

Charlton Middle School Grizzlies



Athletics Packet 2019-2020

Athlete's Name: _____

Athlete's Grade: _____

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"...to advance the knowledge and well being of our children and our community."

DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

Mr. Steven M. Lamarche
Superintendent of Schools



Lorinda C. Allen
Director of Pupil Personnel Services

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STEAM Director

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Athletics

The Dudley Charlton Regional School District values the concept of educational athletics. Athletics is not only an extension of the school, but also a vital part in a student's growth and development as a person. We are pleased to be able to offer several programs at both the Middle School and High School levels.

Participating in school-based sports is a privilege, not a right. Student-athletes are expected to maintain certain standards in the classroom and in the decisions they make, both on and off the field, regarding appropriate behavior. Some of the forms included in this packet reflect these standards.

The health and safety of our student-athletes are our primary concerns. The health forms, including the new forms from the Massachusetts Department of Health, which deal with head injuries, will help us keep our student-athletes safe and better manage injuries should they occur. Many studies have been done on concussions and the long term effects that they can have on the human brain. The information enclosed is very important to the student athletes' well-being.

Student-athletes and parent(s)/guardian(s) must complete and sign, where applicable, all of the included forms in order to be considered eligible.

***The Sports Candidate Questionnaire only needs to be filled out the first season a student-athlete participates in a given school year.**

Good luck in the upcoming season and we wish all a rewarding experience.

"...to advance the knowledge and well being of our children and our community."

Charlton Middle School

Athletic Department

Parental Consent Release from Liability and Indemnity Agreement

We the undersigned father and/or mother or guardian(s) of _____, a minor, and said minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Dudley-Charlton Regional School District, a regional school district in the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Dudley-Charlton Regional School District athletic programs; FURTHERMORE, we/I hereby agree to protect the Dudley-Charlton Regional School District, and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from -injury to said minor in connection with his/her participation in the Dudley-Charlton Regional School District's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to Dudley-Charlton Regional. School District, or its successors, departments, officers, employees, servants and agents any loss and damage and costs, including attorney's fees, the District or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, negligent, or reckless acts or omissions while participating in the said sports programs.

Name Of Student

Student ID #

Parent Signature

Chemical Health Contract

I, _____, agree to remain drug free from the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest) throughout my high school years. I understand if I am involved with drugs or alcohol during the season it-could affect my individual performance both athletically and academically. I agree to abide by and follow training rules as specified by my coaches and to abide by and follow the Chemical Health rules required by the M.I.A.A. and Shepherd Hill Regional High School as stated in the Student Handbook. I understand that if I am unable to fulfill my commitment to this agreement I will be subjected to the consequences as stated by my coaches.

We the parent(s) or legal guardian(s) of the above-named student understand the requirements and agree to assist and support this student in making the commitment to abide by the training rules, and the Chemical Health rules as they apply to alcohol, drugs, and tobacco.

We the athlete and parents or guardians also realize and understand the athlete's responsibility to him/herself, his/her teammates, and his/her school to adhere to all that is required academically and athletically and to exhibit conduct that demonstrates a real effort to attain the control and self-discipline so necessary to achieve positive results in all endeavors.

Name Of Student

Student ID #

Parent Signature

HEADS ~~X~~ UP

CONCUSSION

IN HIGH SCHOOL SPORTS

“Strength Through Teamwork”

A FACT SHEET FOR PARENTS

What is a concussion?

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

What are the signs and symptoms?

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

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 <i>(even briefly)</i> • Shows mood, behavior, or personality changes • Can’t recall events <i>prior</i> to hit or fall • Can’t recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

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

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

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

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

If you think your teen has a concussion:

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

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

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

“...to advance the knowledge and well being of our children and our community.”

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

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

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

What are the symptoms of a concussion?

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

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

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

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

How can I prevent a concussion?

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

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

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

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

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

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



Charlton Middle School

Athletic Department

Student-Athlete and Parent/Guardian Concussion Statement

By signing this form, I am acknowledging my awareness of Dudley-Charlton Regional School District's Concussion Protocol. I hereby state my willingness to comply with this protocol and to be honest and forthcoming if concussion symptoms are present. I have informed the school of any previous head injuries sustained by myself/my child and have completed the necessary on-line training or I have read the information provided by the school on concussions.

Both the Parent/Guardian and the Student-Athlete must initial and sign all the necessary sections of this form.

I understand that it is my responsibility to report all injuries and illnesses to my coach or school nurse.

Initial

I have read and understand the concussion Protocol and have taken the online educational course or reviewed the fact sheets.

Initial

A concussion is a brain injury, for which I am responsible to report to my coach or school nurse.

Initial

A concussion can affect my ability to perform everyday activities and affect reaction time balance, sleep, and classroom performance. _____

Initial

You cannot see a concussion, but you can notice some of the symptoms right away.

Initial

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach or school nurse

_____ Initial

I will not return to play in a game or practice if I have received a blow to the head or body which results in concussion-related symptoms. _____

Initial

Following concussion the brain needs time to heal. One is more likely to have a repeat concussion if one returns to play before symptoms resolve. _____

Initial

Print Student Name

Student Signature

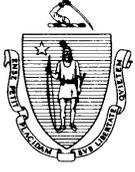
Date

Print Parent Name

Parent Signature

Date

"...to advance the knowledge and well being of our children and our community."



“Strength Through Teamwork”

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

250 Washington Street, Boston, MA 02108-4619

Charlie Baker
GOVERNOR

Karyn Polito
LIEUTENANT GOVERNOR

Marylou Sudders
SECRETARY

Monica Bharel MD, MPH
COMMISSIONER

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

The student’s parent or legal guardian should complete this form. It must submitted to THE Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Form with fields: Student’s Name, Sex, Date of Birth, Grade, School, Sport(s), Home Address, Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Parent/Guardian Name: (Please print) _____

Signature/Date: _____

Student Athlete Signature/Date: _____

Charlton Middle School

Updated Physical Acknowledgement

All interested sports candidates must have an updated physical within 12 months of the tryout date in order to try out for any sports team at CMS.

All physicals are good for 13 months, which includes a one month grace period immediately following the one year expiration date of the physical. An updated physical must be submitted prior to, or within, the grace period in order for the student to remain on the team.

Student Signature:

Nurse Harrington Signature:

Expiration Date: _____