

A Great Place to Live & Learn

Athletic Registration Form 2016-17

Section I: Information

Student name (print legibly)						
(Last)		(First)		(Middle Initial)		
□Male □Female Grade	in Sept 2016	_Date of Birth <u>:</u>	Sport(s):		
Address:		City:		_Zip Code:		
Mother's name:Home		Phone		Bus/Cell. Ph		
Father's name:	Home	Phone:		Bus/Cell. Ph:		
Parent e-mail:	Date of enrollment in NKSD:					
School attended last year 🛛 KHS	□ NKHS	□KMS	□PMS	□Other		
Are you a transfer student?	□Yes	□No				
Were you under any conditions of inelig	gibility when you	u left your previ	ous school?	□Yes □No		
Are you a foreign exchange student?	□Yes	□No				
Are you being home schooled?	□Yes	□No	Date of registr	ation at your school:		
Are you a Running Start student?	□Yes	□No				
How many credits are you taking?						
Are you a Parent Assisted Learning (PA	L) student?	□Yes	□No			
Counseling Office notified:	□Yes	□No				
Are you a 5 th year student?	□Yes	□No				
Section II: Student Handbook						
Signing confirms that we have read and agree to abide by the contents of the NKSD Student Athletic Handbook. I/we are aware that by signing this Athletic Registration, I/we are acknowledging notification of the <u>code of conduct</u> which is applicable throughout attendance in the NKSD and not solely for the sport season. (Handbook is available upon registration and/or on the NKSD website.)						
Student-athlete signature:				Date:		
Parent/Guardian signature:			Date:			
Section III: Concussion and Sudden Cardiac Arrest Information						
Signing confirms that we have read and are aware of what concussions and sudden cardiac arrest are, the signs and symptoms of a concussion and sudden cardiac arrest, and what you should do if your student-athlete receives a concussion or goes into sudden cardiac arrest.						
Student-athlete's signature:				Date:		

Parent/Guardian signature: _____

Rev. 2/9/2017



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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 pa	rent/guardian):	Pho	ne:	
	thletic activities is required to have injuries, but does make available inf			
Family Health Accident Insu	rance			
Carrier:				
	Policy #:			
Family Physician:		Phone:		
Address:	City:	State:	Zip:	
Any serious medical conditions?				
Allergies?				
	y and all health care providers design			
any necessary medical care as a	result of any injury/illness. My insura	ance		(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

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

Sudden Cardiac Arrest

Information Sheet for Student-Athletes, Coaches and Parents/Guardians SSB 5083 ~ SCA Awareness Act













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

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

 \cdot 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 (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). 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.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

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



Be Prepared! Every Second Counts!



www.uwsportscardiology.org



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION



SCA Awareness Youth Heart Screening CPR/AED in Schools

www.nickoftimefoundation.org



North Kitsap School District Concussion Fact Sheet for High School Sports Fact sheet for STUDENT-ATHLETES



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 sluggishFeeling foggy or
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion



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.

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





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 the way the brain normally works. Even a "ding" or a bump on the head can be serious.

What are the signs and symptoms of concussion?

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

Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
 Appearing dazed or stunned 	♦ Headache
 Is confused about assignment 	♦ Nausea
♦ Forgets plays	 Balance problems or
 Is unsure of game, score, or 	dizziness
opponent	 Double or fuzzy vision
 Moves clumsily 	 Sensitivity to light or noise
 Answers questions slowly 	 Feeling sluggish
 Loses consciousness 	 Feeling foggy or groggy
 Shows behavior or personality 	 Concentration or memory
changes	problems
 Can't recall events prior to hit 	♦ Confusion
 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.

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