

Sacred Heart Sports



Welcome to the Team!

Thank you for joining the team. Help us ensure that character, effort and commitment are top priorities of your student athlete to help us insure they enjoy their experience.

The information provided in this packet is imperative to the safety of your child. Failure to complete and pass in the information in closed will delay your child's ability to participate in school sports.

Please ensure the information is complete and legible.

Please monitor the team schedule pertaining to your child's sport online regularly. More importantly, ask your child to take this responsibility upon themselves. Athletic directors of all schools balance many sports and weather conditions and often make schedule changes on short notice making it difficult to contact everyone on time.

Attached you will find:

SHS Dismissal Procedure, Code of Conduct, Athletic Program Contract, Concussion Policy and an Emergency Information Record. Please sign and return all **YELLOW** pages. Also remember that an athletic fee of **\$75** is due **per sport**.

Thank you for participating in Sacred Heart School Sports!



Kevin Huston
Athletic Director

khuston@shshampton.org

SHS Sports Dismissal Procedure

(for parents and student athletes)



With the safety of our student athletes being the primary focus, the following policy from the SHS Parent-Student Handbook must be recalled:

For their safety and security, students are not permitted outside the building unsupervised during school hours or during their period of Extended Care.

In regards to students safely making the transition from the end of the school day to the beginning of a sporting event or practice, this procedure is to be followed for all practices, home or away games and after school activities taking part outside of the building.

- Once players have changed they are to gather in an area in the school designated by their coach. (examples below)
 - School Library
 - Gymnasium

NOTE: All waiting locations must be within the building.
- When all athletes are accounted for, a coach or designated parent will escort them, as a group to proceed to:
 - The Fields or Parking Lot (transportation)
 - Exit the school through the gym door that is located to the right of the stage and exits out to the walker area.

Please also be aware that athletes waiting in the gym during car line dismissal will be asked to remain quiet and courteous until all students have been picked up. They **ARE NOT** permitted to use gym equipment during this time.

NOTE: Please consult with the Athletic Director before making any revisions or changes to the above process to ensure solid communication, safety and document control.

Thank You

Kevin Huston
Athletic Director
Sacred Heart School

Rev. 02.18.2018

CONCUSSION POLICY

The schools are committed to the health and safety of all students who participate in physical activities and sports on school premises or while representing the school at off-site events.

Concussions are brain injuries caused by movement of the brain inside the skull. Signs and symptoms may appear immediately or even days after an injury and may include:

Physical symptoms: headache, nausea, vomiting, balance problems, dizziness, visual problems, sensitivity to light, sensitivity to sound/ringing in ears, numbness/tingling, fatigue.

Cognitive symptoms: foggy, slowed down, difficulty concentrating, difficulty remembering

Emotional symptoms: irritable, sad, more emotional, nervous.

Sleep symptoms: drowsy, sleeping less than usual, sleeping more than usual, trouble falling asleep.

Symptoms can be short-lived or may last days, months, or even longer. Often no visible injury is present and supervisory personnel may not even witness a specific "event," so reporting of symptoms by students, staff, parents, and volunteers is critical to diagnosis and management. Importantly, once a student has sustained a concussion, the risk of a second injury, often more severe, is increased, especially if the student returns to activities and sports too quickly.

The principal or the principal's designee shall ensure that the Concussion Protocol and Forms (Appendix L), or equivalent protocol and forms providing the same terms and notice to parents and guardians, are implemented by the school. The Protocol and Forms must be included in the parent/student handbook, and the Forms must be provided to parents at the beginning of each sport session.

The principal shall ensure the establishment and implementation of protocols for reasonable academic support for students who are recovering from concussions.

3. Concussion not suspected: If history, symptoms, and exam do not support concussion, after a period of observation, the student may return to usual school activities, though teachers, coaches, and staff must be alerted to monitor for any common concussive symptoms (as above).

Concussion Ongoing Management

If a head injury (other than a minor injury such as a cut, scrape, minor bump, or bruise) occurs during an athletic event or during physical activity on school premises, the student must be removed from play immediately and cannot return to play on the same day until the student is evaluated by a health care provider and receives medical clearance and written authorization from the health care provider to return to play. The student also must submit written permission from a parent or guardian to return to play.

Students suspected of concussion must not return to school until the student is evaluated by a health care provider and receives medical clearance and written authorization from the health care provider to return to school.

If the student experiences any persistent symptoms or progressively worsening symptoms, especially symptoms that do not allow participation in non-sports or activity-related school activities or duties, the school must notify the parents or guardians and consider sending the student home.

The school nurse should make use of the following evaluation and management tools from the CDC's Heads Up program (<http://www.cdc.gov/concussion/headsup/index.html>).

Fact Sheet for School Nurses:

http://www.cdc.gov/concussion/pdf/TBI_factsheet_NURSE-508-a.pdf

Concussion in sports palm card:

http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf

Concussion Signs and Symptoms Checklist:

http://www.cdc.gov/concussion/pdf/TBI_schools_checklist_508-a.pdf

Acute Concussion Evaluation form:

<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>

Concussion Fact Sheet for Parents:

http://www.cdc.gov/concussion/pdf/TBI_factsheets_PARENTS-508-a.pdf

Concussion Management Goals

The standards for the management of concussions are evolving, with growing concerns about the long term risks to the health of athletes who return to activity too early. For example, an athlete who is *suspected* of having suffered a concussion should not be allowed back into play on the same day as the injury and an athlete who exhibits even brief symptoms should expect a



SHS Code of Conduct

(For Parents and Players)

The following code of conduct was created by the National Youth Sports Safety Foundation and modified by the staff at Sacred Heart School to fit the purpose of our learning institution. The essential elements of character building in sports are embodied in the concept of sportsmanship and six core principles. The highest potential of sports is achieved when competition reflects the following.

TRUSTWORTHINESS – RESPECT – RESPONSIBILITY – FAIRNESS – CARING - GOOD CITIZENSHIP

Expectation of the Parent(s)

As a parent or spectator I (and guest) will:

1. not force my child to participate in sports. Those forced to participate will not truly give what is expected of an SHS athlete.
2. inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. be a positive role model for my child and encourage sportsmanship by showing respect and courtesy regardless of race, creed, color, sex or ability, and by demonstrating positive support for all players, coaches, officials and spectators at games, practices or other sporting events.
4. not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; never ridicule my child or any other participant for losing a competition; refusing to shake hands; or using profane language or gestures.
5. teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence or verbal bashing of those involved.
6. praise my child for competing fairly and applying solid work ethic and great effort.
7. promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
8. respect the officials and their authority during games and will never question, discuss, or confront coaches at the gym or on the field, and will take time to speak with coaches at an agreed upon time and place.
9. demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at SHS events.

Addressing Concerns

As a parent of a young athlete, it's your job to foster a positive environment for your child. That takes discipline on your part. If you find you have a concern regarding your child or another aspect regarding SHS, we ask that you follow the guidelines below.

1. First ask yourself, have you given your child the time to resolve any problems they are having on their own?
2. If after a reasonable amount of time, you feel the problem has not been resolved than we ask that you consult the coach in a spirit of cooperation — NOT confrontation.
3. Discussing the problem should not be done in the middle of a game or in the presents of other players or parents. We ask that you talk in person or e-mail the athletic director so that the conversation is done in a confidential manner. Issues should be brought up in a calm and private conversation with the coach involved and the Athletic Director should be notified if the issue is not resolved.

I have read, understand, and agree to follow the conditions of the above stated Code of Conduct Policy. I recognize that I am responsible for all of my guests at a Sacred Heart School activity and I am also aware of my responsibilities as a parent, to instill a positive example for my son/daughter. Furthermore I understand that failure to follow these simple guidelines may result in removal of me and/or my child from the program.

(Failure to sign the document will not exclude parents from being held accountable to this parental code of conduct)

Parent/Guardian Name **(print)**

Signature

Date

As a player representing Sacred Heart School, you will adhere to the following:

1. I will treat my coaches, teammates, officials, opponents, spectators and all others involved in our athletic events with respect at all times.
2. I will give my best efforts and full attention to my coach, and do my best to follow their instruction.
3. I will be on time for all practices and games as detailed in my schedule.
4. I will encourage and help my teammates.
5. I will work to personally improve each day.
6. I will have fun and be generous in winning and gracious in losing.
7. I agree to maintain good grades, conduct and effort for the duration of the season.

As a member of SHS, I understand that I am responsible for my conduct at all times during practices and games. I agree to conduct myself in a Christian manner and show good sportsmanship at all times. It has been made clear to me that one incident of unsatisfactory conduct can result in immediate disciplinary action. The second offense will result in a meeting with school administration and parents will be informed. A third violation will result in removal from the athletic team.

Unsatisfactory conduct of a student athlete includes, but is not limited to:

1. Rude or discourteous behavior toward the coach, referee, teammate, or spectators.
2. Displaying a poor attitude, which shows I am not taking responsibility for my own behavior.
3. Any use of inappropriate language towards the coach, referee, teammates, or spectators.
4. Behavior, which would place my teammates and/or myself in an un-safe situation.

Athlete's Name **(print)**

Signature

Date

NOTE: Please consult with the Athletic Director before making any revisions or changes to the above process to ensure solid communication, safety and document control.

Kevin Huston
Athletic Director
Sacred Heart School

Rev. 3.11.2018

SHS Athletic Program Contract

(for parents and student athletes)



Name of Student Athlete _____
(Please Print)

Grade _____ Age _____

We/I have read and discussed the Sacred Heart School Athletic Program Handbook with our/my student athlete. We understand the purpose and the requirements of the SHS Athletic Program and agree to abide by the rules and requirements set out in this document.

We understand the Athletic Program is a wholesome addition to the SHS co-curricular activities and that academic study must always be placed first during our/my student athlete's school year.

We understand that participating in the Athletic Program is a privilege and that proper conduct is expected of the student athlete at all times. We further understand that coaches are responsible to coach during the games without interference from parents and guardians.

We understand that a school issued team uniform must be returned at the end of participating sports schedule. This is to be done by returning it in a bag with borrower's (student athletes) name on the bag in order to receive credit for its safe return. Uniforms not returned will disqualify student athletes from participating in future sports and a \$55 uniform replacement fee may be billed to the legal guardians of the borrower.

We understand that concerns related to sports may be voiced in confidence to the coach, athletic director, or principal and that in all cases the decision of the principal is final.

We/I have acknowledged the following on behalf of our/my student athlete:

I have ensured my Athletic Emergency Form is up to date.
(These are kept by the Athletic Director. Athletes CAN NOT participate if this information is not on file.)

I understand an Athletic fee of \$75 is required for participation in each sport.
(This fee must be turned in directly to the Athletic Director to ensure your student athletes participation.)
(PLEASE DO NOT combine these dues with others owed to the school.)

Name(s) of Parent(s) or Guardian(s)

(Please Print)

(Please Print)

(Primary E-mail Contact – Print clearly)

(Please use your primary e-mail. E-mails sent to you may include important last minute scheduling information)

Signature _____ Date _____
(Parent / Guardian)

Signature _____ Date _____
(Student Athlete)

NOTE: This contract along with the Athletic Emergency Form and Athletic fees should be forwarded to the Athletic Director.

Rev. 03.21.2018

Sacred Heart School Emergency Information Record for Sports Participation

Child's Last Name	Child's First Name	Date of Birth	Grade
-------------------	--------------------	---------------	-------

List each person to be called for emergency pick up. Begin the list with at least ONE PARENT and continue in the order you wish us to follow. ALL PERSONS LISTED MUST BE LOCAL. THEY MUST BE ABLE TO PICK UP THE CHILD IMMEDIATELY.

Full Name	Relationship to Child PARENT	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone
Full Name	Relationship to Child	Home Phone	Cell Phone	Work Phone

In case of accident or serious illness, I request Sacred Heart School to contact me. If the school is unable to reach me, I authorize the school to make whatever arrangements are in the best interests of my child.

Parent Signature _____ Date _____

Allergies

If your child has food or medication allergies or asthma, please indicate below.

Type of Allergy Does child carry an epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Reaction
Asthma Does child carry an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Reaction

Health Questionnaire for Sports Participation

Child's Physician _____ Phone _____

	YES	NO
Has your child ever been told not to participate in any sport?.....		
Has your child ever been unconscious or lost memory from a head injury?.....		
Has your child ever had a fracture or dislocation?.....		
Has your child ever had a knee or ankle sprain?.....		
Is your child currently under a physician's care?.....		
Does your child use an inhaler for asthma?.....		
Has your child ever fainted or "blacked out" during hard exercise?.....		
Does your child take any kind of medication every day?.....		
Has your child ever been in the hospital for an operation or other reason?.....		

Please explain any "Yes" answers above: _____

Primary e-mail address: _____

The above information is accurate and complete.

PRINTED Parent's Name _____

Parent's Signature _____ Date _____

Concussion Statement

I am the parent/legal guardian of _____, a student-athlete for _____ School.

We understand the athlete must report all injuries/illnesses to the coach and/or school nurse. We have read *A Fact Sheet for Parents* (a copy of which has been provided to us) and we are aware of the signs and symptoms of concussion.

We will tell the coach if the athlete has experienced any previous concussion.

We understand:

A concussion is a type of traumatic brain injury and all brain injuries can be serious. Concussion symptoms may appear immediately but also may present hours, days, or even weeks after an injury.

A concussion can impact reaction time, balance, sleep, classroom performance, and the ability to perform everyday activities.

If an athlete suspects a teammate has a concussion, the athlete is responsible for reporting the injury to the coach or school nurse.

The athlete must not return to play in a game or practice if the athlete has concussion-related symptoms.

After a concussion, the brain needs time to heal. A repeat concussion is more likely if an athlete returns to play before symptoms have had an opportunity to resolve.

Repeat or later concussions can be very serious and can cause permanent brain damage.

Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____