

Diocese of Columbus
DIOCESAN RECREATION ASSOCIATION
 197 East Gay Street
 Columbus, Ohio 43215
PARENT CONSENT FORM DRA Use Only

PARISH: _____

CHECK ONE:

- Boy's Soccer
- Girl's Soccer
- Boy's Football

- Boy's Cross Country
- Boy's Volleyball
- Girl's Volleyball

- Girl's Cross Country
- Boy's Basketball
- Girl's Basketball
- Boy's Baseball

- Boy's Track
- Girl's Softball
- Girl's Track

LAST NAME: _____ FIRSTNAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ ZIP CODE: _____ TELEPHONE: _____

SCHOOL: _____ GRADE: _____ AGE: _____

DATE OF BIRTH: _____ MONTH _____ DAY _____ YEAR - PLACE OF BIRTH: _____ (CITY) _____ (STATE)

PARENT'S EMAIL ADDRESS: _____

PLEASE CHECK ONE: NO RESTRICTIONS RESTRICTIONS

List on any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

RELEASE
(PLEASE READ CAREFULLY)

I/We the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove names. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuing season. I/we further certify that all information contained in this form is correct.

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

By signing below, my son/daughter has my approval to participate in the athletic activity checked above.
 I have also received and read the concussion information sheet and agree to the above release

(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))

PARENT or GUARDIAN SIGNATURE: _____ DATE _____

PASTOR'S SIGNATURE: _____

Revised 6-2017

Uniform Sizes:

Tee Shirt _____

Jersey _____

Shorts _____

Emergency Medical Authorization

Grade _____ Player Name _____
Parish _____ Address _____ City _____ Zip _____
Date of Birth _____ Home Telephone _____ Cell Phone _____

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

Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell _____
Father's Name _____ Daytime Phone _____ Cell _____
Other's Name _____ Daytime Phone _____ Cell _____

Emergency Contact (other than parent)

Name _____ Relationship _____
Address _____ Telephone _____ Cell _____

PART I OR II MUST BE COMPLETED

PART I- 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 coaching authorities to take the following action: _____

Signature of Custodial Parent _____ Address of Custodial Parent _____ Date _____

PART II- TO GRANT CONSENT

(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

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

Doctor _____ Telephone _____
Dentist _____ Telephone _____
Medical Specialist _____ Telephone _____
Local Hospital _____ Emergency Room Phone _____

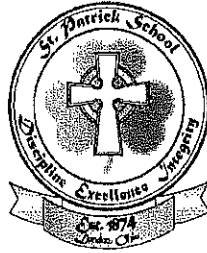
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and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

Circle if your child has: Heart Disease Tuberculosis Epilepsy Asthma Diabetes
Explain any allergy or disease causing difficulty:

Medications taken regularly: _____

Signature of Custodial Parent _____ Address of Custodial Parent _____ Date _____



226 Elm Street London, Ohio 43140
Phone (740) 852-0161 Fax (740) 852-0602
www.stpatricklondon.org

ATHLETIC PARTICIPATION ELIGIBILITY GUIDELINES

All students in grades 4-8 are encouraged to participate in the parish sports program. However, certain minimum expectations are required including but not limited to:

1. All Catholic participants must attend Mass on the weekends and holy days to be eligible to participate in sports.
Non-Catholic participants must attend their church of choice on weekends to be eligible to participate in sports.
2. Participants must maintain appropriate grades to remain eligible to participate in sports.
3. Participants must be in attendance at school a minimum of one-half day the day of a game or ½ day on Friday before a weekend game(s).
4. If a participant is absent from school, he/she is not to practice.
5. Participants must demonstrate good sportsmanship at all games.
6. Catholic students who do not attend St. Patrick School must attend Parish School of Religion (PSR) classes.

Student Athlete Signature: _____ Date: _____

Parent of Guardian Signature: _____

Sportsmanship Code For Players

*This code is to be considered supplemental to each school's expectation for conduct of its students.

- Remember to do all for the glory of God.
- Interscholastic competition exists for students to foster sportsmanship, leadership and teamwork; students should set the example of good sportsmanship as set forth by their parents, guardians, and coaches.
- Students should stay physically fit so as to do be able to do their best in all situations.
- Student should make every effort to attend all practices and give 100%.
- Students should maintain their eligibility by successfully completing all of their required coursework. Students must remember their priorities: (1) God, (2) family, (3) academics and (4) extra-curricular activities.
- Students are to comply with all school and league rules and directives as given by their coaches and teachers.
- Every player is equally important to a team. Players should positively encourage all teammates to do their best.
- Players should always conduct themselves as an example of Christian behavior, both at the field/court and away from it.
- Players should address concerns to their coaches in a calm manner during games.
- Players should respect officials and opponents at all times, for without them, there would be no game.
- Remember to do all for the glory of God.
- Conduct which falls outside that listed at practice is subject to disciplinary measures from the school.
- Conduct which falls outside that listed at a game is subject to disciplinary measures from the DRA.

Athlete's Signature _____ Date _____

SPORT PARENT CODE OF CONDUCT

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- o Verbal warning by official, head coach, and/or head of league organization
- o Written warning
- o Parental game suspension with written documentation of incident kept on file by organizations involved
- o Game forfeit through the official or coach
- o Parental season suspension

Parent/Guardian Signature _____ Date _____

5

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Athlete

Date

Parent/Guardian

Date



Rev. 02.15

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 health care 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.



www.healthyohiprogram.org/concussion

7
Rev. 02.15

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 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.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.blausa.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. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. 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.



Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohioprogram.org/concussion