

## Kremlin-Hillsdale Public Schools

PO Box 198, Kremlin, OK 73753

Phone: (580) 874-2281

Fax: (580) 874-4488

**The Bronc Way Every Day**

---

Dear Parent or Guardian:

Enclosed is your student's 2020-2021 athletic physical packet. In order to keep each student's physical organized and easy to scan, it is important to adhere to the following:

- All pages of the packet must be turned in together.
- Please submit in a 9x12 envelope – **no folding or staples.**
- Physicals and forms for 2020-2021 must be dated May 1, 2020 or after. This is an OSSAA rule, so no exceptions can be made.

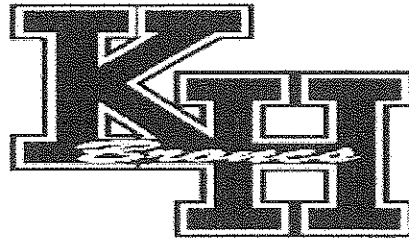
Packets will need to be turned into the elementary office by Friday, July 10<sup>th</sup>. This will include all athletes that participated this year and any who want to or think they might participate next year. Managers will also be included due to traveling with the teams. Having them in by July 10<sup>th</sup> will allow me ample time to have checked and scanned all physicals prior to the teams beginning practice for the upcoming season. In addition, by having them by July 10<sup>th</sup>, coaches are able to be more efficient in tracking physicals for the coming year. Athletes will not be allowed to participate until their physical is completed. It is my goal to have all athlete physicals completed so no one has to miss any practice or game time. **Please note due to Covid-19 physical exams may be prohibited and therefore due dates may need to be changed.**

Thank you for assisting me in this. Following these guidelines will make it a lot easier in processing and preparing the documents needed for the upcoming athletic season.

Respectfully,

Brad Hawkins

Elementary Principal/Athletic Director



## **Kremlin-Hillsdale Public Schools Athletic Information Packet 2020-2021**

You will find included in this packet the forms and information which are important to the student athlete, parents/guardians, and school personnel. It is our intent to make this process as easy as possible for everyone, and still obtain and disperse as much information as necessary. If you have any questions or concerns about this packet, please feel free to contact the coach, principal/athletic director.

### **Table of Contents**

- 1.) O.S.S.A.A physical form**
- 2.) Concussion and Head Injury Acknowledgement**
- 3.) Sudden Cardiac Arrest Symptoms and Warning Signs Acknowledgement**
- 4.) Emergency Medical Information/Emergency Medical Release**
- 5.) Consent to Participate**
- 6.) Parent Code of Conduct**

**One man practicing sportsmanship is far better than a hundred teaching it.**

**OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM**

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

- |  | YES                      | NO                       |   | YES                              | NO                                 |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 2. Do you have an ongoing or chronic illness?  | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 3. Have you ever been hospitalized overnight?  | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 4. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?              | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?                                  | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 8. Have you ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 9. Have you ever passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 10. Have you ever been dizzy during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 11. Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 12. Do you get tired more quickly than your friends do during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 13. Have you ever had racing of your heart or skipped heartbeats?  | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below.  |                                  |                                    |
| 14. Have you had high blood pressure or high cholesterol?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head   | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |
| 15. Have you ever been told you have a heart murmur?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck   | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh     |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back   | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest  | <input type="checkbox"/> Hand    | <input type="checkbox"/> Shlu/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder   | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm  |                                  | <input type="checkbox"/> Foot      |
| 20. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 21. Have you ever been knocked out, become unconscious, or lost your memory?   | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 22. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 23. Do you have frequent or severe headaches?  | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for:   |                                  |                                    |
|  |                          |                          | Tetanus _____ Measles _____   |                                  |                                    |
|  |                          |                          | Hepatitis _____ Chickenpox _____  |                                  |                                    |

**Explain "Yes" answers on a separate sheet.**

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian \_\_\_\_\_ Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

## PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body fat (optional) \_\_\_\_\_ % Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Color Blind Yes No (circle one)

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y / N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**CLEARANCE**

( ) Cleared

( ) Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

( ) Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

Name & Title of Examiner (Print/Type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

# Kremlin-Hillsdale Public Schools

## Concussion/Head Injury Guidelines and Procedures

In compliance with Oklahoma State Statute 24-155 of Title 70 (Senate Bill 1700)

1. PARENTS/GUARDIANS shall annually review, sign, and return to the coach the Concussion and Head Injury Fact Sheet. The signed Fact Sheet must be on file with the school prior to the athlete participating in practice or competition. A copy of the Fact Sheet will be provided by the coach, and copies will also be available at the school office.
2. ATHLETES shall annually review, sign and return to the coach the Concussion and Head Injury Fact Sheet. The Fact Sheet must be on file with the school prior to the athlete participating in practice or competition. A copy of the Fact Sheet will be provided by the coach, and copies will also be available at the school office.
3. COACHES are trained in the "Care and Prevention of Athletic Injuries". Coaches will be provided with information on concussion and head injuries and will be required to view the video "Concussion in Sports: What you Need to Know" at the National Federation Website [www.nffislearn.com](http://www.nffislearn.com). Documentation of viewing the video will be kept on file in the school office.
4. COACHES shall immediately remove from practice or competition and athlete who is suspected of sustaining a concussion or head injury. An athlete removed from play must be evaluated and receive written clearance from a Medical Doctor (MD) or Doctor of Osteopathy (DO) before being allowed to return to practice or competition. The coach will document each incident in which an athlete has been suspected of sustaining a concussion or head injury and removed from practice or competition. This report will be kept on file in the athletic director's office for use in facilitating the studentathlete's safe return to practice and/or participation in competitive events.
5. ATHLETES are encouraged to notify a coach if they or a teammate exhibit signs or symptoms of a concussion/head injury.

### CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

#### WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling Sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Get yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

## HOW CAN I PREVENT A CONCUSSION?

- Follow your coach's rules for safety and the rules of the sport. ● Practice good sportsmanship
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards---IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

## FOR MORE INFORMATION VISIT:

- [www.cdc.gov/TraumaticBraininjury/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

**IT IS BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!**

# CONCUSSION AND HEAD INJURY ACKNOWLEDGMENT

KREMLIN-HILLSDALE PUBLIC SCHOOLS  
2020 - 2021

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgment form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by KREMLIN-HILLSDALE PUBLIC SCHOOLS related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_ as a student — athlete who participates in KREMLIN-  
(print student athlete's name) HILLSDALE PUBLIC SCHOOLS athletics and I as the parent/legal  
guardian, have \_\_\_\_\_

(print parent/legal guardian's name) read the information material provided to us by KREMLIN-HILLSDALE PUBLIC SCHOOL related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

---

SIGNATURE OF STUDENT-ATHLETE

DATE

---

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

## Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath; • a racing heart; • dizziness; • chest pain with exercise; or • extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.



## Can you screen for cardiac abnormalities?

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

## Senate Bill 239 — The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

### Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).



## Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

Kremlin-Hillsdale Public Schools

---

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

---

Signature of Student-Athlete

---

Print Student-Athlete's Name

---

Date

---

Signature of Parent/Guardian

---

Print Parent/Guardian's Name

---

Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

# Emergency Medical Authorization

Student Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Purpose: To enable parent/legal guardian to authorize emergency treatment for children who become ill or injured while under Kremlin-Hillsdale Public School's authority, when parents cannot be reached. Part I or Part II MUST be completed  
Part III Must be completed

## Part I (To Grant Request)

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone Number) or \_\_\_\_\_ (other parent name) at \_\_\_\_\_ (phone number) have been unsuccessful. I hereby give my consent for (I) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (preferred dentist), or in the event the designated preferred practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonable accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairments to which a physician should be alerted.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

## Do not complete Part II if you completed Part I

### Part II (Refusal to Consent)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

## Part III (Release of Information) HIPPA Form

Should my son/daughter sustain an athletic injury or become ill during the course of normal activities, I hereby consent for physicians and other properly trained medical personnel to provide any consultation assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to the team physicals, athletic trainers and administrators from the school for the purpose of treatment and determination of fitness to participate.

Release of information is valid for one calendar year.

Name of Parent/ Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Emergency Information Form

(Please print all information)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Mother/ Legal Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail address \_\_\_\_\_

Place of Employment and Work Phone Number \_\_\_\_\_

Father/Legal Guardian's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Place of Employment and Work Phone Number \_\_\_\_\_

## Insurance Information

Insurance Company and Phone Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Employee \_\_\_\_\_

Plan Number \_\_\_\_\_ ID Number \_\_\_\_\_

List the name and phone numbers of at least two (2) neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Release of Information

Student Name (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Should my son/daughter sustain an athletic injury or become ill during the course of normal athletic participation, I hereby consent for physicians, certified athletic trainers, coaches and other properly trained medical personnel to provide any consultation, assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to KREMLIN-HILLSDALE Public Schools and their coaches and administrators for the purpose of treatment and determination of fitness to participate.

Release of information form is valid for one calendar year.

Name of Parent/ Legal Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Consent to Participate

WARNING: By their nature, participation in interscholastic athletics and some other extra-curricular activities includes a risk of injury, which may range in severity from minor to long term catastrophic including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible to only minimize, NOT eliminate these risks.

Participants can help and have the responsibility to help reduce this chance of injury.

PLAYERS MUST: obtain and updated physical, obey all safety rules, report all physical problems and ailments to their coaches, follow a proper conditioning program, inspect their equipment daily, report problems with equipment to their coach.

By signing this form, we acknowledge that we have read and understand this warning.

Parents/Legal Guardians or Students who do not wish to accept the risks describe in this warning should not sign this permission form.

I have read and understand the CONSTENT TO PARTICIPATE information and I hereby give my permission for:

---

Athlete's name

To compete for the Kremlin-Hillsdale Public Schools in the following activities including but not limited to OSSAA approved sports:

(Parent/Guardian please initial the appropriate blanks)

\_\_\_\_\_ Football 5-12

\_\_\_\_\_ Softball 7-12

\_\_\_\_\_ Cheer 5-12

\_\_\_\_\_ Baseball 7-12

\_\_\_\_\_ Basketball 5-12

\_\_\_\_\_ Track & Field 5-12

\_\_\_\_\_ Weightlifting 9-12

\_\_\_\_\_ Cross-Country 9-12

---

Parent/Legal Guardian Name (Print)

Date

---

Parent/Legal Guardian Signature

Date

---

Athlete Signature

Date



The goal of the Kremlin-Hillsdale Athletic Department is that all students enrolled in athletics will develop in both athletics and society. We hope they will have a positive experience through the opportunities provided by athletics.

### **Communication Plan for Parents**

- Open communication is critical between coaches, players, and parents.
  
- Kremlin-Hillsdale coaches are hardworking and dedicated to their teams and players. They must make decisions that are based on what is best for the team as a whole. Some of their decisions are extremely difficult and may be based on factors unknown to players and parents. It is important that these decisions are respected by both athlete and parents.
  
- If there is an issue or problem, players are encouraged to meet with the coach to address the situation. This is the most productive means for working out the issue or problem. It is also a valuable method of teaching young people responsibility. If a parent still feels like there is a need to meet with a coach, they should contact the school office to set up an appointment with the coach.
  
- As a parent of a Kremlin-Hillsdale athlete:
  1. I will encourage but not force my son/daughter to participate in athletics.
  2. If they choose to participate, I will be supportive and understanding of both my child and his/her coach.
  3. I will refrain from coaching my son/daughter or other players during practices and games.
  4. I will refrain from speaking negatively about any coach in front of my son/daughter.  
Coaches should not be approached by parents after games when emotions often run high. If there is an issue, please contact the school office to set up an appointment.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_