

# Bosco System Catholic Schools

St. Joseph Attendance Center  
PO Box 158  
Raymond, Iowa 50667  
319-233-5980

Immaculate Conception Center  
PO Box 256  
Gilbertville, Iowa 50634  
319-296-1089

Don Bosco High School  
PO Box 106  
Gilbertville, Iowa 50634  
319-296-1692

## **Athletic Covenant**

Activities like sports are an opportunity and a privilege offered to our students. Effective in 2011-2012, our students will join the Athletic Associations for sports. Therefore, those students in 7<sup>th</sup> and 8<sup>th</sup> grade will be eligible for participation. We encourage participation in some kind of extracurricular activity for each student as another aspect of education that can help students learn valuable lessons about teamwork, effort, development of skills, work ethic, character, and social skills necessary for dealing with people in today's world.

We also encourage our students to keep the academic area as a priority while they explore their interest in other activities. For that reason, teachers evaluate each student-athlete weekly in the following areas:

1. Positive behavior/participation in class and class activities is expected. This includes those classes such as art, music, and physical education where class time is so important because they meet less often and are apt to involve a good deal of student participation.
2. All assignments (not just written work) should be completed on time. The student needs to follow directions and turn in quality work. The student athlete should have no more than one late assignment per subject per week.
3. Quizzes and tests should be passed satisfactorily.

The Activities Director (AD) posts the list of middle school student-athletes on Mondays. Each teacher reviews students' previous week's work, and give's a "√" to any student who is unsatisfactory by virtue of not meeting one of the expectations noted above. The teacher also sends an "Athletic Eligibility Parent Note" home with the student. On Tuesday, the AD will notify coaches of any students who are ineligible. If a student receives a check in two or more subject areas, s/he will be ineligible for the next game/match at each level of competition in the next week (Wednesday through Tuesday).

If there is any breakdown in this process of communication, please discuss it with the student, teacher, or coach first, then the AD if necessary. Consult the principal if the situation is not resolved.

Revised 6/2011

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## PLEASE SIGN AND RETURN

### Parental Insurance Waiver

The Bosco System does not purchase accident insurance to cover injuries incurred by your child at school. We encourage all families to have accident coverage on their children prior to participation in any sports. The following parental insurance waiver must be completed and returned to school before your child may participate in any sports.

I (We) understand that accidents may occur in athletics even though normal safety precautions have been taken. I (We), the undersigned, feel I (we) have adequate insurance protection for our son/daughter, \_\_\_\_\_ while practicing or participating in interscholastic sports during the \_\_\_\_ - \_\_\_\_\_ school year, and I (we) give permission for our child to practice and compete in the interscholastic program.

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

\_\_\_\_\_  
Date

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### Athletic Covenant

Please sign and return this form. Keep the Athletic Covenant for your information and reference. Thank you for your concern and cooperation.

We have discussed and understand the information contained in the Athletic Covenant.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

**ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.** Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

*This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.*

## QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH HISTORY** (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. *A parent or guardian is required to sign on the back of this form after the physical examination is completed.*)

- | Yes       | No    | Has this student had any?                                     | Yes       | No    | Has this student had any?       |
|-----------|-------|---|-----------|-------|---------------------------------|
| 1. _____  | _____ | Chronic or recurrent illness or injury?                       | 15. _____ | _____ | Asthma?                         |
| 2. _____  | _____ | Any illness lasting more than one (1) week?                   | 16. _____ | _____ | Epilepsy or other seizures?     |
| 3. _____  | _____ | Rheumatic fever, mononucleosis?                               | 17. _____ | _____ | Diabetes?                       |
| 4. _____  | _____ | Hospitalizations (Overnight or longer)?                       | 18. _____ | _____ | Eyeglasses or contact lenses?   |
| 5. _____  | _____ | Surgery, other than tonsillectomy?                            | 19. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____  | _____ | Missing organs (eye, kidney, testicle)?                       |           |       |                                 |
| 7. _____  | _____ | Allergy to medications, insects, food?                        |           |       |                                 |
| 8. _____  | _____ | Seasonal allergies (hay fever)?                               |           |       |                                 |
| 9. _____  | _____ | Problems with heart, blood pressure, cholesterol?             |           |       |                                 |
| 10. _____ | _____ | Racing of your heart or skipped heart beats?                  |           |       |                                 |
| 11. _____ | _____ | Chest pain with exercise?                                     |           |       |                                 |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting?         |           |       |                                 |
| 13. _____ | _____ | Dizziness or fainting with exercise?                          |           |       |                                 |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness?              |           |       |                                 |
| 15. _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? |           |       |                                 |

- | Yes       | No    | Is there a history of?                 |
|-----------|-------|--|
| 20. _____ | _____ | Injuries requiring medical treatment?  |
| 21. _____ | _____ | Neck injury?                           |
| 22. _____ | _____ | Knee injury?                           |
| 23. _____ | _____ | Knee surgery?                          |
| 24. _____ | _____ | Ankle injury?                          |
| 25. _____ | _____ | Broken bones (fractures)?              |
| 26. _____ | _____ | Other serious joint injuries?          |
| 27. _____ | _____ | Use of protective equipment or braces? |

- Further History:**
28. Yes \_\_\_\_\_ No \_\_\_\_\_ Is there a history of family or genetic disease?
29. Yes \_\_\_\_\_ No \_\_\_\_\_ Has any family member died suddenly at less than 40 years of age of causes other than an accident?
30. Yes \_\_\_\_\_ No \_\_\_\_\_ Has any family member had a heart attack at less than 55 years of age?
31. Yes \_\_\_\_\_ No \_\_\_\_\_ Are you uncomfortably short of breath after running 1/2 mile (2 times around a track) without stopping?
32. Yes \_\_\_\_\_ No \_\_\_\_\_ List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:  
 A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_
33. What is the most and least you have weighed in the past year? Most \_\_\_\_\_ Least \_\_\_\_\_  
 Date of last known tetanus (lockjaw) shot: \_\_\_\_\_

**FOR WOMEN ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_
2. In the past year, what is the longest time you have gone between menstrual periods? \_\_\_\_\_

Use this space to explain any of the above numbered YES answers or to provide additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.*)

Athlete's Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's )			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM, strength, etc. (See questions 20-27)			
13. Neurological			

**Comments regarding abnormal findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATHLETIC PARTICIPATION RECOMMENDATIONS:**

**Full & Unlimited Participation**

**Limited Participation** - May NOT participate in the following (checked):

Baseball     Basketball     Cross Country     Football     Golf     Soccer  
 Softball     Swimming     Tennis     Track     Volleyball     Wrestling

**Clearance Pending Documented Follow up of** \_\_\_\_\_

**NOT CLEARED FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_  
**Licensed Professional's Name (Printed)** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Licensed Professional's Signature** \_\_\_\_\_  
**Phone**

**Parent's or Guardian's Permission and Release** (Sign after the physical examination has been completed.)  
 I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

\_\_\_\_\_  
 Typed or printed Name of Parent or Guardian \_\_\_\_\_  
 Signature of Parent of Guardian

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip) \_\_\_\_\_  
 Phone Number

# HEADS UP: Concussion in High School Sports

**The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:**

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

## What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

## STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

## Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## PARENTS:

### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## Signs Observed by Parents or Guardians:

- 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 prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s School