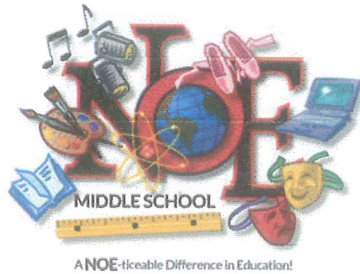


Samuel V. Noe Middle School Sports Physical Packet



Steve Weber, AD
121 W. Lee Street
Louisville, Ky 40208
Heather Colquett, YSC Clerk
John Gribbins, YSC Coordinator

Athletics Office/Youth Services Center: (502) 313-4511
Email: David.Weber@jefferson.kyschools.us
School Fax: (502) 313-3511
Email: Heather.Colquett@jefferson.kyschools.us
Email: John.Gribbins@jefferson.kyschools.us

Instructions for Participation:

The following packet (19 pages) must be completed and submitted to the Athletics Office, located in the Noe Middle Youth Services Center prior to the beginning of any student participation in any athletics program. **Please make sure to request and keep a copy of your packet before you submit.**

- **KHSAA Sports Physical Forms (Pages 2-9)**
 - Must be signed/stamped and dated by Medical Professional
 - Must be marked as "Clear to participate"
 - Sports Physicals are good for one calendar year from the date of examination by Medical Professional
- **JCPS Parent Permission/Release From (Page 10)**
 - Must be notarized at bottom of page
 - Notary available in Noe Middle Main Office/YSC Office
- **Parent Contact Information (Page 11)**
 - Filled out completely for Coach/Sponsor to be able to quickly reach you
- **JCPS Sports Safety Video Parent/Guardian Signature Form (Page 12)**
 - Available for viewing at YouTube entitled "JCPS Health & Safety Video". Parents must view one time during Middle School. All students view at beginning of school year
 - Parent/Guardian must sign to indicate viewing
- **Parent Communication Agreement Form- 24 Hour Rule Form (Page 13)**
 - Signed by Student and Parent/Guardian
- **Academic/Disciplinary Eligibility Form (Page 14)**
 - Signed by Student and Parent/Guardian
- **Transportation Waiver (Page 15)**
 - (Optional Form) Must be notarized and signed by Parent/Guardian
- **Photo/Video Release Form (Page 16)**
 - Signed by Parent/Guardian
- **Parent/Student-Athlete Concussion Information (Pages 17-19)**
 - Filled out and signed by Student and Parent/Guardian



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 4/15, page 1 of 2
© KHSAA, 2015

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____
Home Address (Street, City, State, Zip): _____
Gender _____ Grade _____ School _____
Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.
The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex at birth (F, M): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form.)		
Circle questions if you don't know the answer.	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart** <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

** Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
SUPPLEMENTAL PRE-PARTICIPATION EXAM
QUESTIONNAIRE RELATED TO COVID-19 AND
THE CORONAVIRUS**

KHSAA Form PPE02
SUPPLEMENTAL PAGE
Rev. 07/21
Page 1 of 1

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED WITHOUT PROCESSING.

Information Needed	Please complete the information below to provide to your health card provider
Student Name	

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT AND FAMILY

Information Needed	Completed by the student and family
Name of School	

1	Has this student ever been diagnosed with COVID-19 or had a positive test for it?	YES	NO
2	If the answer to Question 1 is "Yes," please give the approximate date of the positive test or diagnosis?		
3	If the answer to Question 1 is "Yes," did the student participate later in the school year in other organized sports or sport-activities?	YES	NO
4	If the answer to Question 1 is "Yes," then it should be considered by the health care provider and parents that the pre-participation physical and return to play protocol be completed by an MD or DO following the KHSAA's Return-to-Play Guidelines for COVID-19 positive student-athletes, which can be found at the following link: https://bit.ly/2SQDOxm	YES	NO

<u>Print</u> Name of Person Signing this Form			
Date		Signature	
		Daytime Phone	

PARENT/CUSTODIAL FAMILY SIGNATURES AND CERTIFICATIONS

I attest that the information provided is accurate.	
Student Signature	
<u>Print</u> Name of Student Signing	
Custodial Parent Signature	
<u>Print</u> Name of Person Signing	
Date	

JEFFERSON COUNTY PUBLIC SCHOOLS

(Last Name) (First Name) (Middle)

(Birth date) **GENDER:** M F (circle one)

NUMBER OF YEARS IN: MIDDLE SCHOOL _____ YEAR ENTERED 6TH GRADE: _____

(Home Address) (Zip) (Home Phone #)

PARENT/GUARDIAN: _____ WORK PHONE#: _____

EMERGENCY CONTACT: _____ PHONE#: _____

PHYSICAL EXAM COMPLETED: YES _____ NO _____

GROUP ATHLETIC INSURANCE PAID: YES _____ NO _____

LAST SCHOOL ATTENDED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PARENT PERMISSION/RELEASE – MIDDLE SCHOOL ATHLETICS

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. _____

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. _____

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. _____

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. _____

I have medical and hospital insurance with: _____ The certificate number is: _____

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the \$5.00 tryout premium and agree to pay the additional \$15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for "Reasonable and Customary" expenses that are not recoverable from another plan providing medical benefits to the maximum of \$25,000. If not covered by another plan, the excess provision shall not apply and benefits are payable up to but not to exceed \$25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$25,000.

This Permission/Release form **MUST BE SIGNED, NOTARIZED AND RETURNED** to the Athletic Department before the Student/Athlete will be permitted to participate.

(Student's Signature) (Parent's Signature)

This form notarized the _____ day of _____ 20_____. Notary Public _____
My commission expires on the _____ day of _____ 20_____.

**Noe Middle School
Parent/Guardian Contact Information**

Athlete's Name _____ **Current Grade/Team** _____

Athlete's Address:
(Street, City, State, Zip) _____

Athlete's Email: _____

Athlete's Home Telephone Number: _____

Athlete's Cell Telephone Number: _____

Mother's Name: _____

Mother's Address:
(Street, City, State, Zip) _____

Mother's Email: _____

Mother's Home Telephone Number: _____

Mother's Cell Telephone Number: _____

Father's Name: _____

Father's Address:
(Street, City, State, Zip) _____

Father's Email: _____

Father's Home Telephone Number: _____

Father's Cell Telephone Number: _____

***Note: For communication and notification purposes, the above listed information may be used as part of Group Distribution Lists.

Student Name: _____

School: _____

Sports: _____

**JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)**

_____ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

Parent Name (Print)

Student Name (Print)

School

Grade

Date

Parent Signature

Student Signature

Noe Middle School Parent Communication Agreement

I would like to thank you all for participating in the upcoming Noe Middle athletic season. The coaches, administrators and I are extremely excited to be working with your wonderful young men and women. We have very high expectations for everyone as members of the Noe Middle Athletic Family. Over the course of a season, it may become necessary for situations to be addressed by coaches, players and/ or parents. This document will address the appropriate procedures should that become necessary.

Because emotions tend to be strong immediately following a competition or game, we feel it is necessary to avoid a potentially volatile situation between families and coaching staff. For that reason, **Noe Middle has instituted a 24 Hour Cooling off Period following all competitions and games.** This cooling off period will allow all parties to gain a better perspective on the situation, and better prepare all parties to effectively address any/ all situations. If you as a parent/ family member feel the need to discuss something with a coach, please schedule a meeting through the head coach following the 24 hours. **If a parent cannot wait and must voice the concern prior to this, then the student involved may be subject to a minimum of a 1 game suspension from their team.**

Issues such as playing time, a player's role on the team and skill development should be handled directly between the player and the coach. However, it is important to remember that a coach's style of play and distribution of playing time/ participation are ultimately the sole decision of the coaching staff.

If there are situations that need to be addressed, please follow the step by step procedure to allow all parties the opportunity to resolve any issues in the least obtrusive manner as possible:

Step 1: The player and coaching staff will have a face to face meeting to address the player issues or concerns. The meeting must be arranged by the player. Coaches will immediately respond to the concern to the best of his/ her ability. Most situations should be resolved at this stage.

Step 2: If the player continues to have unresolved issues, the player and coaching staff will meet with the parents. Athletic Director or the Athletic Administrator can be present at the meeting if the interested parties determine that it is necessary.

Step 3: If the player and the family are still not satisfied with the resolution, then the family will schedule a meeting with the Athletic Director and/ or the Athletic Administrator. Following the family meeting, the AD and AA will meet with the coaching staff. Resolutions to all issues will take place at this point, and the family will be notified.

It is expected that all players and families will sign and return this form to coaches prior to the start of the athletic season. Hopefully this will help to promote a fair and clear resolution to issues of concern.

Player Name (print): _____

Player Signature : _____ Date: _____

Parent Signature : _____ Date: _____

**Academic/Disciplinary Eligibility for All
Noe Middle Competitive Sports/Activities**

In order to be eligible to participate in any competitive Noe Middle sponsored athletics or activities, the following requirements must be met:

1. All student participants will have regular grade and discipline checks for the duration of their activity. Grade checks will be cumulative grades for each class for the current grading period, as posted on Infinite Campus.
2. At the time of the check-up, students must be passing Math and Language Arts.
3. Students must maintain a minimum of a 2.0 cumulative grade point average among team/core classes in order to remain eligible for their activity. Related Arts Teachers outside the team can contact the athletic director with any grade/behavior concerns that may impact eligibility.
4. Any student that receives a disciplinary referral will be ineligible to participate in any practice/performance/game/ competition for 7 days from the date of administrator action. The AD will notify coaches/sponsors and players. The AD, Administrator, and /or Coach will notify parent.

Team teachers will submit grade sheets on all current participants. This will include a current academic and conduct grade. All grade sheets will be turned in to the Athletic Director for review. The Athletic Director will inform coaches/sponsors of ineligible players. The staff/coach/sponsor will notify the student and parents.

Students who do not meet the academic requirements will be placed on academic probation for an initial 3-week period during which time they may practice and participate at the coaches/sponsors discretion.

If the academic requirements are not met after the initial 3-week probation period, students will be given a final three (3) week period to meet the academic requirements. During this period a student may not practice or participate until the academic requirements are met. If a student has still not met the academic requirements at the end of this time period, he/she will be ruled academically ineligible and will be removed from the team.

Students are allowed only one probation period per activity.

Date of First Reading: 6/8/09

Date of Second Reading: 7/13/09

Date Adopted: July 13, 2009

Date of First Revision Reading: 12/10/12

Date of Second Revision Reading: 1/14/13

Revised: 1/14/13

Reviewed: 11/09/2016

Revised: 6/13/2016

Signature: _____


(SBDM Council Chairperson)

Student Athlete Name [Please Print]: _____

Parent/Guardian Name [Please Print]: _____

Parent/Guardian Signature: _____

**Jefferson County Public Schools
Waiver of Responsibility
(For Participant Being Transported)**

I consent for my child, _____, to be transported by private vehicle when needed, driven by an approved adult/volunteer, to or from any/all athletic/activity events in which my child is participating. I hereby waive and release any and all rights and claims for damage I may have against Noe Middle School and the driver of the private vehicle.

Signature of Parent/Guardian

Date

This Waiver of Responsibility form **MUST BE SIGNED, NOTARIZED AND RETURNED** to the Athletic Department before the student will be transported by an approved adult/volunteer.

This form notarized the _____ day of _____ 20_____.

Notary Public _____
County, Kentucky.

My Commission Expires on the _____ day of _____,
_____.



**Jefferson County Public Schools
Photo/Videotape Release Form**

Throughout the school year, there may be times when Jefferson County Public Schools (JCPS) staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in District/School publications, in District/School video productions, on the District/School website, on District authorized social networking sites such as Facebook or Twitter, in the news media, or in other organizations' school related stories or articles. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's school.

I hereby grant unto the Jefferson County Public Schools permission to use my child's, photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that JCPS may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto the Jefferson County Public Schools permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories or articles.

Student's Name: _____

School: _____

Parent/Guardian Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: _____

Parent/Guardian Signature*: _____ Date: _____

* Students 18 years of age or older may sign this release form for themselves.



Parent/Guardian Student-Athlete Concussion Statement 2.0

I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student

Date

Printed name of Student

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Could it be a concussion?

When in doubt, take the player out.

Observe the athlete for these warning signs	Does the athlete report any of these symptoms
Appears dazed or stunned	Headache
Is confused about assignment	Neck pain
Forgets plays	Balance problems or dizziness
Is unsure of game, score or opponent	Double or fuzzy vision
Moves clumsily	Nausea or vomiting
Answers questions slowly	Hearing problems or ringing
Loses consciousness	Confusion
Shows behavior or personality changes	Drowsiness
Can't recall events prior to or after hit	Feeling sluggish
Unequal size pupils	Concentration or memory problems

Continued on reverse



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SPORTS HEALTH

Knowing the signs of concussion can prevent further injury or even death.

The facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Second impact syndrome, a rare condition in which a second concussion occurs before a first concussion has healed, causes rapid and severe brain swelling and often permanent damage.

If the athlete exhibits or reports any warning signs of concussion, follow these steps:

Remove from play

- Only allow the athlete to return to play with permission from an appropriate health care professional.

Seek medical attention

- Ensure the athlete is evaluated by an appropriate health care professional. Do not try to judge the severity of the injury yourself.

Inform parent/guardian

- Make sure the athlete's parents or guardians are informed about the injury and that the athlete should be seen by a health care professional.

Prevent further injury

- Second impact syndrome can be prevented by delaying the athlete's return to play until the athlete receives appropriate medical evaluation and approval to play.

If you suspect an athlete has a concussion, the Headache & Concussion Center is here to help. As the only center of its kind in the area, our physicians have extensive training and specialized diagnostic tools to properly treat concussions. For more information, call the center at (502) **899-6782** or visit **NortonHealthcare.com/HeadacheandConcussion**.

