



ATHLETICS REQUIRED FORMS

NAME OF ATHLETE: _____

SPORT(S) PLAYED: _____

- ❖ Student Athlete Information Sheet
- ❖ OCBE Permission to Participate and Release
- ❖ OCBE Field Trip Permission Form and Release
- ❖ OCBE Sports and Extracurricular Alternative Transportation
- ❖ ImPact Permission
- ❖ Academic Eligibility
- ❖ Communication – Concern/Complaint
- ❖ Parent Code of Conduct

Student Athlete Information

School Year: _____

PLEASE PRINT

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____

Grade as of August of this school year: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian Contact 1:

Name: _____

Relationship to Student-Athlete: _____

Email: _____

Phone: _____

Guardian Contact 2:

Name: _____

Relationship to Student-Athlete: _____

Email: _____

Phone: _____

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 9060-F**

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

School Year: _____

The undersigned as parent/guardian of student _____ / _____ / _____
(Student's Name) (Birthdate)

hereby grants permission for my child to participate in the following activities, including practices and competitions:
(Check all that apply)

- | | | | | |
|---------------------------------------|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____ |

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) Policy Number

The undersigned consent to the OCBE and its representatives to use and disclose necessary personally identifiable information from the student's education records to third parties, including coaches, trainers and medical facilities for the purpose of receiving proper and necessary medical care and complying the OCBE policies and regulations, without such disclosure being a violation of FERPA.

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.

(Signature of Parent/Guardian)(Circle One) (Date) (Parent Day Phone #)

(Signature of Student Required if 18 years or older) (Date) (Parent Evening Phone #)

Other Emergency Contact In Event Parent Cannot Be Reached: _____

Phone _____

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 4055.01-F**

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of _____ / /
Student's Name Birthdate

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: _____ Fee (if any) _____

Trip Description/Location: _____

Supervising Staff Member: _____

Approximate time of departure _____

Approximate time of return _____

Purpose (state expected learning outcome or recreational) _____

Transportation will be by: Commercial Bus School Bus Other _____

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier Policy Number / Group Number

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: _____ Phone Number: _____

Signature of Parent/Guardian Alternative Phone: _____

Adopted: March 16, 1981 Revised: July 16, 2008
Revised: July 17, 1983
Revised: February 22, 1993
Revised: February 10, 1998
Revised: August 15, 1998
Revised: September 1, 1998
Revised: June 23, 1999
Revised: July 14, 2000
Revised: June 26, 2006

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 8005.001-F**

SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT

Related to Board Policy 8005
Related to 8005-AR; 8005.01-F

The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extracurricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.

Name of Student: _____ Date of Birth: ____/____/____

Name of School: _____ Grade: _____

Sport/Extracurricular: _____ Season: _____

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (*Check all that apply*):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.
- Automobile driven by my student.

- None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

Parent/Guardian of the Above Named Student

Date

Parent/Guardian of the Above Named Student

Date

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION –9060.02-F**

**CONSENT OF PARENT OR GUARDIAN FOR ImPACT™ TESTING
Of HIGH SCHOOL STUDENT ATHLETES**

Relates to: OCBE Administrative Regulation 9060-AR, OCBE Form 9060.01-F

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Dear Parent/Guardian,

In order to better manage concussions sustained by our student-athletes, the school district has partnered with Baptist Hospital Northeast, the provider of our athletic training services, to acquire a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a leader in computerized neurocognitive assessment tools and services, which are becoming more prevalent in recognizing and managing head injuries. (Additional information about ImPACT™ can be found at www.impacttest.com.)

All high school athletes must complete the ImPACT exam prior to athletic participation. This test is set up in a “video-game” style format and takes 30-35 minutes to complete. The ImPACT™ test is a pre-season physical of the brain that tracks information such as memory, reaction time, speed, and concentration, but it is not an IQ test. The ImPACT™ test is non-invasive and poses no risks to your child.

We will be testing all in-coming freshman, sophomores, juniors and seniors, as well as middle school students who are participating at the high school level. Each student athlete will be tested once prior to beginning sports practice or competition and will be tested again if they sustain a head injury. Student athletes sustaining a concussion will continue to be tested using the ImPACT™ test until their post-concussion results are within the normal ranges of their baseline test. There is no charge for this testing.

The protocol for managing these injuries and returning athletes to play is briefly outlined below.

1. **All athletes who sustain head injuries are required to be evaluated and cleared by their primary care physician (PCP)**, prior to being permitted to progress to activity. This includes athletes who were initially referred to the emergency department.
2. **In addition to the physician exam, 2 other criteria must be met prior to clearance for return to play:**
(a) the student athlete must be asymptomatic, at rest and with exertion, and (b) the athlete’s post-injury neurocognitive testing data must be within normal range of the athlete’s baseline ImPACT™ scores.
3. Athletes who have been cleared to return to activity follow a graduated procedure, as recommended by “The Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004” and the National Athletic Trainers’ Association Position Statement on Management of Sport-Related Concussion (2004).

By signing the Parent Consent Form you authorize the Oldham County school district to release medical information and ImPACT™ results to your child’s Primary Care Physician. Your child’s health and safety are an important part of the student athletic experience and we are pleased to implement this program. If you have any further questions regarding this program please feel free to contact your school Athletic Director or Athletic Trainer.

Sincerely,

Oldham County Schools Athletic Trainers

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION –9060.02-F**

**CONSENT OF PARENT OR GUARDIAN FOR ImPACT™ TESTING
Of HIGH SCHOOL STUDENT ATHLETES**

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STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT DATE OF BIRTH: _____

HIGH SCHOOL: North Oldham Oldham County South Oldham

GRADE: Freshman Sophomore Junior Senior

8th grade 7th grade 6th grade

I hereby give permission for my child to complete an ImPACT™ baseline test and post-concussion ImPACT™ tests administered at the high school for which my student is competing as needed. I understand that my child may need to complete the test more than once, depending on the results of the test. I understand there is no charge for the testing.

I further agree that the high school may release the ImPACT™ results and any other information related to his or her head injury to my child's primary care physician, neurologist, or other physician involved with my child's care.

Name of parent or guardian

Date

Signature of parent or guardian

Parent or guardian phone numbers (*please indicate preferred contact number & time if necessary*):

HOME: _____ preferred

WORK: _____ preferred

CELL: _____ preferred

PLEASE PRINT THE FOLLOWING INFORMATION:	
Name of Physician:	_____
Practice or Group Name:	_____
Telephone number:	_____

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION –9060.02-F**

**CONSENT OF PARENT OR GUARDIAN FOR ImPACT™ TESTING
Of HIGH SCHOOL STUDENT ATHLETES**

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What You Need to Know About Concussion

Concussion is the most common form of head injury for athletes and is associated with any number of symptoms, such as disorientation, confusion, amnesia, visual disturbances, headache, dizziness, and sometimes loss of consciousness (LOC), as well as other symptoms. It is not necessary to lose consciousness to sustain a concussion, nor to actually hit one's head. A very mild concussion can last less than 15 minutes. It is important for athletes to report concussions because cumulative effects of repeated concussion can result in permanent intellectual and cognitive changes. We also know that youth appear to be more vulnerable to the effects of concussion.

It is now known that REST is the best treatment after a concussion and helps the brain heal faster. If the athlete is still symptomatic, forcing him or her to exert either physically or mentally will likely lengthen the recovery period. And no athlete should return to play if concussion symptoms re-surface with exertion.

Management of concussion in youth is very important to prevent a rare but often fatal brain injury called Second Impact Syndrome. This Syndrome may occur when an athlete suffers a mild concussion and then within a short period of time (usually within one week) receives a second blow to the head. Rapid brain swelling can occur as the brain has not yet healed from the first hit. Increased intracranial pressure, if uncontrolled, can lead to death or severe neurological damage.

When concussion symptoms persist, especially after repeated or successive concussions, a condition called Post Concussion Syndrome (PCS) is identified. PCS occurs when any of a variety of symptoms, such as headache, attention/concentration difficulties, problems with memory, slow mental processing, fatigue, and emotionality or irritability is experienced for weeks or months after recovery would have been expected. In such cases additional medical, neurological, or psychiatric consultations may be recommended.

We know that neurocognitive/neuropsychological testing is more sensitive in identifying concussion than neurological, radiological, or medical examination. ImPACT™, a premier, user-friendly computer based tool was designed to assist in the proper evaluation and treatment of concussion. The ImPACT™ program evaluates and documents multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. This program can be used to manage concussions through pre-season baseline (pre-injury) and post-injury testing to monitor recovery and serve as a tool in making data driven return to play decisions.

Adopted: June 1, 2010



Academic Eligibility Policy



At the beginning of the school year, all students officially enrolled at Oldham County Middle School are eligible to participate in extra-curricular activities.

In order to maintain their eligibility students must meet the following requirements:

- 1) The athletic director will do weekly grade checks for “in season” sports. A sport is considered “in season” if a team has been chosen and practices have begun. The first grade check of the school year will take place at the beginning of the 3rd week of school.
- 2) If a student-athlete currently has one F or a U in conduct/effort, that student-athlete will be ruled ineligible for competition until the next grade check (the following week). There will be NO mid-week grade checks to facilitate eligibility. The suspension is for a week. During this suspension, the player is still eligible to practice with the team, however, they may NOT dress for competition, although they can attend.
- 3) If that student has more than one F, the same provisions exist as in point two, with the exception that the student will be required to complete an hour of homework club during that week in order to gain eligibility. If the hour is not confirmed to the athletic director by Friday, that student will be ruled ineligible until that hour is made up, regardless of the results of the next week’s grade check.
- 4) Grades for all classes (including U’s in conduct/effort) will be used to determine eligibility. Consequences for N’s in conduct/effort will be at the discretion of the head coach.
- 5) Middle school students participating at the high school level will be declared eligible/ineligible based on middle school policy.
- 6) Attendance at practices and competitions during school vacations may be a requirement for team membership.
- 7) If the Athletic Director, in consultation with the teacher (and Principal) recognizes the student is putting forth maximum effort, a final determination on eligibility will be made.

Players Name (Please Print)

Players Signature

Parents/Guardian Signature

Date



Parent Communication Policy



Coaches have the authority of who becomes a participant of the team and when the participants plays or is removed from the team. Coaching strategy is determined by the coaching staff. Acceptance of a position on a team includes acceptance of this policy. Therefore, these issues are not appropriate topics for parent involvement and discussions with coaches is discouraged. It is never acceptable for a parent to attempt to discuss playing time with a coach during a game or practice. It is also never acceptable for a parent to attempt to discuss the performance or playing time of another participant.

Anyone that has a concern or complaint about a specific OCMS athletic team should always contact the head coach of that team first (via phone, email or in person).

- Please do not interrupt practices or competitions. You should pre-arrange a time to meet if you prefer to discuss a situation/policy in person.
- Email and phone messages will be returned within 24 hours.
- If you feel that your concern was not taken seriously or adequately resolved, please contact the OCMS Athletic Director for further discussion.

Anonymous calls & letters:

- On occasion, callers and authors of correspondence choose to remain anonymous. This type of communication is difficult, at best, for the OCMS staff to handle.
- In many instances, a complaint is being filed with no way to confirm any information with the specific coach.
- Letters will be forwarded to the Head Coach of the team in question.
- Callers will be informed that school officials rarely have authority to act on anonymous calls and notes from the phone conversation will be sent to the respective head coach.

*Any and ALL discussion between a coach and a parent MUST be conducted in a calm, non-threatening manner, or the discussion will be immediately terminated and will be continued at a scheduled meeting, at another time as mutually agreed to by all parties.

*OCMS Coaches and Staff do not discriminate against athletes when parents feel that they need to bring something to the schools attention. We appreciate your willingness to follow our procedures when you have a concern that you would like to voice.

Player Name: _____

Date: _____

Parent/Guardian Name: _____

Signature: _____

Parent/Guardian Name: _____

Signature: _____



Parent Code of Conduct



Interscholastic sports programs promote the physical, social, and emotional development of student-athletes. Parents should encourage student-athletes to embrace the values of good sportsmanship, and should model good sportsmanship by demonstrating fairness, respect and self-control. For a child to participate in athletics at Oldham County Middle School the child's parents must obey this Code of Conduct. Parents must be responsible for their words and actions while attending an Oldham County Middle School athletic event, home or away, and obey this Code of Conduct. Parents must not engage in or encourage their child or anyone else to engage in:

1. Unsportsmanlike conduct with any coach, parent, participant, official, or other attendee;
2. Any behavior that would endanger the health, safety, or well-being of any coach, parent, participant, official, or other attendee;
3. The use of profanity;
4. Treating any coach, parent, participant, official, or other attendee with disrespect based on race, creed, color, national origin, sex, sexual orientation or ability;
5. Verbal or physical threats or abuse of any coach, parent, participant, official, or other attendee;
6. Initiating a fight or scuffle with any coach, parent, participant, official, or other attendee;
7. Coaching any player from the sidelines or stands during practice or competition, as this may be distracting to the individual and the team, and may directly conflict with the coach's strategy;
8. Approaching a coach to discuss the coach's strategy or the playing time of a player immediately before, during or after a game. This falls under the parent communication policy and the 24 hour rule. Parents must address any concerns with the coach's approach directly with the coach, in a respectful manner at an appropriate time (never on the same day as a game). If the concerns are then not addressed to the Parents' satisfaction, they may then contact the athletic director to schedule an appointment to discuss any concerns with the coach and athletic director.

Parents who violate this Code of Conduct while attending an Oldham County Middle School athletic event, home or away, will be subject to disciplinary action by authorized game or school officials, including but not limited to the following in any order or combination:

- Verbal or written warning;
- Suspension or immediate ejection from a sports event; and/or
- Season suspension or multiple season suspension.

Player Name: _____

Date: _____

Parent/Guardian Name: _____

Signature: _____

Parent/Guardian Name: _____

Signature: _____