



206 Jackson Street Lowell, MA 01852

Phone (978) 323-0800

Fax (978) 323-4600

www.lccps.org

Dear LCCPS Parents & Families,

This packet of information will hopefully make registering for the Fall Athletics program much easier. The EAA has five required uploads (Medical Treatment & Liability Release Form, Parent/Athlete Concussion Information Sheet, Pre-Participation Head Injury Concussion Reporting Form, a Parent Concussion Training Certificate and a Student Concussion Training Certificate). The required forms are included in the packet.

In an attempt to cut down on some of the common mistakes made when completing these forms, I have highlighted the areas where mistakes have been made in the past. Please, make sure that each of these forms are signed and dated by both the student and parent where required.

Completing the Required Concussion Certificate for Parents AND students

Both a parent and student are required to complete the concussion training after August 1st and submit a certificate in THEIR name.

Go to: www.nfhs.org

At the top of the page is a gray toolbar, click on "nfhslearn.org" – another screen will come up. Click on the picture of the brain.

You will see that there are two courses, one for students and the other is for parents, coaches, and administrators. Both the parent and student must complete their own course, print out the document and include them with the rest of the paperwork. **You must use a separate email account for your child, or the parent name will come out on the student certificate. The EAA will not accept a certificate unless it has the students name on it.**

Also, please make sure that the concussion certificate is dated after August 1st, 2018.

If you have any questions feel free to contact me and I will do my best to help.

Sincerely,

Steve Mone

Athletic Director

smone@lccps.org

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Athletics Physical Exam/Concussion Training Requirements

Physical Exam Requirements

If your child intends to try out and compete for an interscholastic sport at any grade level he/she must have a current physical exam. A completed copy of an approved health form must be completed by a certified physician and returned to the athletic director no later than **August 30, 2018**.

According to Massachusetts Interscholastic Athletic Association rules, in order for your child to try out for and compete in a fall interscholastic sport, he/she must have on file with the school nurse:

A current physical exam dated *after September 30, 2017*.

A physical exam is valid for 13 months. If the exam was done *before September 30, 2017*, your child will no longer be eligible to compete when it expires.

If you believe the school nurse already has an up-to-date copy of your child's physical, please contact the school nurse at (978) 323-0800 x7132 to confirm.

Online Concussion Training

As mentioned please go to the link below and complete the online training. Once complete, submit the certificate of completion with the rest of your paperwork.

<https://www.nfhs.org>

Students will not be able to participate in any sports until both athlete and parent complete the training and submit a copy of the certificate.



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Parental Permission Slip

Student-Athlete's Name (please print) _____

Grade: _____ Date of Birth: _____ Date of Last Physical Exam: _____

I request that my child, _____, be allowed to try out for and if accepted, compete in the following sport _____.

I agree not to hold Lowell Community Charter Public School, its staff, or its coaches liable for injuries to my child or property lost or stolen from my child while taking part in this sport. I further agree, in the event of an accident, if the athletic staff is unable to reach me that they may authorize reasonable emergency medical care.

Signature of Parent or Guardian

Print Parent/ Guardian Name

Please list telephone numbers to be used in case of an emergency:

Home: _____

Mother/Guardian Cell: _____

Father/Guardian Cell: _____

Health Insurance Company _____

Policy # _____

Does your child have a medical conditions or issues, including allergies that our coaches should be made aware of? If yes, please describe below. If no, please write that below.



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Lowell Community Charter Public School

Athletic Department

Liability Release Regarding Sport Involvement

Please Print

Student Name: _____ Grade: _____ Telephone: _____

Address: _____

Parent Guardian Name: _____

I hereby consent to my child's participation in the Lowell Community Charter School athletic program. I am aware playing or practicing in any sport can be a dangerous activity involving **THE RISK OF ANY TYPE OF INJURY**. I understand that the dangers and risk of participating in Athletics include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my child's body, general health and well-being.

I understand that the dangers and risk of playing or participating in the above sport may result in not only serious injury, but serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoying life.

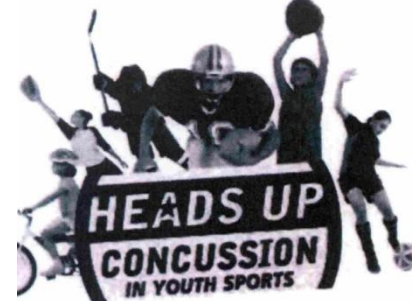
I understand that Lowell Community Charter Public School shall assume no responsibility or liability for accident or illness. I acknowledge and do hereby assume all risks inherent in my child's participation of **LCCPS Athletics**. I hereby do forever RELEASE, acquit, discharge and covenant to hold harmless the Lowell Community Charter Public School and their respective officers, employees, agents, representatives and assigns from any and all actions causes of action, and claims that may arise on the account of, or in any way growing out of, indirectly, all known and unknown personal injuries or property damage which I as the parent/guardian or my child may now have or hereafter acquire as a result of my child's participation in the LCCPS Athletic program.

My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors and assigns. By signing this form, I acknowledge that I have read and understand the above information.

Date

Signature of Parent/Guardian

Parent/Athlete Concussion Information Sheet



A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding, getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is concussion listed below to symptom-free and it's OK to return to play.

Signs Observed	Symptoms reported by athletes
Appears dazed or stunned Is confused about assignment or position Forgets an instruction Is unsure of game, score, or opponent Moves clumsily Answers questions slowly Loses consciousness (even briefly) Shows mood, behavior, or personality changes Can't recall events after hit or fall	Headache or "pressure in 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 Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body he/she exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. 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. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student Name (Print)

Student Signature

Date

Parent Name (Print)

Parent Signature

Date



Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street
 Boston, MA 02108-4619

The Commonwealth of Massachusetts

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

CHARLES D. BAKER
 Governor

KARYN E. POI-ITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex	Date of Birth	Grade
School	Sport(s) All Sports		
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name (Please print): _____

Signature: _____ Date: _____

Student Athlete (Please print): _____

Signature: _____ Date: _____



Medical Treatment and Liability Release Form

We, the undersigned parents, request that our	daughter	son,	participate in the sport programs for
the	School as a member of the Ecumenical Athletic Association.		

We do not hold any coach, League Directors or Board Members, or anyone connected with the facilities used by the Ecumenical Athletic Association responsible for any injury or illness incurred by our child during the course of any scheduled practice, game or competition.

We further acknowledge, understand, and agree that by our child taking part in any sport, there is a possibility of physical illness or serious injury, including but not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs and serious injury to bones, ligaments, joints, and tendons, and that the participant is assuming the risk of such illness or injury by participating in any sport sponsored by the League.

INSURANCE COMPANY INFORMATION

Insurance Company Name							
Insurance Company Address							
Insurance Policy Number							
Subscriber's Name							
Student-Athlete's Name				Date of Birth			
Address	City			State	ZC		
Parent/Guardian's Name	Home Phone			Cell #			
Emergency Contact	Relationship to Athlete						
Emergency Contact Telephone Number							

Please list any medications prescribed for the student-athlete:

Please list any known allergies for the student-athlete:

Please list any medical conditions of the student-athlete that we should be aware of:

In the event of an emergency and we cannot be reached, we give permission for medical treatment for our child. In case of serious injury, the child will be transported to the hospital by ambulance.

Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	
Parent e-mail Address			

The EAA photographs league events/athletic contests throughout the year. These photos may be used to promote the league and the success of the student-athletes through various media outlets; such as; but not limited to, local newspaper, league website and Facebook. Team and group photos are exempt.

I do		do not		allow my child's photo to be used for league purposes. Parent's initials:	
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□ □ ONCE FORM IS COMPLETED □ □

Please complete all sections and upload completed form to your child's registration account.