MINERAL POINT HIGH SCHOOL ATHLETIC PERMISSION FORM

Student Name:_____ Grade:_____

Permission to Participate

As the parent/guardian of this athlete, I hereby give permission for the above named student to practice, compete and represent the school in WIAA regulated interscholastic athletics except any restrictions as noted on the current physical examination as completed by a licensed Physician, Physician's Assistant (PA) or Advanced Practice Nurse Prescriber (APNP).

Responsibility to Return All School/Issued Uniforms/Equipment

I agree to be financially responsible for the return of all athletic uniforms/equipment issued to me. I further agree to confine the use of that equipment to practice, games or meets. I understand that my child is responsible for any uniform/equipment that is issued to them, and agree to reimburse the school the actual replacement value of the uniform/equipment in the event they are lost or stolen. I understand that failure to reimburse the school in a timely fashion could affect my child's athletic eligibility.

Informed Consent and Permission for Emergency Medical Care/Transport

I grant permission for my child, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the Athletic Trainer, Team Physician and/or any other Physician present. I also grant permission for my child to be transported to an emergency medical facility if needed. I understand that all medical costs that could occur of such transport and treatment are the sole responsibility of the parents/guardians. I also understand the Mineral Point School District will assume no liability for the cost of the transport and/or treatment.

Insurance Waiver

The Mineral Point School District no longer offers athletic insurance coverage. I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

Athlete Concussion Acknowledgement/Agreement and Statement of Student/Athlete Responsibility

I have ***READ*** and ***UNDERSTAND*** the Student/Athlete Concussion and Head Injury Information. I understand what a concussion is and how it may be caused. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) website. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play. I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

Athlete Sudden Cardiac Arrest Acknowledgement/Agreement and Statement of Student/Athlete Responsibility

I have ***READ*** and ***UNDERSTAND*** the Student/Athlete Sudden Cardiac Arrest Information. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

Parent/Guardian Concussion Acknowledgement/Agreement

I have ***READ*** and ***UNDERSTAND*** the DPI's Parent Concussion and Head Injury Information. I understand what a concussion is and how it is caused. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) website. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and/or athletic director. I understand the possible consequences of my child returning to practice/play to soon. I understand concussions can have a serious effect on a young, developing brain and needs to be addressed correctly.

Parent Sudden Cardiac Arrest Acknowledgement/Agreement

I have ***READ*** and ***UNDERSTAND*** the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended that if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19 2022-2023

I have ***READ*** and ***UNDERSTAND*** the Assumption of Risk and Waiver of Liability Relating to Coronavirus/Covid-19.

WIAA Parent/Athlete Rules of Eligibility and MPHS Athletic/Activity Handbook Sign-Off 2022-2023

I have read, understand, and agree to abide by the rules/regulations and information contained in the 2022-2023 Mineral Point High School Athletic/Activity Handbook and by the coaches. I further certify that if I have not understood any information contained in the handbook, I have sought and received an explanation from either the athletic director or principal of the information prior to signing this form.

_____ _____

Parent/Guardian Signature Date Student/Athlete Signature Date

Concussion and Head Injury Information

Wis. Stat. § 118.293 Concussion and Head Injury

What Is a Concussion? A concussion is a type of head (brain) injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

What are the signs and symptoms of a concussion? You cannot see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just "don't feel right." Most concussions occur without loss of consciousness.

If the child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- Irritable, sad, or feeling more emotional than usual
- Sleeps *more* or *less* than usual

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the Centers for Disease Control and Prevention's (CDC) Heads Up Safe Brain. Stronger Future.

For more information view the CDC's Heads Up to Youth Sports webpages for athletes, parents, and coaches.

Sudden Cardiac Arrest Information

Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family's heart history.**

What is Sudden Cardiac Arrest? Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

Speak up and tell a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

What are ways to screen for Sudden Cardiac Arrest (SCA)?
WIAA Pre-Participation Physical Evaluation – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

What is an electrocardiogram, its risks, and benefits? An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it

is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, view the Johns Hopkins Medicine - Electrocardiogram website.

How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.

MINERAL POINT
UNIFIED SCHOOL DISTRICT

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Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments have, in many locations, prohibited the congregation of groups of people.

Mineral Point School District has put in place preventative measures to reduce the spread of COVID-19; however, the Mineral Point School District cannot guarantee your child will not become infected with COVID-19. Further, attending Mineral Point School District athletics/activities workouts or practices could increase your child's risk of contracting COVID-19.

I affirm that my child has not been diagnosed with, demonstrated any symptoms of or has in any way been exposed to any communicable diseases (including but not limited to the virus COVID-19) within the past thirty (30) days.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by attending Mineral Point School District athletic/activities workouts or practices and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of my child becoming exposed to or infected by COVID-19 at any Mineral Point School District athletic/activity workout or practice may result from the actions, omissions, or negligence of myself, my child, and others, including, but not limited to, Mineral Point School District employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that my child may experience or incur in connection with my child's attendance in any Mineral Point School District athletic/activities workout or practice. On my behalf, and on the behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless the Mineral Point School District, its employees, agents, and representatives, of and from the Claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Mineral Point School District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Mineral Point School District athletic/activity workout or practice.

Please note that Mineral Point School District summer workouts and/or practices are strictly voluntary. Your child is in no way required to attend and will not face any consequences or repercussions of any kind if you choose not to allow them to attend.