

June 2019

To: Candidates for all sports, their parents/guardians

From: Michael Chaffee, Jr./Sr. High School Principal  
Anthony Forfia, Jr./Sr. High School Assistant Principal/Athletic Director

Regarding: Pre-Season Parent Meetings

The purpose of the pre-season meeting is to introduce students and their parents/guardians to the seasonal sport coaches and to provide them with information, talk about expectations and answer any questions regarding the upcoming sports season.

Attendance at this meeting is mandatory for parents/guardians and students who plan to participate in junior high or high school sports. Attendance is mandatory one time each sports year. Coaches and athletic department staff will be available to answer questions and present a brief PowerPoint Presentation.

Again, attendance at a pre-season meeting once a sports year is a required condition in order for your student athlete to be eligible to participate for Newbury Jr./Sr. High School Sports. Individual meetings should be scheduled with the head coach if attendance at the group meeting is not possible.

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I have read the above information and understand that I must attend the pre-season athletic meeting before my student athlete can participate in any sport or activity at Newbury Jr./Sr. High School.

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Parent/Guardian

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Presenter/Coach

**Please return these signed packets, as well as the OHSAA Physical Form, the Concussion Form, and the Lindsay's Law Form to the Head Coach as soon as possible!**

**NEWBURY LOCAL SCHOOLS**  
Athletic Participation Fee Information

**Newbury Local Schools charges an individual participation fee of \$125 for the entire school/sports year.**

**High School**

Baseball  
Basketball  
Cheerleading (per season)  
Cross Country  
Football  
Soccer  
Softball  
Track  
Volleyball  
Wrestling

**Jr. High School**

Basketball  
Cross Country  
Football (based on participation numbers)  
Track  
Volleyball  
Wrestling (based on participation numbers)

The fee requirement helps to defray the costs associated with operating the athletic program. Each student participant must pay the fee for the year. There is no family maximum cap. The sports participation fee **MUST BE PAID BEFORE** any athlete or student participates in practices or athletic contests. The fee is non-refundable. One-half of the participation fee will be refunded if the student-athlete suffers a, physician certified, season ending injury during the first half of the season.

**Payment of the participation fee:**

- Does not guarantee playing time in contests or games
- Does not allow control over any conditions of the team or activity
- Is nonrefundable except for the situation indicated above
- Does not alter policies of Newbury Jr./Sr. High School, Newbury Local Board of Education, or the Ohio High School Athletic Association
- Does not alter or affect the district's code of conduct or the individual team/squad's rules as enforced by the coach/advisor

No student will be denied the opportunity to participate because of financial hardship. In these cases, parents should see contact the building administrator.

**Student Participation Fee Acknowledgement Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

I have received the Athletic Participation Fee Information and understand that the fee I am paying does not guarantee playing time, control over any conditions of the team/squad, and is non-refundable except as indicated. I also understand that the participation fee does not alter Board Policies.

Student Signature: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

\$ \_\_\_\_\_  
Amount Paid      Check #      Received by      Date

**Please No Cash Payments. Please make checks payable to Newbury Local Schools.**  
**We can also accept credit card payments!!**

\*Return to Coach

### Coaches' Supervision Guidelines and Expectations Before and After Practices and Contest

The statement below is an excerpt from the Athletic Handbook that addresses the time coaches are expected to be available for supervision of their athletes before and after contests and announced practice times. Parents/guardians are expected to drop off and pick up their student athletes within this timeframe.

Students must not be in the athletic area, locker room, or gymnasium unless under the supervision of a coach. The coach should be the first one into and the last person to exit the locker room. Teams should enter and leave locker rooms together under the supervision of a coach. Student athletes will not be allowed to wander away from the team at practices or contests.

Students are to be instructed to not remain in the building after school or enter the building until the arrival time designated by the coach before practice and to leave the building and school grounds immediately after practice. Coaches should notify parents of approximate bus arrival times after away contest so that athletes may be picked up in a reasonable time. Coaches must remain on site to provide supervision after away contests until all students have been picked up by parents or have left school grounds. The Athletic Department will prepare a notice to parents with information about athlete supervision both before and after practices and contests. This notice will state that supervision at home events will start no sooner than 10 minutes before required arrival times and 15 minutes after stated ending times. Student athletes will not be able to practice or compete until this signed notice has been submitted to the coach.

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

Athlete \_\_\_\_\_

Date: \_\_\_\_\_

\*Return to the Coach

NEWBURY LOCAL SCHOOL DISTRICT  
ATHLETIC PARTICIPATION WAIVER

I/We recognize the possibility of physical injury associated with school athletics/cheerleading. By accepting my child for any programs and activities, for school athletic teams or cheerleading squads sponsored by the Newbury Board of Education, I/we hereby release, discharge, and/or otherwise indemnify Newbury Local Schools and the Newbury Board of Education, its affiliated organizations and sponsors, their employees, and associated personnel against any claim by or, on behalf of my child as a result of my child's participation in school athletics/cheerleading. This release also applies to any claim resulting from my child's use of any property or facilities provided and/or owned by the Newbury Local Schools and the Newbury Board of Education.

Signed:

1. \_\_\_\_\_  
Parent and/or Custodial Parent or Guardian

\_\_\_\_\_  
Date

2. \_\_\_\_\_  
Parent and/or Custodial Parent or Guardian

\_\_\_\_\_  
Date

\*Return to coach

Newbury Local School District

Insurance Responsibility Waiver

Each student participating in an athletic activity should have adequate insurance coverage. The school makes available the standard insurance for all students that participate. However, if the family has another insurance that provides the coverage, the school insurance may be waived. If you decide not to take the school insurance, please sign the form below.

I hereby request that \_\_\_\_\_ (Student's Name) be permitted to play/participate in \_\_\_\_\_ (Athletic Activity) for the Newbury Local School District and that he/she not be required to participate in the school insurance program. We have coverage with:

\_\_\_\_\_  
Name of Insurance Company

We will assume all financial responsibility in case of an accident and/or injury

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

### Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

### Resources

ODH Violence and Injury Prevention Program  
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

*Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).*

*Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).*

*Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).*

*Step 4: Full contact in controlled practice or scrimmage.*

*Step 5: Full contact in game play.*

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

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Athlete

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Date

---

Athlete *Please Print Name*

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Parent/Guardian

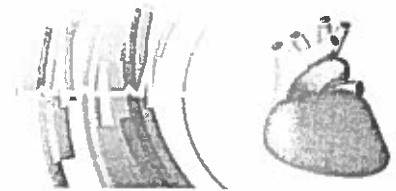
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Date





# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

-----  
Parent/Guardian Signature

-----  
Student Signature

-----  
Parent/Guardian Name (Print)

-----  
Student Name (Print)

-----  
Date

-----  
Date

EMERGENCY MEDICAL AUTHORIZATION

*Purpose:* To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Student resides with (circle all that apply) Mother Father Stepparent Guardian Other: \_\_\_\_\_

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

\_\_\_ Mother \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Other# \_\_\_\_\_

\_\_\_ Father \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Other# \_\_\_\_\_

\_\_\_ Step-Parent \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Other# \_\_\_\_\_

\_\_\_ Guardian \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Other# \_\_\_\_\_

\_\_\_ Relative/Alternate (i.e child care provider) Relationship to Child: \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Work/Other# \_\_\_\_\_

COMPLETE ONLY ONE OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent

**I. CONSENT FOR TREATMENT:**

I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Physician: \_\_\_\_\_

Office #: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

Office #: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_

Office #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

ER #: \_\_\_\_\_

**II. REFUSAL TO CONSENT:**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

MEDICAL HISTORY: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_