



# KINGSTON



## Youth Volleyball Skills Development Camp

Camp Dates: June 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup>  
TIME: 5pm to 8pm each evening

Pre-register by: June 1<sup>st</sup>  
(Preferential camp shirt sizing)

PLACE: KHS High School Gym

COST: \$100.00 (Please make checks payable to KHS Volleyball ASB)

Who: 7<sup>th</sup> to 9<sup>th</sup> grade players seeking to make their MS and HS  
Teams. Players new to the game who need to improve skills.

\*Please make checks payable to: KHS Volleyball ASB and hand in to the  
Kingston High School ASB Accounting Office or mail to:  
Lori Camp 26201 Siyaya Avenue NE Kingston, WA 98346



Contact: Head Coach Ed Call @ Phone # 360-981-2948

E-mail: [ecall@nkschools.org](mailto:ecall@nkschools.org)

..... Registration form (please print).....  
KHS Youth Volleyball Camp,— \$100.00

Participant name \_\_\_\_\_

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Birth date \_\_\_\_\_ Grade ('18-'19) \_\_\_\_\_ School \_\_\_\_\_

Shirt Size: Circle one Adult S M L XL Parent/Guardian Email: \_\_\_\_\_

(Shirt size availability not guaranteed for late or walk up registrants.)

All participants must sign the following release. Parents or guardians must sign waivers. I/We realizing no insurance coverage is provided for the participants, will assume financial responsibility for any cost relating to an accident or injury that might occur while participating in this camp. Furthermore, I will not hold the North Kitsap School District or any of its employees, volunteers, or anyone else responsible for any accident or injury that might occur.

# Sudden Cardiac Arrest

## Information Sheet for Student-Athletes, Coaches and Parents/Guardians

SSB 5083 – SCA Awareness Act

Parent/Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_

Signing confirms that we have read and are aware of what concussions are, the signs and symptoms of a concussion, and what you should do if your student-athlete receives a concussion.

Student-athlete's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U. S, afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death  
in young athletes during sports

AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

### 3-Minute

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- . Passing out during exercise
- . Chest pain with exercise
- . Excessive shortness of breath with exercise
- . Palpitations (heart racing for no reason)
- . Unexplained seizures
- . A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED).

#### 1. RECOGNIZE

##### Sudden Cardiac Arrest

Collapsed and unresponsive  
Abnormal breathing  
Seizure-like activity

#### 2. CALL 9-1-1

Call for help and for an AED

#### 3. CPR

Begin chest compressions  
Push hard/ push fast  
(100 per minute)

#### 4. AED

Use AED as soon as possible

#### 5. CONTINUE CARE

Continue CPR and AED until  
EMS arrives

# UW Medicine

Center For Sports Cardiology  
[www.uwsportscardiology.org](http://www.uwsportscardiology.org)



WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION





# North Kitsap School District Concussion Fact Sheet

for High School Sports  
Fact sheet for **STUDENT-ATHLETES**



## AED



Be Prepared! Every Second Counts!

### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head. Can change the way your brain normally works.
- Can range from mild to severe. 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" or had your "bell rung."

How can I prevent a concussion? It's different for every sport. But there are steps you can take to protect yourself from concussion.

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). In order for equipment to protect you, it must be:
  - Appropriate for the game, position, and activity
  - Well maintained
  - Properly fitted
  - Used every time you play

### What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish or groggy
- Concentration or memory (forgetting game plays)
- Confusion



Feeling foggy or problems

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

Tell your athletic trainer, coaches and your parents. Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.

Get a medical check up. A licensed health care professional can tell you if you have had a concussion and when you are OK to return to play.

Give yourself time to recover. 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 permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

### How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.



# North Kitsap School District Concussion Fact Sheet for High School Sports Fact Sheet for **Parents**

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

Information from:  
Department of Health and Human Services- Center for Disease Control and Prevention  
[http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)



What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt brain normally. Even a "ding" or a bump on the head What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or can take days or weeks to appear. If symptoms of a concussion are reported, seek medical attention right away.



Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
Appearing dazed or stunned Is confused about assignment Forgets plays Is unsure of game score, or opponent Moves clumsily Answers questions slowly Loses consciousness Shows behavior or personality changes Can't recall events prior to hit Can't recall events after hit	



What should you do if you think your teenage athlete has a concussion?

- 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 teen to return to sports.
- Keep your teen out of play. Concussions take time to heal.

Don't let your teen return to play until a health care professional says it's OK. Athletes 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 teen for a lifetime.

- Tell your teen's athletic trainer and coaches about any recent concussion. Athletic Trainers and coaches should know if your teen had a recent concussion in ANY sport. Your teen's athletic trainer and coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the athletic trainer and coach to keep your teen from activities that could result in another concussion.

Remind your teen: It's better to miss one game than the whole season.

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

# North Kitsap School District

## Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The North Kitsap School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in North Kitsap School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

_____	_____	_____
Student Name (Printed)	Student Name (Signed)	Date
_____	_____	_____
Parent Name (Printed)	Parent Name (Signed)	Date



# North Kitsap School District

## INFORMED CONSENT FORM RE: VOLLEYBALL

Student \_\_\_\_\_ Name: Birth \_\_\_\_\_  
Dale..

School: \_\_\_\_\_ Grade.. \_\_\_\_\_

We accept and understand that the sport of volleyball involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial)(Parent Initial)

\_\_\_\_\_

We certify that (Student \_\_\_\_\_ Name) has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student \_\_\_\_\_  
Initial)(Parent Initial)

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)

\_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and or unforeseen circumstances.

(Student Initial)(Parent Initial)

\_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student. (Parent Initial)\_\_\_\_\_

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HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)    Student signature    Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)Parent/guardian signature      Date

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INFORMED CONSENT FORM RE:  
VOLLEYBALL



## Emergency Insurance Information & Consent 2016-17

Athlete's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than a parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

**Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSD does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.**

### Family Health Accident Insurance

Carrier: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any serious medical conditions? \_\_\_\_\_

Allergies? \_\_\_\_\_

I/We hereby grant consent to any and all health care providers designed by NKSD to provide my child (name) \_\_\_\_\_, any necessary medical care as a result of any injury/illness. My insurance \_\_\_\_\_ (does/does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel. **I will notify the school is writing of any changes or cancellation of my insurance.**

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

\_\_\_\_\_  
Date