

Lake Zurich Community Unit School District 95
Middle & Elementary School Participation Packet Checklist

In this packet are the following documents:

✓ Agreement to Participate
✓ Emergency Information Form
✓ Student Code of Conduct for Middle School Extracurricular Activities
✓ (For Athletics/Scholastic Bowl/Drama) Terms of Eligibility for Extracurricular Activities
✓ (For Athletics Only) IESA Concussion Sign Off Form
✓ (For Athletics Only) Pre-Participation Physical Examination Form
✓ (For Athletics Only) Prevention of Staphylococcal Infections

Participation Fees

-Fees are per extracurricular

Middle School (family cap of \$1,000 for athletic fees)	
Middle School Athletics	\$95.00
Intramurals	\$25.00
Clubs	\$25.00
Scholastic Bowl	\$50.00
Drama Fee	\$50.00
First Lego League	\$70.00

District 95 charges a participation fee for extracurriculars. For qualifying students, this fee may be waived or reduced. Any payments received by the District are applied to the oldest outstanding fee first.

In order to participate in extracurriculars, all prior and current year outstanding fees, in addition to the participation fee, must be paid in full. Fees will be billed once the team roster is finalized. An email will be sent to the parent providing notification that exxtracurricular fees are due and can be paid online through the parent's home access account. For competition/performances and activities all fees must be paid prior to the first competition/performance or activity in order to participate.

**Lake Zurich Community Unit School District 95
Participation Packet - Agreement to Participate**

Name of Student: _____ Grade: _____
(please print)

Extracurricular: _____ School: _____

1. I acknowledge reading the eligibility rules of any group or association sponsoring any extracurricular in which I want to participate and I agree to abide by them.
2. Before I am allowed to participate in an athletic, I must: (a) provide the School District with a certificate of physical fitness (the ***Pre-Participation Physical Examination Form*** from the IHSA or IESA serves this purpose), and (b) complete IESA Concussion Sign Off Form.
3. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow all instructions, playing techniques, and training schedule as well as all safety rules.
4. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating 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.
5. I am aware that with participation in an extracurricular comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in some extracurricular activities involves travel with the group. I acknowledge and accept the risks inherent in the extracurricular in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored extracurricular. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student signature

Date

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the extracurricular indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all extracurriculars can involve many risks of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one extracurricular to another

with contact sports carrying the higher risk. I am aware that participating in some extracurriculars involves travel with the group. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in extracurriculars. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated extracurricular.

Parent/Guardian Signature

Date

**Lake Zurich Community Unit School District 95
Participation Packet - Emergency Information Form**

Parents/Guardians: Please note, the District 95 Social Media Procedure (5-125) AP1 requires that:

If a teacher/coach/sponsor plans to use texting for immediate and urgent contact with students/team members, they must be transparent about such use. He/she must make parents aware at the beginning of the school year or season that he/she may use texting. Texting to the entire team/group is preferable to texting to an individual student. If a text is sent to an individual student, parents/guardians must be copied on all texts, in addition to a building administrator and/or athletic/activity director.

Student Name: _____ Sex: M F

School: _____ Grade: _____

Address: _____ Date of Birth: _____

_____ Home Phone: _____

Student Cell Phone: _____ Carrier: _____

Parent/Guardian #1 Name: _____ Parent/Guardian #1 Cell: _____ Carrier: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Parent/Guardian #2 Cell: _____ Carrier: _____

Employer: _____ Work Phone: _____

Emergency contacts if parents/guardians are unavailable:

1) _____ Phone: _____

2) _____ Phone: _____

Any medical, physical or dietary restrictions we should be aware of? _____

Any allergies? _____

Physician: _____ Phone: _____

Address: _____

If a parent or guardian or any of the above-listed people or numbers cannot be contacted in case of serious injury or illness, I authorize the school district to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital, medical center or physician for treatment. In addition, I authorize the use of our family medical insurance.

Parent/Guardian Signature

Date

**Lake Zurich Community Unit School
District 95
Participation Packet - Student Code of Conduct for Middle School
Extracurricular Activities**

Introduction:

The goal of the extracurricular program in District 95 is to assist students in developing a positive attitude toward themselves and others. It is the student's responsibility to maintain the highest tradition of competition while maintaining a proper perspective to the overall educational program in District 95 and adhering to the Student Code of Conduct. Therefore, the purpose of this Code of Conduct is to clarify the general responsibilities and standards of students participating in extracurricular activities including athletes within District 95. This document is based upon the Middle School Terms of Eligibility for Extracurricular Activities and the District 95 Code of Conduct. The District 95 Code of Conduct can be found on our district website. Please see those documents for further clarification and information.

General Responsibilities:

- Students will understand it is a privilege to represent the school;
- Students will adhere to the Middle School Terms of Eligibility for Extracurricular Activities;
- Students will attend practices, meetings, and games. Absences disrupt a student's progress and may have an impact on participation;
- Students will exhibit good sportsmanship in all situations. Students will respect their opponents, officials, coaches, spectators, and administration;
- Students will work to develop a positive climate. Students will be supportive of all extracurricular participants in their field of interest and/or sport;
- Students will learn and know the rules and proper conduct of the game;
- Students will display modesty in victory and graciousness in defeat;
- Students will turn in all necessary forms and pay necessary fees;
- Students will adhere to the school and District 95 Code of Conduct.

Participation in an extracurricular is a privilege. Students need to understand that their primary responsibility is academics. In addition, students need to understand that while on an athletic/extracurricular team they are a representation of their family, school, and community. As a result, they need to adhere to all aspects of District 95's Code of Conduct.

Lake Zurich Middle School

Terms of Eligibility for Extracurricular Activities

The Lake Zurich Middle Schools feel strongly that academics are important and are the primary responsibility of the school community. It is the responsibility of the student to balance extracurricular/academic commitments. The following procedures are intended to help our students achieve this balance and succeed in both arenas.

Student Participation Guidelines:

- I. Grades of D or F in any class will result in ineligibility.
- II. A grade of D means that the student will be on restricted ineligibility for the week (Monday to Sunday) and cannot participate in practices or meetings until 3:15 PM. Students are responsible for arranging help from the appropriate academic teacher between 2:30 PM and 3:15 PM on a daily basis or report to the library for independent study. At 3:15 PM, the student is free to attend/participate in his/her practice, rehearsal, game, etc. and can participate at the discretion of the coach/supervisor. **If a student was on restricted ineligibility as of 8 AM on Monday, but has raised his/her grade and is no longer in the D range, the student is still on restricted ineligibility for the week.**
- III. A grade of F means that the student is ineligible for the week (Monday to Sunday) and is placed on an inactive roster for all practices, rehearsals, games, meets, etc. During the period of ineligibility, students should seek help from the appropriate academic teacher or go home at the end of the school day. Students who are failing cannot attend practices or games. If a student is ineligible for a third week due to receiving a grade of an F in any area at any point in the season, the student may be permanently removed from the team for the remainder of the season. **If a student was ineligible as of 8 AM on Monday, but has raised his/her grade and is now passing, the student is still ineligible for the week.**
- IV. Athletes on PE waivers or with doctor's notes may attend, however will not be able to participate in practices or games until the waiver is lifted.
- V. District policy states, "students who are not in attendance for at least 50% of the school day may not participate in after school or extracurricular activities for the same day." At the middle schools, this means that a student must arrive no later than 11:00 am in order to be eligible. For early dismissals, a student must be present until at least 11:00 am in order to be eligible.
- VI. Athletes who are repeatedly absent from practices will have their participation limited due to safety concerns.

Teacher/Coach Responsibilities:

- I. Teachers will receive an email reminder and list of students participating in extracurricular activities at the beginning of each season.
- II. Coaches should check the accuracy of the lists and alert the Athletic Director and assistant principal of any updates to be made to the list.
- III. Physical Education teachers need to alert the Athletic Director and the Assistant Principal of any student-athletes on a medical waiver, including the date of expiration for the waiver.
- IV. All teachers need to check the list thoroughly, informing the Assistant Principal and Athletic Director of any students with grades of D+ or lower.
- V. Teachers, not coaches, must notify the student that they are being reported as ineligible, clarifying the reasons, consequences and steps necessary to improve the grade.
- VI. Teachers, not coaches, must also call or e-mail the parents, notifying them of the student's grade and status of ineligibility. Be sure to inform the parent of the specific consequences of the grade.
- VII. Finally, every Monday by 8 AM, academic teachers must notify the Assistant Principal and Athletic Director of ineligible athletes. **If ineligible students are submitted after 8 AM, those students will remain eligible for the week.**
- VIII. If a student is ineligible for a third week due to receiving a grade of an F in any area, it is the supervisor's/coach's responsibility to notify the Assistant Principal. Parents will be notified by telephone that the student may be removed from the activity.
- IX. If a student's conditioning becomes questionable due to repeated absences from practice, it is the coach's responsibility to limit participation for safety concerns.

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:	
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays in coordination• 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

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. The Return-to-Play Policy of the IESA and IHSA 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 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/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Last First Middle			Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:
Diagnosis of asthma? Child wakes during night coughing?	Yes No	Yes No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	Yes No
Birth defects?	Yes No	Yes No	Hospitalizations? When? What for?	Yes No	Yes No
Developmental delay?	Yes No	Yes No	Surgery? (List all.) When? What for?	Yes No	Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No	Yes No	Serious injury or illness?	Yes No	Yes No
Diabetes?	Yes No	Yes No	TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Head injury/Concussion/Passed out?	Yes No	Yes No	TB disease (past or present)?	Yes* No	
Seizures? What are they like?	Yes No	Yes No	Tobacco use (type, frequency)?	Yes No	
Heart problem/Shortness of breath?	Yes No	Yes No	Alcohol/Drug use?	Yes No	
Heart murmur/High blood pressure?	Yes No	Yes No	Family history of sudden death before age 50? (Cause?)	Yes No	
Dizziness or chest pain with exercise?	Yes No	Yes No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes No	Yes No	Parent/Guardian Signature	Date	
Bone/Joint problem/injury/scoliosis?	Yes No	Yes No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed **Test performed** **Skin Test: Date Read** / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes **No** If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Modified

Print Name _____ (MD,DO, APN, PA) **Signature** _____ **Date** _____
Address _____ **Phone** _____

Prevention of Staphylococcal Infections for Schools

The following are excerpts from *Recommendations for the Prevention of Staphylococcal Infections for Schools* and *Basic Hygiene Guidelines for the Prevention of Staphylococcal Infections in Schools*, IDPH:

www.idph.state.il.us/health/infect/schoolstaphrecs.htm.

www.idph.state.il.us/health/infect/hygiene.htm.

This exhibit may be reformatted and distributed to students and their parents/guardians, faculty, and staff to inform them about what staphylococcus aureus is, how it spreads, and how staph infections can be prevented.

Education/Increased Awareness

Knowledge regarding precautions and preventive measures related to CA-MRSA is prudent practice. Transmission of MRSA skin and soft tissue infections among students and those who participate in competitive sports is a significant concern. All persons, especially coaches, athletic trainers, parents/guardians, and teammates, associated with the school's competitive sport activities and sport teams should engage in initiatives to increase adherence to Board policy, 7:280, *Communicable and Chronic Infectious Disease*, and procedures designed to prevent transmission of MRSA skin infections, and awareness of risk factors for infections.

All students, athletes, and their parents/guardians should also be aware of the possible risk factors for MRSA skin and soft tissue infection especially occurring among athletes:

- Physical contact/skin trauma
- Turf burns (football players)
- Contact with teammates' uncovered skin lesions
- Sharing protective equipment, clothing, or towels
- Sharing sports equipment
- Sharing personal hygiene items
- Reuse of unlaundered towels, clothing, uniforms, etc.
- Inadequate supply of dispensable or individual-use soap
- Cosmetic body shaving
- Poor personal hygiene practices, including infrequent hand washing
- Poor cleaning of locker rooms/sport rooms

In addition, since staph infections start when staph bacteria enter the body through a break in the skin, keeping skin healthy and intact is a good preventive measure. Good skin care should be encouraged among students and athletes.

Basic Hygiene Guidelines

Hand Hygiene

Students, faculty, and staff should be instructed about the correct technique for hand washing, including the importance of washing hands before eating or preparing food, after touching any skin lesions (sores) and wounds or clothing contaminated by drainage from lesions and wounds, and after using the toilet. Instructions should include the following:

- Turn on faucet and wet hands with running water.
- Apply soap and spread across all surfaces of hands.

- Scrub all surfaces of hands, including between each finger, for at least 20 seconds (saying the alphabet slowly will take at least 20 seconds).
- Rinse hands under running water.
- Dry hands with paper towels or air dryers.
- If available, use a paper towel to turn off faucet handles.

Hygiene

Students, faculty, and staff should be provided information about general hygienic measures, including the following:

- Keep your hands clean by washing thoroughly with soap and water. Use an alcohol hand gel when soap and water are not available.
- Avoid sharing eating and drinking utensils.
- Avoid sharing unwashed towels, washcloths, clothing, or uniforms.
- Avoid sharing personal items, e.g., deodorant, razors.
- Change socks and underwear daily.
- Wash bed linens and pajamas regularly, at least once a week if feasible.
- Wash soiled bed linens and clothes with hot water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
- Bathe or shower with soap each day.
- Bathe or shower with soap after every sports practice or competition.
- Keep cuts and abrasions clean and covered with clean, dry bandages until healed.
- Follow your health care provider's instructions on proper care of wounds.
- Avoid contact with other people's wounds or material contaminated by wounds.

Hygiene for Sports Participants

In addition to the previously mentioned recommendations, sports participants should be provided these recommendations:

- Do not share towels, clothing, or uniforms.
- Do not store wet, dirty clothing in lockers.
- Avoid sharing personal equipment.
- Keep equipment clean. Follow coach's directions about cleaning the equipment.
- Keep cuts, abrasions, and wounds covered with clean, dry bandages. Persons with draining wounds or infections are not allowed to participate in practices or games until the wound has stopped draining.
- Report any cuts, abrasions, or wounds to the coach and school nurse.

See also: www.cdc.gov. The local health department may have more information specific to the District's jurisdiction.

Procedure: 7:280-E3 Updated: October 2013