



PLAYER RECORD PACKET

March 2016

Office Sports Administration



PLAYER RECORD PACKET

INTRODUCTION

Before eligibility is established and before participation in any practice or contest, each student interested in participating in interscholastic athletics at Chicago Public Schools shall submit a completed Player Record Packet. The coach is responsible for securing the packet from the participant and insuring that it has been totally executed. The Athletic Director is responsible for recording the information in the sports module in IMPACT and filing paper records, making them available to the Department of Sports Administration as needed for auditing purposes.

A completed packet includes:

- Proof of Birth (exp. Copy of a Birth Certificate)
- Completed Player's Record Packet including:
 - General Information Form Page 2
 - Consent Page 3
 - Medical Documentation Page 3
 - Equipment Agreement..... Page 4
 - By-Laws Acknowledgment Page 4
 - Transportation Acknowledgment..... Page 4
 - Athletic Eligibility Statement Page 5
- IHSA Pre-participation Examination (within last 395 days)
- IHSA Sports Medicine Acknowledgement & Consent Form

GENERAL INFORMATION

Name: _____ Student ID: _____

Date of Birth: _____ Current Age: _____ Gender: Male Female

Proof Submitted and placed on file: Birth Baptism Elem. School Record

Address: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Number(s): _____

Sport: Check all of the sports of your intended participation this school year

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Competitive Cheer/Dance | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball/16in | <input type="checkbox"/> Swimming/Diving | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Other: _____ |

School Record

School: _____ Date of Enrollment this Semester: _____

Date of Initial Enrollment in High School: _____

Number of Semesters in Attendance in High Schools, Including Present Semester: _____

Athletic Participation History

<u>School:</u> <small>If other than current school</small>	<u>Yr.</u>	<u>Sports Participated:</u>	<u>Injuries & Treatment:</u> <small>ie: Concussions, surgeries, etc.</small>	<u>AAU/Club:</u> <small>Sport/Team Affiliation</small>	<u>Additional Comments</u>
	FR.				
	So.				
	Jr.				
	Sr.				

CONSENT

Parental Consent to Play

I give permission for my child to participate in high school athletics. I understand that there is potential for injury inherent in all athletic activity. I acknowledge that even with the best coaching, appropriate use of equipment and strict observance of rules, injuries are still possible. I understand that, although rare, these injuries can be so severe as to result in severe injury, total disability or death. I give permission to my child to participate in spite of these risks.

Parent/Guardian's Signature: _____ Date: _____

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

MEDICAL DOCUMENTATION

Students are not permitted to participate in athletic activities at Chicago Public Schools until they receive medical clearance from a physician and acknowledge that they are aware of the medical risks associated with athletic activities. Accordingly, parents/guardians must read, complete, and return to the coach the following forms fully executed before students are permitted to participate in athletic activity with Chicago Public Schools:

- IHSA Pre-participation Examination IHSA Sports Medicine (within last 395 days)
- Acknowledgement & Consent Form (within last 395 days)

Students must have their physician complete the IHSA "Pre-participation Examination" and return to their Athletic Director before the start of the season. Parents/Guardians and students also must read and complete the IHSA "Sports Medicine Acknowledgement & Consent Form" and return it to the school Athletic Director before the start of the season.

Insurance Information

Student's Name: _____

Policy Holder's Name: _____ Relationship to Student: _____

Insurance Company: _____

Policy Number: _____

Group: _____

Physician's Name: _____ Physician Contact Number: _____

EQUIPMENT AGREEMENT

I agree to assume full-responsibility for all athletic equipment issued to me and agree to return all of it according to regulations. I agree to use every care to keep the equipment in my possession in the best condition possible and to confine the use of my equipment to the regularly scheduled school practices, games or meets. I understand that as a member of, or a candidate for, any athletic team I am officially representing my school and its standards and ideals. I understand that I am fully financially responsible for damage to or loss of equipment in my possession.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

BY-LAWS ACKNOWLEDGEMENT

I am in receipt of the Constitution and Bylaws of the Chicago Public High Schools Athletic Association and agree that my son/ daughter will abide by all of the Chicago Public League rules.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

TRANSPORTATION ACKNOWLEDGEMENT

The use of the private vehicles of coaches/school representatives for the purpose of transporting students to athletic events is strongly discouraged. However, when the use of a private vehicle of a coach/school representative is the only feasible method of travel, such vehicles can be allowed if the requirements set by the CPS Student Travel Policy are met.

<http://policy.cps.edu/download.aspx?ID=211>

****Optional****

I grant permission for school personnel to use private vehicles to transport my child to athletic events in accordance with the approval and permission of the school Principal based on the conditions and requirements of the CPS Student Travel Policy being met by the agent of transport.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

ATHLETIC ELIGIBILITY

Exclusivity in Participation

During the season of a specific sport, students are only permitted to participate in athletic activity at their school of attendance. Additionally, students are not permitted to participate in a competitive athletic activity with any outside organizations for a sport while participating in that same sport at a Chicago Public School. This prohibition includes, but is not limited to participation in professional, private and public sports teams and organizations.

I understand the statements above and agree to only allow my student to play for his/her school of attendance during the sports season.

Parent/Guardian's Signature: _____ **Date:** _____

I understand the statements above and agree only to play for my school of attendance during the sports season.

Student's Signature: _____ **Date:** _____

Scholastic Eligibility

In order to participate in athletic activities at Chicago Public Schools, including practice and competitions, students must maintain scholastic eligibility. Please carefully review the requirements for scholastic eligibility below.

Past Semester Standing

For contests occurring during the first semester of the school year, student athletes must receive passing grades in 25 credit hours (5 half credits or their equivalent) for the previous semester. Additionally, a student with a grade point average below 2.0 must have an Individual Study Plan ("ISP") in place to address academic weaknesses. The ISP must be approved by the Principal and on file with the Sports Administration Office. If the student fails to satisfy the requirements of their ISP, the student's eligibility to participate will be withdrawn.

Credits earned in summer school may be applied to previous semester requirements. Likewise, credits earned during credit recovery programs may only be applied to the previous semester. If a student is rendered ineligible for the next semester's season due to failed courses, the student may attend summer school to make up the failed courses and re-gain eligibility for the next semester's sport season. If he/she obtains passing grades which fulfill the eligibility requirements, he/she will be eligible for participation in August.

A beginning freshman who has never attended any other secondary school will be eligible at once if enrolling at the opening of the semester. This entry must be prior to the 11th day of school.

A student shall not, after enrolling in the ninth grade, be eligible for more than eight semesters. If the student shall have been in membership ten days or more during any semester, the student shall be counted as having been in attendance during said semester.

If the student has been out of school for a semester or more, the previous semester shall be understood to mean the last semester during which the student was a member of a high school for at least ten days.

Students with special needs who wish to compete for their high schools will be accepted upon meeting the participation requirements established for all students. A waiver or modification of these requirements due to special needs considerations is subject to approval by the Office of Sports Administration. Each case will be reviewed on an individual basis.

Present Semester Record

The student shall be enrolled in at least 25 credit hours (5 half credits or their equivalent) each semester.

A student-athlete who is failing one or more courses at the end of a week during the season shall be ineligible for the next week of competition. For purposes of scholastic eligibility, "passing" shall be determined by a student athlete's grades, school attendance and attendance in class and conduct during the school day. A student-athlete who accumulates two (2) or more unexcused absences from class or school in a school week during the season shall be ineligible for the next week of competition. A student-athlete who is suspended from school for misconduct or subjected to the loss of extracurricular activity privileges shall be ineligible for competition or practice during the term of the suspension or loss. Eligibility shall be determined every week as approved by the high school principal. The week shall be defined as Monday through Sunday for eligibility purposes.

If at any point a student is determined to be academically ineligible then they will not be permitted to participate in athletic activities at Chicago Public Schools including competition and practice.

I understand that in order to participate in athletic activities at Chicago Public Schools, including practice and competitions, I must maintain scholastic eligibility.

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
 Last First Middle

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSAA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

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Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.