

STUDENT NAME \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE \_\_\_\_\_

**INSTRUCTIONS FOR THIS BOOKLET:**

(DO NOT TAKE BOOKLET APART)

***Parent and Student complete, sign and date the following:***

***Expectations Policy***

***Chemical Use Policy***

***Medical Release to Treat***

***Concussion Management***

***Acknowledgement of Risks - Parent Signature***

**Fees: \$50 activity fee.**

Physicals must be done after May 1, 2021 per Montana High School Association rule.

Physicals are good for only one year.

**ALL ABOVE ITEMS MUST BE COMPLETE AND PAYMENT RECEIVED  
IN ORDER TO BE ELIGIBLE FOR PARTICIPATION**

**Completed booklet and fee must be turned into main office**

*\*Student managers need to fill out a participation packet but do not need a physical.*

**2022-2023  
Sports participation  
Booklet Grades 5-8**



**Gardiner Public Schools**  
[www.gardiner.org](http://www.gardiner.org) 406-848-7563  
**Home of the Bruins!**

# ACTIVITY SCHEDULE 2022-2023



**SCHEDULE IS TENTATIVE AND SUBJECT TO CHANGE**

**Sports booklets with physicals and fees are due BEFORE  
the first day!**

(SPORTS PHYSICALS MUST BE DATED AFTER MAY 1, 2022 FOR THE 2022-23 SPORTS YEAR)

---

<b><u>Fall</u></b>	<b><u>First Day</u></b>
<i>Football</i>	<i>August 24</i>
<i>Girls' Volleyball</i>	<i>August 24</i>

---

<b><u>Winter</u></b>	
<i>Boys' Basketball</i>	<i>October 24</i>
<i>Girls' Basketball</i>	<i>January 2</i>

---

<b><u>Spring</u></b>	
<i>Track &amp; Field</i>	<i>March 20</i>
<i>Golf</i>	<i>March 20</i>

---

**\*\* Per MHSAA rule, student-athletes must complete 10 practices on 10 different days in order to be eligible for competition. Golf is the exception with 2 practices on 2 different days.**

The Gardiner School District provides athletic and extracurricular activities for both boys and girls. Participation in such activities is voluntary. The School District recognizes that participation in athletic and extracurricular activities can bring the student many rewards.

These activities require that the student make a commitment to the activity, submit to the discipline of the coach or advisor, and develop self-discipline to be able to successfully participate. Participation in these activities often requires considerable physical exertion, physical conditioning, and adherence to training rules and regimens.

The rewards for participation are obvious. Learning to function in a team effort teaches a student important lessons for life. Participation in individual sports teaches self-reliance and commitment. All such activities develop in the student an appreciation for his or her physical abilities and develop enthusiasm and school spirit. Competition is fun and everyone must learn how to deal with both victory and defeat.

Athletic and extracurricular activities tend to keep the student involved in a constructive endeavor. The District's experience has been that its athletes and members of other extra-curricular activities tend to be good citizens and good students. The District believes that you should encourage your child to participate in these activities and support and encourage him or her during the ups and downs of the particular endeavor.

The School District will provide properly trained coaches, safe equipment and facilities, and make reasonable efforts to see that the athletic or extra-curricular program is safe for your child. Nevertheless, because athletic activity can involve injury to the participants, we must warn you of such dangers.

The purpose of this warning is to aid you in making an informed decision as to whether the student should participate in the athletic activity. In addition, its purpose is to make you aware that as a student athlete and parent or guardian, it is your responsibility to learn about the sport involved and to inquire of coaches, physicians and other knowledgeable persons about any concerns that you might have regarding athletic safety and the School District's athletic program.

Athletic injuries can impair the student's general physical and mental health and the student's ability to earn a living and engage in social or recreational activities and general enjoyment of life. Such injuries can include death or serious physical injury and a possibility of emotional injury. Injury can arise from training room procedures, the administration of first aid, or failing to follow game, training, safety or other team rules. The use of transportation provided or arranged by the School District to and from games also involves the risk of injury or death.

On the following pages is a list of the sports offered to students. Parents and the student/athlete should read the information provided for each sport in which the student plans to participate. The parents and student/athlete should also read all other information carefully and sign in the appropriate places. Please have your family physician complete all appropriate forms.

### **\* BASKETBALL \***

Basketball is a ball and hoop sport involving CONTACT. Because it is a contact sport, basketball involves the risk of serious injury to every part of the body including but not limited to ankle, knee, back, head, neck, or leg injuries, or death. Bruises, muscle strains, cramps, fractures, and dislocations are common types of injuries sustained by basketball players. Basketball injuries can result from contact with other participants, the basketball, the playing surface, and other solid objects in and around the basketball court during warm-ups, practice scrimmages, or games.

### **\*FOOTBALL\***

Tackle football is a violent contact sport. The sport may involve injury to virtually every part of the body such as the: neck and spine (resulting in paralysis); head (resulting in brain damage, hearing loss, eye damage and/or dental loss); nerves; blood vessels; internal and/or reproductive organs; bones; joints; ligaments; muscles; tendons. In rare cases death may occur. Other injuries may include heat stroke, heart failure, asthmatic attack and/or the additional strain the body may place on an already existing physical condition. Common injuries include knee injuries, strains of muscles, shin splints, ankle, shoulder, low back, and torso injuries. Dislocations and fractures of bones are also common.

Injury can result from correct or incorrect performance and may occur in tryouts, practice, warm-ups, scrimmages, or games. Injury may result from contact with other players, bystanders, the playing surface, training equipment, goal posts or other objects in and around the playing field. Injury may also result from ill-fitting or worn equipment

### **\* TRACK AND FIELD \***

Track and field is a sport involving sprinting, running, jumping and activities such as the pole vault, high jump, and discus throw. Common injuries, including death, sustained as a result of participating in track and field are to the thigh, and hamstring muscle in the back part of the leg. Shin splints, muscle and tendon injuries of the leg and inflammation of the knee are also common. Head and neck injuries can occur as a result of falls competing in the pole vault or high jump. Injury can occur as a result of being struck by a discus, shot put or javelin. The most common time for injury to occur is during warm-up, practice, or meet. Injuries can result from correct or incorrect performances of techniques and skills.

### **\* VOLLEYBALL \***

Volleyball is a competitive net and power ball sport. Common injuries, including death, sustained as a result of participating in volleyball are to the arms, hands, legs, feet, ankle, knee, low back, shoulder, and elbow. Bruises, scrapes, strains, sprains, fractures, ligament, cartilage damage, and concussions are also possible.

Volleyball injuries can result from the correct or incorrect performance of playing techniques used in tryouts, practices, warm ups, games, drills, exercises, or matches. Injury to the head and mouth, nose, teeth, eyes, ears, and other parts of the body can result from contact with the ball, players, the playing surface, and other solid objects in and around the play area.

### **\*GOLF\***

Golf is a competitive outdoor sport. Common injuries sustained as a result of participating in golf are principally located in the low back, wrist, hand, shoulder, elbow, neck, and knee. Typical types of injuries to golfers include tendon and muscle strains, ligament sprains, and nerve impairment. The majority of these injuries occur during the impact or follow-through phase of the golf swing. The repetitive nature of the golf swing and contact with something other than the ball during the swing are common injury causes.

The most common cause of serious physical injury or death involves being struck by a golf club, golf ball, or by lightning. Slipping and falling due to uneven terrain or wearing golf shoes on a smooth surface can result in injury. Heat stroke or heart failure may also result. Injuries can result from correct or incorrect performances and occur during tryouts, warm ups, practices, and matches.

## ACTIVITY ELIGIBILITY INFORMATION

### TO: PROSPECTIVE ATHLETES AND THEIR PARENTS OR GUARDIANS- PLEASE READ

*Students and their parents or guardians should understand the following basic regulations from the Montana High School Association (MHSAA), Gardiner High School (GHS), policies of the Gardiner School Board, or other administrative directives.*

The GHS Interscholastic Activities Program is subject to all current rules and regulations of the MHSAA concerning eligibility, age, transfers, residence, awards, and student recruitment. All rules and regulations of MHSAA may be found in the current year's official MHSAA Handbook (available at the MHSAA website at [www.MHSAA.org](http://www.MHSAA.org)).

**Enrollment/Attendance:** To be eligible to participate in an MHSAA contest for Gardiner, a student must be in regular full-time attendance from the enrollment date or approved home school/private school, must be enrolled and receive a passing grade in all classes. A student is considered officially enrolled after 20 days of attendance in that school.

**Academic Eligibility:** Eligibility for the Gardiner High School will be checked on a weekly basis. Any student with a cumulative average of "F" (below 60%) in any class and/or missing class assignments shall be listed as ineligible and disqualified to participate in extracurricular or co-curricular activities for that eligibility week unless the student attends Friday school and completes necessary work. Eligibility for the first two weeks of each quarter will be based on the previous quarter's grade.

**Age Rule:** A student is not eligible for MHSAA sponsored events **if he/she turns 19 years of age** before midnight, August 31, preceding that school year.

**Transfer Rule:** Any student who transfers from one high school or middle school to another high school (from one school district to another in different cities) is ineligible to participate for one half of the pupil instruction (PI) days from the date of enrollment in the new school except the following cases.

- I. There is a corresponding change of residence by the family unit.
1. The student is a member of an accredited MSHA-approved foreign exchange program.
2. The student applies for and receives a hardship ruling from the MHSAA Executive Director.

Transfer rules apply only to athletic participation. Students who are ineligible due to the MHSAA transfer rule may compete on the non-varsity level, against non-varsity competition only, but not in any MHSAA varsity level events.

**Physical Exam:** A physical examination is required for each student in order to be considered eligible for participation in an Association Contest. Physical examinations must be completed prior to the first day of practice or tryouts. The physical examination must be conducted by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. *A physical examination conducted before May 1, 2021 is not valid for participation the following school year.*

NOTE : Whenever the Association's Rules and Regulations specify that physical examinations shall be required or that doctors shall be present at certain events or that reports or physical examinations or certificates of physical fitness shall be furnished to an official of the Association, the rules and regulations shall be deemed complied with if the services are performed within the scope and limitation of his/her practice. This complies with Section 33-22-111 of the Laws of Montana that provide for freedom of choice or practitioners.

## EXPECTATIONS OF STUDENT PARTICIPANTS: Conduct, Character and Discipline

Participation in an athletic or an athletic-related activity program is both an honor and a responsibility. The purpose of the athletic and athletic-related activity program is to provide student/athletes with wholesome competition on an interscholastic level. A necessary component of the Activities Program is developing a sense of dedication and establishing high standards of conduct and attitude. Because student/athletes represent their school and their community, they are expected to display high standards of morality and conduct.

All student/athletes participating in the GHS Activities Program are expected to follow and adhere to the following expectations. Failure to adhere to the following expectations will lead to disciplinary action by the Head Coach/Athletic Director/School Administrator, which may result in suspension or dismissal from the GHS Activities Program.

1. Adherence To All School District Policies - Students at all times must follow all school and district rules, regulations and policies regarding student behavior and academics.
2. Adherence To All Laws - As representatives of GHS, all students who participate in GHS Activities are expected to exhibit appropriate behavior at all times (i.e., both on and off-season) and to set the highest possible example of conduct, citizenship, sportsmanship and training. As such, all students who participate in GHS activities are required to follow all policies, rules and regulations of the District and to adhere to all local, state and federal laws. Examples of behaviors that could result in suspension or exclusion from GHS activities, include but are not limited to, violence, threats, stealing, bullying or any other behavior, on or off school property, that causes disruption or is determined to be detrimental to the education process or the OHS Activities Program.
3. Adherence To MHSAA Rules - Students are expected to follow all MHSAA rules regarding academic, transfer and age eligibility as well as all rules pertaining to awards, sportsmanship, student conduct and others.
4. Academic Performance - The major objective of a high school student is to graduate in good standing. All students are required to place academics at the top of their priority list. Academic standing both in spirit and to meet MHSAA eligibility requirements, must have priority over all other school activities.
5. Chemical Use Policy - Students are expected to refrain from the use of chemical substances as outlined in the Gardiner Public School Chemical Use Policy.
6. Student Behavior - Students participating in activities are representatives of the school district and Gardiner community. They are expected to conduct themselves appropriately at all times while representing the school. This includes language, dress, respect for others, sportsmanship, adherence to laws, respect for property.
7. Pre-Season Responsibilities - All students participating in activities are expected to take care of all pre-season responsibilities by the required deadlines. This includes physicals, payment of fees, and all other paperwork necessary for participation.
8. Adherence To Program Rules - Students participating in activities are expected to follow the rules of the specific program in which they are involved. These include such things as practice attendance, behavior, adherence to sport rules, sportsmanship, care of equipment, etc.
9. Sportsmanship - Activities participants are at all times required to demonstrate good sportsmanship, behavior, and language. Comments, cheers and actions should be positive rather than taking the form of put-downs or intimidation.

10. Respect For Others - All activities participants are expected to demonstrate respect for others at all times. This applies to the treatment of opponents, officials, referees, fans, and coaches. The simple rule of treating others with the same amount of dignity and respect as you would wish them to treat you should be the philosophy of all participants.
11. Respect For Property And Equipment - Part of respecting others is also respecting their property and equipment. Responsible care of all activities facilities and equipment is a must. Vandalism and/or theft will not be tolerated in the GHS Activities Program.

Student/athletes who are suspended or dismissed from a team for a portion of the season will follow the guidelines below with respect to "home" and "away" events during their suspension depending upon the infraction and decision of administration / coach:

1. Home Events: The student/athlete may be required to participate in all activities related to the game/meet. He or she will not dress out in the school's uniform during "home" events.
2. Away Events: The student/athlete may be allowed to attend "away" events if there is seating available on the bus for him/her and if the "away" event is during a non-school day.

STATEMENTS TO BE SIGNED BY PARTICIPANTS AND PARENT(S) OR GUARDIAN

I have read and understand the above MHSA and Gardiner High School Student/Athletes Guidelines. I have furnished a copy to my parent(s) or guardian and have secured my parent(s) or guardian's signature here, which acknowledges that I have read and understand the policy.

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Parent [or] Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## Extra- and Co-Curricular Alcohol, Drug, and Tobacco Use

The District views participation in extracurricular activities as a privilege extended to students willing to make a commitment to adhere to the rules which govern them. The District believes that participation in organized activities can contribute to all-around development of young men and women and that implementation of these rules will serve these purposes:

- A. Emphasize concern for the health and well-being of students while participating in activities;
- B. Provide a chemical-free environment which will encourage healthy development;
- C. Diminish chemical use by providing an education assistance program;
- D. Promote a sense of self-discipline among students;
- E. Confirm and support existing state laws which prohibit use of mood-altering chemicals;
- F. Emphasize standards of conduct for those students who, through their participation, are leaders and role models for their peers and younger students; and
- G. Assist students who desire to resist peer pressure that often directs them toward the use of chemicals.

Violations of established rules and regulations governing chemical use by participants in extra and co-curricular activities will result in discipline as stated in student and athletic handbooks.

### First Violation:

*Multiple event activities* - Suspension for a period of two (2) inter-school competition weeks and attendance at two (2) counseling sessions; this consequence can run across one or more activities seasons or school years.

*Single event activities* - Suspension of participation in the next current or future [single event] extracurricular activity and attendance at two (2) counseling sessions. Activity(ies) in which the student is involved at the point of violation will take precedence in all cases. The next chronological event will be penalized. If a student is involved in one or more (single or multiple event) activities, consequences as outlined for each event type will apply.

### Second Violation:

*Multiple event activities* - Suspension for a period of four (4) inter-school competition weeks and attendance at four (4) counseling sessions; this consequence can run across one or more activities seasons or school years.

*Single event activities* - Suspension of participation in all current [single event] extra-curricular activities and attendance at four (4) counseling sessions. If a student is involved in one or more (single or multiple event) activities, consequences as outlined for each event type will apply.

### Third Violation:

*All activities* - Suspension for a period of eight (8) competition weeks and attendance at six (6) counseling sessions; this consequence can run across one or more activity seasons and/or school years.

During suspension, a student is expected, at the discretion of the coach/sponsor, to participate in practices or meetings of the extra-curricular activity.



*\*An activity day is defined as a day in which there are sports activities that the student would participate in (ex. Practice, game, etc). An activity day carries over from sport to sport, season to season, and school year to school year.*

*\* Athletes and their parents are responsible for any monetary costs incurred with Southwest Chemical Dependency.*

*\* If a participant denies implication on a first violation when he/she is questioned when an investigation is in progress and is later proved to be in violation, the penalty shall automatically double in duration. If a participant denies implication on a second violation when he/she is questioned when an investigation is in progress and is later proved to be in violation, the student will be prohibited from participation in the school extra-curricular activities (as defined in this policy) for one calendar year.*

**STATEMENTS TO BE SIGNED BY PARTICIPANTS AND PARENT/GUARDIAN**

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND AGREE TO FOLLOW THE RULES OF THIS POLICY AND ANY OTHER TEAM RULES IMPOSED BY MY COACH AND MY SCHOOL'S RULES FOR STUDENT CONDUCT. FURTHER, IT IS HEREBY UNDERSTOOD THAT THE GARDINER SCHOOL ADMINISTRATION AND BOARD OF TRUSTEES RESERVE THE RIGHT TO TAKE ACTION BEYOND WHAT IS OUTLINED ABOVE BASED UPON THE SEVERITY OF A VIOLATION.

**STUDENT'S SIGNATURE**

**DATE**

**PARENT/GUARDIAN SIGNATURE**

**DATE**

---

## Management of Sports Related Concussions

- A. **Athletic Director or Administrator in Charge of Athletic Duties:**
1. *Updating:* Each spring, the athletic director, or the administrator in charge of athletics if there is no athletic director, shall review any changes that have been made in procedures required for concussion and head injury management or other serious injury by consulting with the MHSAA or the MHSAA web site, U.S. DPHHS, and CDCP web site. If there are any updated procedures, they will be adopted and used for the upcoming school year.
  2. *Identified Sports:* Identified sports include all organized youth athletic activity sponsored by the school or school district.
- B. *Training:* All coaches, athletic trainers, and officials, including volunteers shall undergo training in head injury and concussion management at least once each school year by one of the following means: (1) through viewing the MHSAA sport-specific rules clinic; (2) through viewing the MHSAA concussion clinic found on the MHSAA Sports Medicine page at [www.mhsaa.org](http://www.mhsaa.org); or by the district inviting the participation of appropriate advocacy groups and appropriate sports governing bodies to facilitate the training requirements.
- C. *Parent Information Sheet:* A concussion and head injury information sheet shall be distributed to the student-athlete and the athlete's parent and/or guardian prior to the student-athlete's initial practice or competition. This information sheet may be incorporated into the parent permission sheet which allows students to participate in extracurricular athletics and should include resources found on the MHSAA Sports Medicine page at [www.mhsaa.org](http://www.mhsaa.org), U.S. DPHHS, and CDCP websites .
- D. *Responsibility:* An athletic trainer, coach, or official shall immediately remove from play, practice, tryouts, training exercises, preparation for an athletic game, or sport camp a student-athlete who is suspected of sustaining a concussion or head injury or other serious injury.
- E. *Return to Play After Concussion or Head Injury:* In accordance with MHSAA Return to Play Rules and Regulations, a student athlete who has been removed from play, practice, tryouts, training exercises, preparation for an athletic game, or sport camp may not return until the athlete is cleared by a Medical Doctor, Doctor of Osteopathic Medicine, Nurse Practitioner, or Physician's Assistant trained in evaluation for concussion management. The health care provider may be a volunteer.

Management of Sports Related Concussions



**Student-Athlete & Parent/Legal Guardian Concussion Statement**

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. Montana law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed healthcare provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Guardian Name(s): \_\_\_\_\_

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.  
If true, please check box

**After reading the information sheet, I am aware of the following information:**

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a <b>medical professional if one is available</b> .	
	A concussion can affect the ability to perform everyday activities such as the ability to <b>think, balance, and classroom performance</b> .	
	A concussion cannot be "seen." Some symptoms might be present right away. Other <b>symptoms can show up hours or days after an injury</b> .	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional <b>about the concussion</b> .	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any <b>concussion-related symptoms</b> .	N/A
	I will/my child will need written permission from a licensed healthcare professional to <b>return to play or practice after a concussion</b> .	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice <b>occurs before concussion symptoms go away</b> .	
	<b>Sometimes, repeat concussions can cause serious and long-lasting problems.</b>	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

# A Fact Sheet for ATHLETES

## WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

## 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 if one of your teammates might 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.

**Give 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. Second or later 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?

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

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, eye and mouth guards).
- In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and fit well
  - Used every time you play

# A Fact Sheet for PARENTS

## WHAT IS A CONCUSSION?

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

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### Symptoms Reported by Athlete

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

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and mouth guards).
- Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon- while the brain is still healing-risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. Coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

### SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> <li>•Appears dazed or stunned</li> <li>•Is confused about events</li> <li>•Answers questions slowly</li> <li>•Repeats questions</li> <li>•Can't recall events prior to the hit, bump, or fall</li> <li>•Can't recall events after the hit, bump, or fall</li> <li>•Loses consciousness (even briefly)</li> <li>•Shows behavior or personality changes</li> <li>•Forgets class schedule or assignments</li> </ul>	<p><b>Thinking/Remembering:</b></p> <ul style="list-style-type: none"> <li>•Difficulty thinking clearly</li> <li>•Difficulty concentrating or remembering</li> <li>•Feeling more slowed down</li> <li>•Feeling sluggish, hazy, foggy, or groggy</li> </ul>	<p><b>Emotional:</b></p> <ul style="list-style-type: none"> <li>•Irritable</li> <li>•Sad</li> <li>•More emotional than usual</li> <li>•Nervous</li> </ul> <p><b>Sleep*:</b></p> <ul style="list-style-type: none"> <li>•Drowsy</li> <li>•Sleeps less than usual</li> <li>•Sleeps more than usual</li> <li>•Has trouble falling asleep</li> </ul> <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>
	<p><b>Physical:</b></p> <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>•Fatigue or feeling tired</li> <li>•Blurry or double vision</li> <li>•Sensitivity to light or noise</li> <li>•Numbness or tingling</li> <li>•Does not "feel right"</li> </ul>	

## LINKS TO OTHER RESOURCES

- CDC -Concussion in Sports
  - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
  - [www.nfhslearn.com](http://www.nfhslearn.com)
- Montana High School Association - Sports Medicine Page
  - <http://www.mhsa.org/SportsMedicine/SportsMed.html>

# ACKNOWLEDGEMENT OF RISKS

I/WE HEREBY CERTIFY THAT I/WE HAVE READ THE FOREGOING ACTIVITIES PARTICIPANT INFORMATION AND THE WARNINGS ABOUT THE RISKS OF INJURY INHERENT IN EACH ACTIVITY/SPORT.

I/We hereby give consent for my/our son or daughter named in this booklet to engage in approved athletic activities as representative of his or her school, except in those activities indicated by the above licensed professional, and realize that all activities/sports involve the potential for injury which are inherent in all activities/sports. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in the activities/sports outlined in this booklet, I/we recognize the importance of following coaching instructions regarding playing techniques, training, and other team rules, etc., and I/we agree to obey such instructions. I/We also understand that it may be necessary for students to provide their own transportation to some practices. In these situations, the parent and the student are responsible for safe travel. In consideration of the Gardiner School District permitting my/our son or daughter or ward to participate in its athletic activities/sports program and engage in all activities relating to those activities/sports, I/we recognize and assume the risks of injuries outlined, but not limited to, in this booklet that are inherent to the activities/sports that my/our son or daughter may choose to participate in.

I/WE ALSO HEREBY CERTIFY THAT I/WE HAVE READ THE LOSS OF EQUIPMENT AGREEMENT AND STUDENT DIRECTORY INFORMATION AND HEREBY CERTIFY THAT ALL INFORMATION IN THIS DOCUMENT IS TRUE AND CORRECT.

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

Date \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

RETURN THIS COPY TO THE SCHOOL OFFICE BEFORE YOU MAY PRACTIC

Date Returned \_\_\_\_\_ Coach \_\_\_\_\_

Name:

Address:

\_\_\_\_\_

Phone #: \_\_\_\_\_

Eligible \_\_\_\_\_ NOT Eligible \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

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

Student's Signature \_\_\_\_\_



# MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. **A physical examination conducted before May 1<sup>st</sup> is not valid for participation for the following school year. All information is to remain confidential.**

**HISTORY** – To be completed by the student and parent(s).

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)			
Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Grade _____ Date of Birth _____
Home Address _____	Phone Number _____		
Parent's Name _____	Family Physician _____		
Current School _____	Date _____		

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you taking medicine for ADHD?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever told you that you have (circle all that apply):<br>High blood pressure      A heart murmur<br>High cholesterol        A heart infection                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below:             | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
- | Head       | Neck       | Shoulder | Upper arm | Elbow | Forearm   | Hand / fingers | Chest       |
|------------|------------|----------|-----------|-------|-----------|----------------|-------------|
| Upper back | Lower back | Hip      | Thigh     | Knee  | Calf/shin | Ankle          | Foot / toes |
- |  |                          |                          |
|--|--------------------------|--------------------------|
| 21. Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has a doctor ever told you that you have asthma or allergies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 25. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have anyone recommended you change your weight or eating habits?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

**COVID-19 ADDENDUM**

48. Have you ever been diagnosed with or suspected you had COVID-19? If yes, did you have 4 or more days of fever (greater than 100.4°F), and/or 1 or more week of myalgia, chills, or lethargy?

49. Have you ever been hospitalized due to COVID-19 or diagnosed with MIS-C?

**FEMALES ONLY**

50. Have you ever had a menstrual period?

51. How old were you when you had your first menstrual period? \_\_\_\_\_

52. How many periods have you had in the last year? \_\_\_\_\_

**Explain "Yes" answers here:**

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Required for School\* and Recommended Immunizations:** (please check if student is up-to-date):  Hepatitis A;  Hepatitis B;  Human Papillomavirus (HPV);  Influenza;  Measles, Mumps, Rubella (MMR)\*;  Meningococcal;  Polio\*;  Tetanus/Diphtheria/Pertussis (Tdap)\*;  Varicella (Chickenpox)\*

Date of last known tetanus shot (Tdap): \_\_\_\_\_

**PROVIDER'S PHYSICAL EXAMINATION FORM**

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP: Left Arm \_\_\_\_\_ / \_\_\_\_\_ Right Arm \_\_\_\_\_ / \_\_\_\_\_

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple examiner set-up only.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLEARANCE**

Typed or printed name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_

Cleared without restriction  
 Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_  
 \_\_\_\_\_

Not cleared for  All sports  Certain sports \_\_\_\_\_ Reason: \_\_\_\_\_

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

Name of physician/medical provider [print or type] \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician/medical provider \_\_\_\_\_

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Insurance (Company name) \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_ Additional Phone (if any-specify) \_\_\_\_\_

**ALL INFORMATION IS TO REMAIN CONFIDENTIAL**

(Updated 4/21)