changes in the information listed on this form.

STUDENT INFORMATION

School: ____________________________________________

Student’s Name (Last Name first): ____________________________
Address (Street/City/Zip): ___________________________________ Cell phone: ____________________________

PARENT/GUARDIAN

Primary Parent/Guardian Email: ____________________________
Primary Parent/Guardian Name: ____________________________ Home Phone: ____________________________
Primary Parent/Guardian Address: ____________________________ Cell Phone: ____________________________
Work Phone: ____________________________
Parent/Guardian Name: ____________________________
Address: ____________________________________________
Cell Phone: ____________________________
Work Phone: ____________________________

Sibling: ____________________________
Sibling: ____________________________

EMERGENCY CONTACT INFORMATION

List two names of emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: ____________________________ Telephone: ____________________________
2. Name: ____________________________ Telephone: ____________________________

Daycare: ____________________________ Telephone: ____________________________

In the event of a school building catastrophic event, please provide an emergency morning pick up location and an afternoon drop off location, if other than the home address.

AM Pick up Location: ____________________________
PM Pick up Location: ____________________________

MEDICAL INFORMATION

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary to provide care and treatment.

Does your child have any of the conditions listed below?

Any known allergies? Yes ___ No ___
If so, type of allergy ____________________________
Asthma? Yes No __
Convulsive Disease? Yes No __
Diabetes? Yes ___ No ___

Doctor’s Name: ____________________________ Telephone: ____________________________
Dentist’s Name: ____________________________ Telephone: ____________________________
Hospital Preference: ____________________________

Signature of Parent/Guardian with whom student resides: ____________________________

Signature: ____________________________ Date: ____________________________