

TRINITY KLEIN LUTHERAN SCHOOL

Athletic Participation Form

Student's Name _____ Date of Birth _____

In accordance with the Houston Area Private School League (HAPS) and Trinity Klein, students are eligible to represent their school if they:

1. Are not 15 years of age before the first day of September of the current school year.
2. Have passed a physical examination given by a physician or medical screening and have written acknowledgement of their parent/guardian for athletic participation.
3. Are academically eligible, following current eligibility guidelines.
4. Follow training rules, which include not using any tobacco, drugs, or alcohol.

I hereby give my consent for the above student to compete in the HAPS and travel with the coach or other school representative on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither HAPS nor Trinity Klein assumes any responsibility in the event an accident occurs.

The undersigned agrees to be responsible for the return of all athletic equipment issued by the school to the above named student. The parent/guardian will be responsible for any equipment lost or deemed by the Athletic Director to be abused and needing repair or replacement.

For the Parent/Guardian: I have completed the information on this form to the best of my knowledge. I have read and understand the rules, and I agree to permit my child to participate under these conditions.

Parent/Guardian Signature _____

For the Student: I have read and understand the rules and agree to abide by them.

Student Signature _____

EMERGENCY INFORMATION

Parent/Guardian Name(s) _____ Home Phone _____

Father Work # _____ Cell# _____ Mother Work# _____ Cell# _____

Person to contact in case parents cannot be reached:

Name _____ Relation _____ Phone _____

Family Doctor _____ Phone _____

Name of Insurance Company _____ Policy # _____

Allergies _____ Routine Medications _____

Comments, special considerations _____

I hereby authorize the TKLS athletic staff to allow the following persons to transport my child(ren) to and from sporting events:

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any licensed physician, trainer, nurse, hospital, or school representative. I do, hereby, agree to indemnify and hold harmless the school and any school representative from any claim by any person as a result of such care and treatment.

Parent/Guardian Signature _____ Date _____

Student Athletic Contract

The athletic program at Trinity Klein is an integral part of our school program, one that can provide invaluable experiences for all participants. We strive to put Christ first in all our endeavors.

As a student athlete, I pledge to:

- Develop the Christian characteristics of commitment, trust, encouragement, love, humility, and forgiveness in relation to participating in athletics at Trinity Klein.
- Communicate my sports schedule well in advance to my parents and teachers.
- Schedule my personal life so that it does not conflict with team expectations.
- Attend all Trinity practices and games at the possible expense of other events.
- Give my coach notice well in advance of any commitments I have that conflict with the team schedule.
- Discuss issues of concern with my coach, team captains and parents before they become problems.
- Make a commitment to my teammates and coaches to continually strive to contribute to the program, maintain academic eligibility, and exercise responsible sportsmanship.

Student Signature

Date

As a parent/guardian, I pledge to:

- Grant permission for my daughter/son to participate in the program.
- If tryouts are necessary for team formation:
 - i. Understand that participation in tryouts may result in students not being selected for a team. I understand that such decisions are a usual and normal part of the tryout procedure. Being on a team in the previous year, does not guarantee selection the following year. We agree to support publicly the decisions made through the tryout process.
 - Understand that students may feel great disappointment if they are not included on a team after tryouts. I agree to discuss the emotional risks in our family setting before students engage in tryouts. I agree that parents are ultimately responsible to prepare their children emotionally for the tryout process and to determine if it is in the student's best interest to try out.
 - Affirm that all students are precious gifts of God. Selection to a team must never become an excuse for arrogance or taunting of other students, nor should lack of selection to a team become an occasion for blaming and resentment of others. I agree that parents are ultimately responsible to love and guide their children through this experience of success or failure, and to model for them how to handle both accomplishments and disappointments with a Christian attitude and perspective.
- Stay informed about my daughter/son's athletic schedule to minimize conflicts between our family schedule and the athletic schedule.
- Support my daughter/son's decision to commit to the team by attending as many team meetings, contests and special events as my schedule will permit.
- Work closely with all school personnel to assure an appropriate academic and athletic experience for my daughter/son throughout her/his school career.
- Discuss issues of concern with my daughter/son and the coach before they become problems.
- Assure that my daughter/son attends all practices, contests, special events and follows all training rules.
- Affirm that it is the responsibility of the coach to determine strategy, player selection, and playing time decisions.
- Work cooperatively with coaches, other parents, and school personnel to assure a wholesome and successful athletic program for the school.
- Be an active member of the Booster Club by supporting its activities and efforts.
- Encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other sports event.

Parent/Guardian Signature

Date

Concussion and Traumatic Brain Injury

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache

"Pressure" in the head

Nausea

Vomiting

Balance problems

Dizziness

Blurry Vision

Double Vision

Sensitivity to Light

Sensitivity to Noise

Confusion

Memory Problems

Difficulty paying attention

Feeling sluggish, hazy, foggy or groggy

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the return to play from a concussion protocol shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Student Signature

Parent Signature

MEDICAL HISTORY AND PHYSICAL EXAMINATION

Student's Name _____ Date of Birth _____

Medical History – to be completed by parent or guardian. Does student have a previous history of:

	YES	NO		YES	NO
1. Bleeding tendencies	___	___	15. Now under a physician's care?	___	___
2. Head injuries, seizures, unconsciousness, concussion Date of last concussion: _____	___	___	16. Has had tetanus? Date _____ Booster required every 10 years	___	___
3. Asthma	___	___	17. Allergies	___	___
4. Hernia	___	___	18. Neck Injury	___	___
5. High blood pressure	___	___	19. Bone and/or joint injury or disease	___	___
6. Tuberculosis	___	___	20. Heart disease	___	___
7. Sickie Cell Anemia	___	___	21. Diabetes	___	___
8. Kidney disease and/or injury	___	___	22. Emotional or psychological problems? _____	___	___
9. Kidney, Lung, Testicle or Eye removed or non-functioning	___	___	23. Surgery?	___	___
10. Hepatitis	___	___	Explain any YES answers _____		
11. Rheumatic Fever	___	___	_____		
12. Skin disease	___	___	_____		
13. Contact lenses / glasses	___	___	_____		
14. Is student taking medication regularly? If YES, specify at the bottom of next column.	___	___	_____		
	___	___	_____		

Physical Examination – to be completed and signed by physician.

Height _____	Weight _____	Blood Pressure _____			
	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Skin	___	___	Abdomen	___	___
Head, Neck	___	___	Spine	___	___
EENT	___	___	Extremities	___	___
Heart	___	___	Joint Function	___	___
Lungs	___	___	Genitalia	___	___

Dental: cavities, bridges, false teeth, other _____

Explain any abnormal findings _____

I certify that on this date, I have examined the above student as indicated by the items checked and recommend him/her as being physically able to participate in supervised athletic activities as checked below.

_____ All Sports _____ Sports Other Than _____ _____ May Not Participate

Physician Signature _____ Date _____