

# CLARENCE CENTRAL SCHOOL DISTRICT INTERSCHOLASTIC ATHLETIC PROGRAM

**GEOFFREY HICKS, Ed.D.**  
SUPERINTENDENT OF SCHOOLS

## CONSENT FORM & CONTRACT

**Jason Lehmbek**  
DIRECTOR OF ATHLETICS

*The Clarence Central School District Interscholastic Athletic Program is designed to provide opportunities for students to be involved in various levels of athletic competition. Our athletic program emphasizes teaching the fundamental aspects of the sporting events (rules, concepts and strategies) and developing athletic skills, as well as the personal responsibility of being a member of a team. As students move from level to level, the process of selection may become more competitive. Intramural programs are available for students at the Middle School.*

### VARSITY SPORTS

The varsity teams represent the Clarence Central School District in the highest level of interscholastic competition. Varsity teams serve as the culmination of our athletic program.

At the varsity level, students are selected to represent the district based on a number of characteristics. These include (but are not limited to) level of physical ability, level of skill development, and strong personal traits that allow the student to be a strong contributing member of the team. Participating in varsity level sports requires a strong commitment to the rigors of numerous practices, some of which may take place during "vacation periods".

The squad size at the varsity level may be limited. Students may be cut based on the number of participants that are needed to make the team function effectively in practice situations, as well as during competition. Team members need to be willing to understand and accept their role within the team. Although providing playing time for each of the members of the squad is a goal, there is no guarantee as to the amount of playing time.

In most cases, seniors and juniors make up the majority of the roster of team sports. Team/Individual sports are composed of freshmen through seniors. At times, students from the Middle School (8th grade only) may be included in accordance with the policy of the Clarence School Board.

### JUNIOR VARSITY LEVEL

The junior varsity level is intended to develop and prepare students to participate and compete at the varsity level. Team membership often varies depending on the sport, but the majority of students on team sports are sophomores and freshmen.

Junior varsity participation emphasizes physical conditioning, refinement of physical skills, as well as the understanding of the elements of play and team strategy. At the junior varsity level program there is a balance among the goals of continued player development, team development, and striving to win.

Students who participate at the junior varsity level need to understand and accept responsibility for practicing and working as a team. A high level of commitment and dedication is expected from all participants. Students can expect to be involved in meaningful contest participation during the course of the season. However, the amount of playing time will vary and is not guaranteed.

### FRESHMAN and MODIFIED LEVELS

The modified level provides an opportunity for seventh, eighth, and ninth grade students to be involved in interscholastic competition. The program is aimed at teaching the fundamentals of the various games and team play. It focuses on athletic development, skill development, and teaching game rules. It is also aimed at developing a sense of healthy athletic competition, as well as socio-emotional growth for students. The level of competition and practice sessions will be appropriate for the physical development of the adolescent's body.

The modified level activities will be aimed at providing as many opportunities as possible for students. Ideally, the intent is to not "cut" students who are really interested in participating. At the same time, the Clarence Central School District must take into account variables like financial resources, qualified coaches, appropriate facilities, a safe environment, and the number of students who are interested.

Students participating in modified athletics need to accept the responsibility of team membership and dedication to practice sessions. Developing athletic skills and understanding will be the focal points of modified athletics. Students will have opportunities to participate in meaningful events throughout the course of the season. The sense of winning may be tempered by the goal of developing students.

### SPORTS SCHEDULES & GAME DAY ALERTS

Please sign up with Schedule Star to access game schedules and to receive email and/or text alerts for last minute game day changes and cancellations at [www.schedulestar.com](http://www.schedulestar.com). For assistance with Schedule Star please call 1-800-258-8550.

### TRAINING REGULATIONS

While a student is participating in the interscholastic athletic program for the Clarence Central School District, he/she is expected to abide by the following rules and regulations:

1. Maintain the behavior expected of a good school citizen.
2. No use or possession of tobacco or tobacco products.
3. No use or possession of alcohol or alcoholic beverages.
4. No use or possession of drugs. (Including anabolic steroids)
5. Not be in attendance at an underage gathering/party where alcohol, tobacco, or illegal/illicit drugs are being used/supplied.
6. Maintain reasonable hours of retiring.
7. A student athlete must be in attendance at school by 11:00 a.m. in order to practice or compete after school.
8. An athlete must ride the team bus to a contest in order to compete.
9. A student athlete must have an approved physical examination form on file prior to participating in a sport.

### VIOLATIONS

Participation in interscholastic athletics for the Clarence Central School District is a privilege. Student athletes have a responsibility to their teammates, coach and themselves to prepare and perform to the best of their ability. Most of the regulations cited above, and many others not listed, should be self-imposed rules. Nevertheless, if the athlete cannot assume the maturity of self-discipline, and he/she violates any of the above regulations, it may be necessary to invoke disciplinary action. The Athletic Eligibility Committee includes the high school principal, assistant principals, athletic director, and two coaches appointed by the director. The Athletic Eligibility Committee will determine the appropriate disciplinary action to be taken when training regulations are violated. The disciplinary action may include, but not be limited to:

1. **Disciplinary actions by the coach.**
2. **Short/long term suspension from competition.**
3. **Dismissal from the team.**

### CONCUSSION MANAGEMENT

All athletic events, including non-contact sports carry some risk of participants sustaining impact to their head which can result in a mild traumatic brain injury commonly referred to as a concussion. This can be a potentially serious condition with significant health implications, and any student athlete exhibiting its signs and symptoms will be removed from play and shall be evaluated by a physician, a nurse practitioner or a physician's assistant. Parents and legal guardians are encouraged to visit the district's website under Athletics and look for Concussion Management for further information.

## SPORTS PHYSICALS

- ❖ A valid physical **MUST BE ON FILE** in the health or athletic office **BEFORE** any student can try out for a sport. **There are NO EXCEPTIONS to this rule.**
- ❖ **DO NOT turn in the physical to the Coach on the first day of try-outs.** The Coach does not review or approve physicals – the Health and Athletic Office do. This will only delay your practice/try-out time.
- ❖ If a valid physical is not on file, the athlete will sit on the sidelines until that valid physical is received and verified by the Health or Athletics Office.

### **WHAT IS A VALID PHYSICAL?**

A valid physical is one that is completed by a New York State licensed physician and is not more than one year old from the 1<sup>st</sup> day of the try-out month. For example: If the sport begins August 19 2019, the physical cannot be older than the 1<sup>st</sup> of August 2018.

- FALL SPORTS: Not older than August 1<sup>st</sup> of the previous year.
- WINTER SPORTS: Not older than November 1<sup>st</sup> of the previous year (only exception: Ice Hockey).
- SPRING SPORTS: Not older than March 1<sup>st</sup> of the previous year.

### **WHERE YOU CAN GET A PHYSICAL:**

Sport physicals can be done by your family's doctor or at a walk-in clinic.

- If your doctor performs the physical please ask them for a printed copy for sports. Make sure the date is recorded on the physical and it's signed or stamped by the physician.
- If you use a walk-in clinic, please download and print the "**Health Appraisal Form**" and take it with you to the clinic. You can find this form on the Clarence School's web site ([www.clarenceschools.org](http://www.clarenceschools.org)) by clicking on the "Athletics" page and then on "Sport Physicals". The walk-in clinic's physician must complete our health appraisal form. The walk-in clinic's forms will not be accepted as it does not include all required information. The following is a list of walk-in clinics that will do sport physicals:

- Immediate Care, 7616 Transit Rd., Williamsville NY 14221, 716-204-2273
- Well Now Urgent Care, 5965 Transit Rd., E. Amherst NY 14051, 716-362-1093

### **YOUR DELIVERY OPTIONS:**

**Sport physicals must be received at least 1 week prior to the start date of the sport season.**

**Please send your physical to ONE of the following locations. You can mail, fax or email them in.**

	<b>ATHLETIC OFFICE</b>	<b>HIGH SCHOOL HEALTH OFFICE</b>	<b>MIDDLE SCHOOL HEALTH OFFICE</b>
Mail to:	Athletics Office Clarence High School 9625 Main St Clarence NY 14031	Nurse's Office Clarence High School 9625 Main St Clarence NY 14031	Nurse's Office Clarence Middle School 10150 Greiner Rd Clarence NY 14031
Fax to:	716-407-9063	716-407-9006	716-407-9243
Email to:	<a href="mailto:sevans@clarenceschools.org">sevans@clarenceschools.org</a>	<a href="mailto:britchie@clarenceschools.org">britchie@clarenceschools.org</a>	<a href="mailto:econnolly@clarenceschools.org">econnolly@clarenceschools.org</a>
Questions:	716-407-9043	716-407-9029	716-407-9223



If you have questions regarding sports physicals, please call the Athletics Office 716-407-9043. During the summer months the office hours are limited. Please leave a voice message and someone will get back to you.

**SPORTS PRE-PARTICIPATION EVALUATION**

- |                                                                                                                                         | YES                      | NO                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have any members of your family under 50 had a "heart attack" or "heart problem"? (parents, grandparents, aunts, uncles)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been told you had a heart murmur high blood pressure, extra heartbeats, or a heart abnormality?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have to stop while running around a (1/4 mile) track twice?                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any defect, disability or chronic illness?                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you taking any medications?                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever "passed out" or been "knocked out" (concussion)?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Passed out while exercising?                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Had a concussion within the past year?                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had any illness, condition, or injury that:                                                                            |                          |                          |
| a. Required you to go the hospital either as a patient overnight or in the emergency room for x-rays?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Required an operation?                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lasted longer than a week?                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Caused you to miss a game or practice?                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is related to allergies (hay fever, hives, asthma, or medication)?                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any problems relating to growth, development or nutrition with which your teachers or coaches should be acquainted with? | <input type="checkbox"/> | <input type="checkbox"/> |

For any "Yes" answers to the above questions, please provide additional information under Comments.

**\*\*\* EMERGENCY CONTACT INFORMATION:\*\*\***  
**Please update your emergency contact information in the Parent Portal.** This is the information that will be used to contact you in case of an emergency. If you need help with Parent Portal please call 407-9030.

**This section to be completed by the school nurse:**

P.E. Excuses: \_\_\_\_\_ Absences: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVAL HEALTH HISTORY**

To be completed by the parent or guardian:

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

- |                                                                                                     | YES                      | NO                       |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>History since last physical:</b>                                                                 |                          |                          |
| 1. Has the student had any injuries requiring medical attention?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the student had any illness lasting more than 5 days since your last physical?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the student taking medicine or under physician's care at this time?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the student have any feeling of faintness, dizziness or fatigue after exercise or exertion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the student had any surgical operations or fractures since your last physical?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the student had any treatment in a hospital or emergency room since last physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the student have asthma? If yes, is student on medication?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the student developed any allergies?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the student have any chronic disease? (Diabetes, seizure disorder, etc.)                    | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:** For any of the previous questions answered "YES", please describe and give date of occurrence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Athletes are recommended and encouraged to purchase and wear a mouth guard during all practices and games.**  
**AGREEMENT AND CONSENT**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

The student above has my permission to participate in interscholastic competition.

**Sport:** \_\_\_\_\_  
**Level of Play:** Varsity  JV  Freshman  Modified

I understand that students are responsible for all equipment and uniforms issued to them and that a financial settlement is required for all equipment and/or uniforms not returned.

I understand that the district DOES NOT provide any type of accident and/or medical insurance for participants in the Interscholastic Athletic Program.

I know it is my responsibility to update the emergency contact information in Parent Portal.

I understand that if my son/daughter is injured while participating in interscholastic athletics, he/she may be examined and/or treated by emergency rescue personnel, the school physician, the school nurse, the athletic director, the athletic trainer, and members of the coaching staff.

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named. The answers are correct as of this date and he/she has my permission to participate.

In addition I have reviewed the included head injury and concussion information ("Heads-Up Fact Sheet for Parents") and provide informed consent for my child to participate in athletics.

I have read and agree to abide by the training regulations pertaining to the CCSD Interscholastic Athletic Program as established by the proper governing bodies.

X \_\_\_\_\_  
 Parent's Signature Date

X \_\_\_\_\_  
 Student's Signature Date

**TWO SIGNATURES ARE REQUIRED ON THIS FORM.**  
**RETURN THIS FORM TO YOUR COACH.**

# HEADS UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

## How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

### If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# HEADS **X** UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### 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 your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:**  
Don't hide it. Report it. Take time to recover.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

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