Athletics Fee Schedule and Permission Agreement

Athletics Fee Schedule

- Student athlete fee per sport is $250.00 each
- 2nd athlete in same family, during the same season $150.00
- Additional athletes in family during the same season $100.00 each

I/We the parent(s)/guardian(s) of _____ in grade _____ give permission for my child to participate in the after-school sports program at Annunciation Catholic School (ACS) for the school year 20____ - 20____.

The cost to participate is $250 per sport (see Athletics Fee Schedule for sibling rate in the same season), and should be paid before the first game. This fee helps ACS cover team and uniform costs. This is a non-refundable fee should the student-athlete leave the team for any reason. Each participant is responsible for the care and return of their school-provided athletic uniform. A $150 fee will be charged on unreturned, lost, or damaged uniforms.

See the ACS Athletics Handbook for more information.

____ (initial) I agree to pay the required athletic fees to participate, and uniform fees if unreturned, lost or damaged.

We hereby release and hold harmless Annunciation Catholic School (ACS) and any and all of its employees and volunteers from any and all liability for any harm or injury suffered by my/our child as a result of participating in the ACS after-school sports program.

_____ _____ _____

Parent/Guardian Signature Date Phone Number

_____

Sport

Uniform Sizes: (Circle size for each item)

Top: Youth S Youth M Youth L Youth L Adult S Adult M Adult L Adult XL

Bottom: Youth S Youth M Youth L Youth L Adult S Adult M Adult L Adult XL

Athletics Travel Permission and Emergency Form

I/We the parent(s)/guardian(s) of _____ in grade _____ give permission for my child to participate in the after-school sports program at Annunciation Catholic School (ACS) for the school year 20____ - 20____.

We hereby release and hold harmless Annunciation Catholic School (ACS) and any and all of its employees and volunteers from any and all liability for any harm or injury suffered by my/our child as a result of participating in the ACS after-school sports program.

I/We understand that this will require travel to and from practice and/or games at offsite locations and may require students to travel in volunteer parent-driven vehicles. All volunteer drivers must have completed their safe environment training as required by the Diocese of Phoenix and have completed Driver Information forms on file with the school office. All students are required to have a completed Transportation form on file with the school office.

_____ _____ _____

Parent/Guardian Signature Date Phone Number

Parent Emergency Contact Information

In case of emergency, please contact:

Name _____

Address _____

Phone _____

Emergency Phone_____

Athletics Consent For Emergency Care

Student _____ Grade _____

Be It KNOWN that, I the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS FURTHER understood that my child has the following medical condition and/or takes these prescribed medicines that the school should be aware of in case of an emergency:

_____

_____

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student would pay any expenses incurred. Payment of the expense is not the school responsibility.

DATED the _____ day of _____, 20_____.

Parent/Guardian Signature: _____

Family Physician: _____

Insurance Carrier: _____ (Mandatory)

Policy/Group #: _____

Home Address: _____

Home Phone: _____

Cellular Phone: _____

Work Phone: _____

ACS Athletics Parent/Student Agreement Form

2026-2027

A separate form is required for each student participating during the current academic year.

I/We have read the current Annunciation Catholic School (ACS) Athletics Handbook as available on the ACS website.

I/We agree to abide by these and all policies as a condition of participation in ACS Athletics as an athlete, spectator, or coach.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

Annunciation Catholic School
Sports Pre-Participation Examination

Name: _____ Birthdate: _____/_____/_____

Address: _____ Phone: (_____)_____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.
Physician: Please review with the athlete details of any positive answers.

YES NO Don't Know 1. Has anyone in the athlete's family died suddenly before the age of 50 years?

YES NO Don't Know 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?

YES NO Don't Know 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?

YES NO Don't Know 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?

YES NO Don't Know 5. Does the athlete have a history of a concussion (getting knocked out) or seizures?

YES NO Don't Know 6. Has the athlete ever suffered a heat-related illness (heat stroke)?

YES NO Don't Know 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?

YES NO Don't Know 8. Does the athlete take any prescribed medicine, herbs, or nutritional supplements?

YES NO Don't Know 9. Is the athlete allergic to any medications or bee stings?

YES NO Don't Know 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?

YES NO Don't Know 11. Has the athlete ever had prior limitation from sports participation?

YES NO Don't Know 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?

YES NO Don't Know 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?

YES NO Don't Know 14. Is there a history or young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this term, if appropriate.)

YES NO Don't Know 15. Has the athlete ever been hospitalized overnight or had surgery?

YES NO Don't Know 16. Does the athlete lose weight regularly to meet requirements for your sport?

YES NO Don't Know 17. Does the athlete have anything he or she wants to discuss with the physician?

YES NO Don't Know 18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?

YES NO Don't Know 19. Does the athlete have asthma?

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give my permission for my child to participate in sports / activities. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner. I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment. I hereby authorize release of these examination results to my child's school.

Parent/Guardian Signed: _____ Date: _____

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse

practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Annunciation Catholic School
Sports Pre-Participation Examination

NAME:_____ BIRTHDATE:_____/_____/_____

Height:_____ Weight:_____ % Body Fat(optional): _____ Pulse: _____ BP:____/____ (___/___, ____/____)

Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal_____ Unequal_____ Rhythm: Regular_____ Irregular_____

MEDICAL	NORMAL	ABNORMAL FINDING	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Pericardial activity			
Heart:1st and 2nd heart sounds			
Murmurs			
Pulses			
brachial/femoral Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____

Reason: _____

Recommendations: _____

_____

_____

Name of Physician (print/type): _____ Date: _____/_____/_____

Address: _____ Phone: (____) _____

Signature of Physician: _____

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

CONCUSSION IN YOUTH SPORTS

Information for Parents

CDC HEADS UP

SAFE BRAIN. STRONGER FUTURE.

SIGNS & SYMPTOMS

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:

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- 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 THE ATHLETE

- Headache or "pressure" in the 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"

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

January 2021

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAD 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. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

For immediate attention, CALL 911

For more information, visit **www.cdc.gov/HEADSUP**

A Fact Sheet for **ATHLETES**

CONCUSSION FACTS

A concussion is a brain injury that affects how your brain works.

- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.
- **GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- **TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

HOW CAN I HELP 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.

April 2013

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

For more information, visit **www.cdc.gov/Concussion.**