

Clearwood Football Program

Parents,

Please fill out all of the forms in this packet and have your player return it the first day of Football tryouts which will be Wednesday August 9th at 3:30 (Rain or Shine).

Included is an order form for shorts, sleeveless dri-fit under shirt, and a t-shirt. These are the only things that the players must purchase. Anything else is voluntary for them to buy. Make sure when you send in your order forms that you include the money or check made payable to Smith's Sporting Goods. The sooner we get the forms and money, the quicker we can get this ordered.

We look forward to you and your sons becoming proud members of the Clearwood Football Program.

Coach Roberts

CLEARWOOD FOOTBALL FALL CAMP

Parents and Student Athletes,

I would like to thank you for your interest in the Clearwood football program. Every year my staff and I look forward to putting together a successful football program both on and off the field. With this in mind it is imperative that all participants in the football program put forth the same effort in the classroom as on the football field, and nothing less will be accepted. In order for our program to be successful student athletes will be held accountable for maintaining their classroom responsibilities, both in terms of classwork and behavior. If either of these responsibilities are not met consequences will occur in the form of extra conditioning (bear crawls, sprints). School is to be each players' priority, and if this priority is not being met the player will be suspended from the team until he takes care of his schoolwork. We will not only expect, but demand that each player conducts himself with class and pride and will stress team over individual goals. Our main goal is for each player to grow not only as a football player, but more importantly as a young man.

I look forward to working with each of your sons and hope that you will be supportive of them as well as the football program. I appreciate the opportunity to be a part of a school and football program that I truly believe in. With your support and help we will have another successful season.

PLEASE RETURN COMPLETED PACKET INTACT

CLEARWOOD FOOTBALL PROGRAM

DEAR PARENTS AND STUDENT ATHLETES,

OUR FALL FOOTBALL TRYOUT CAMP WILL BEGIN ON WEDNESDAY, AUGUST 9th (RAIN OR SHINE) AND LAST FROM 3:30 TO 5:30. PLAYERS ARE TO REPORT TO THE FIELD HOUSE DRESSED IN SHORTS, T-SHIRTS AND CLEATS. NO FOOTBALL EQUIPMENT WILL BE ISSUED WITHOUT A PHYSICAL AND PROOF OF INSURANCE. THE FOLLOWING IS A LISTING OF THE ITEMS THAT ARE REQUIRED TO BECOME MEMBERS OF THE CLEARWOOD FOOTBALL PROGRAM.

- 1) PHYSICAL BY A PHYSICIAN (ATTACHED)
- 2) PROOF OF INSURANCE (ATTACHED)
- 3) PROOF OF GRADES (1.5 GPA REQUIRED FOR 7TH GRADERS) ELIGIBILITY IS BASED ENTIRELY ON 4TH NINE WEEKS GRADES (ONLY ONE "F" WILL BE ALLOWED FOR ELIGIBILITY)
(9 QUALITY POINTS NEEDED) A=4, B=3, C=2, D=1, F=0
SIXTH GRADERS ARE AUTOMATICALLY ELIGIBLE IF THEY PASS 6TH GRADE AND PASS ON TO 7TH GRADE
- 4) CONTRACT (ATTACHED) PROGRAM EXPECTATIONS FULLY EXPLAINED.
PLEASE SIT DOWN AND READ WITH YOUR SONS AND BOTH PARENTS AND PLAYERS ARE TO SIGN
- 5) DATA SHEET (ATTACHED) PLAYERS ON TEAM LAST YEAR HAVE FIRST CHOICE OF NUMBER (PLAYERS WILL NOT BE ELIGIBLE IF THEY TURN 15 BEFORE SEPTEMBER 1, 2023)

- 6) COMBINATION LOCK (EACH PLAYER WILL BE ASSIGNED A LOCKER)

THIS PACKET NEEDS TO BE COMPLETED AND TURNED IN ON THE FIRST DAY OF PRACTICE (WEDNESDAY, AUGUST 9th). PLEASE RETURN COMPLETED PACKET INTACT WITH ALL PAPERS SIGNED AND DATED.

CJH FOOTBALL CONTRACT

This contract is to be read and signed by ALL boys and their parents or guardians that are trying out for the Clearwood football team for the 2023 season. It is our goal for your sons to grow not only as football players, but just as importantly as young men. With this in mind it is imperative that all players put forth the same effort in the classroom as on the football field, and nothing less will be acceptable. School is to be each players' priority, and if this priority is not being met the player will be suspended from the team. We will not only expect, but demand that each player conducts himself appropriately, and follows all school rules and procedures. Failure to do so will result in extra conditioning drills or bear crawls after practice or might result in suspension from the team depending on the severity of the offense. Each team member is expected to attend all practices and team meetings unless they have a written excused absence. I very much look forward to working with both you and your sons in making this a successful football season.

Please review these aspects of the football program with your sons:

GRADES

Each player must maintain a 1.5 GPA throughout the season in order to retain their eligibility. Initial eligibility for the 2023 season will be determined by using the students last nine weeks grades of 2022. (Nine total quality points are needed to qualify academically using the following scale: A = 4 points B = 3 points C = 2 points D = 1 point F = No points (Only one "F" can be made during the 4th nine weeks)

PRACTICES

We will practice Monday through Thursday after school beginning at 3:30 and ending at 5:30, unless players are notified otherwise. Players are expected to attend ALL practices unless they present a valid excuse and inform the coaches that they will be missing practice that day. (Please note that practice days could be altered due to unforeseen circumstances).

ATHLETIC PARTICIPATION

Please note that any player on the Clearwood football team is **STRICTLY PROHIBITED** from participating on any other football team (travel ball, STYFO) while he is a member of the Clearwood football team. Any player breaking said rule will immediately be released from the team and said violation would result in Clearwood being forced to forfeit all of the victories in that season.

PLAYING TIME

In junior high athletics, NO player is guaranteed a certain amount of playing time during the season. It is possible for a player not to play at all during the season, however if an opportunity presents itself we will make every effort to get each player into a game. (Coaches will determine the opportunity).

TRANSPORTATION

Transportation to and from each game, both away and home will be provided in the form of a bus. Players are to be picked up on time from the circle drive in front of the school after both games and practices (5:45).

CONDUCT

Each player will be expected to follow ALL team, as well as school rules. Failure to do so will result in team disciplinary action or dismissal from the team. Disrespect towards the coaches, referees, administration or any other teacher at Clearwood will not be tolerated and opens a player up to disciplinary measures and or dismissal from the team.

PLEASE READ THIS CONTRACT ALONG WITH YOUR SONS AND SIGN SIGNIFYING THAT YOU AND YOUR SONS AGREE TO THE CONDITIONS THAT ACCOMPANY MEMBERSHIP ON THE CLEARWOOD FOOTBALL TEAM.

Parent's Signature

Player's Signature

CLEARWOOD FOOTBALL DATA SHEET 2022

PLAYER'S NAME _____

PHONE # _____

ADDRESS _____

GRADE _____

BIRTHDAY _____

(PLAYERS CAN NOT TURN 15 BEFORE SEPT. 1, 2022)

PARENT'S NAMES _____

PHONE # _____

CELL # _____



Clearwood Junior High

130 Clearwood Dr. • Slidell, LA 70458 • 985-641-8200 • 985-641-7122 (fax)

Jessica Venezia, Principal

Michael Adams, Asst. Principal

PERMISSION TO PARTICIPATE IN CLEARWOOD ATHLETICS

Name of Student _____

Telephone Number _____

The above named student has permission to play athletics for Clearwood Junior High.

Due to the possibility of sports related accidents, I understand that I must provide proof of accident insurance for the above named student to play athletics for Clearwood Junior High.

Proof of Insurance:

Name of Private Insurance Company: _____

Policy Number: _____

*****A parent or guardian must provide transportation and student must be picked up from activity promptly at the time set by the coach. If the student is allowed to walk home, a note must be given.

Parent Signature: _____

Date: _____

SCHOOL WAIVER FORM
EXTRACURRICULAR ACTIVITIES

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT AND BY THE STUDENT'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENTS MAY NOT PARTICIPATE WITHOUT THE STUDENT'S AND PARENT'S/LEGAL CUSTODIAN'S SIGNATURE.

PARENTS, LEGAL CUSTODIANS, OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. The student and parent/legal custodian recognize that participation in interscholastic athletics and related extracurricular activities involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases death. Although serious injuries are not common in supervised school athletic programs and related extracurricular activities, it is impossible to eliminate all risk. Because of these inherent risks, the student and their parent/legal custodian have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I authorize medical treatment should the need arise for such treatment while I or my child/ward ("student") is under the supervision of the St. Tammany Parish School Board school. I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent/legal custodian in the case of the student being a minor, but that, if necessary, the student will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my student's personally identifiable health information should treatment for illness or injury become necessary.

I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day, written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required before the student is allowed to return to participation.

The student and parent/legal custodian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the St. Tammany Parish School Board, its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics or sports and related extracurricular activities. **The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.**

Student's Name _____ Sports/Activities _____ Sex M F

School _____ Grade _____ Age _____ Date of Birth ____/____/____

Parent's/Guardian's Name _____

Father's/Guardian's SS# XXX-XX _____ Mother's/Guardian's SS# XXX-XX _____

Work Address _____

Phone Number () _____

Home Address _____

Phone Number () _____

Another Person to Contact _____

Relationship _____ Phone Number () _____

Insurance Company _____

Policy Number and/or Group Numbers _____

ALLERGIES _____

Parent's Signature _____ Student's Signature _____

(if over age 18)

Date _____ Date _____

IMPORTANT NOTICE – It is the policy of the St. Tammany Parish School Board that **ALL** athletes participating in our school sports programs **MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!** Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY

Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY:

Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY:

Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	Medications						

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination. I will notify his/her principal of the change immediately. Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). Yes No

Date Signed by Parent: _____ Signature of Parent: _____ Typed or Printed Name of Parent: _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPTIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

GENERAL MEDICAL EXAM:

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L: _____ R: _____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM:

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

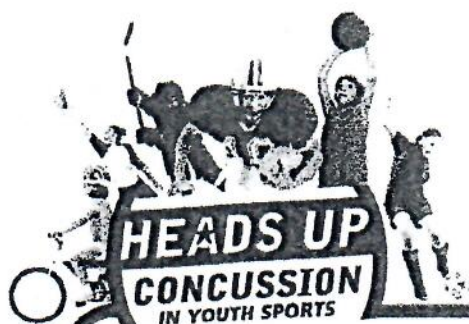
- ☐ Student is cleared
☐ Cleared after further evaluation and treatment for: _____
☐ Not cleared for: ☐ contact ☐ non-contact

Printed Name of MD, DO, APRN or PA

Signature of MD, DO, APRN or PA

Date of Medical Examination

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

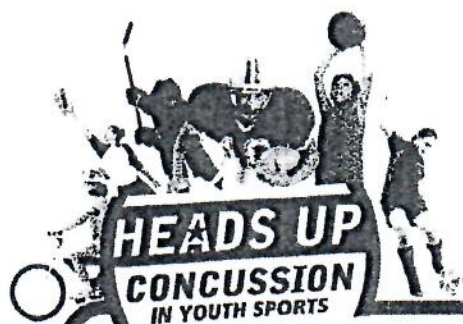
HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

Follow your coach's rules for safety and the rules of the sport.
Practice good sportsmanship at all times.
Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

The right equipment for the game, position, or activity
Worn correctly and fit well
Used every time you play

It's better to miss one game than the whole season.



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

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

You can't see a 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. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- 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
- Does not "feel right"

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.

Ensure that they follow their coach's rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

Learn the signs and symptoms of a concussion.

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

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.



A Parent's Guide to Concussion in Sports

What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

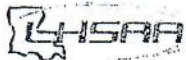
Date

Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian



****ALL NEW LOGOS
THIS YEAR!!!**



****AVAILABLE FOR
PARENTS AND FANS!**

CLEARWOOD FOOTBALL NAME _____

QUANTITY	SIZE		TEAM PRICE
← _____	_____	NAVY SLEEVELESS COMPRESSION SHIRTW SCREENED LOGO	\$20.00
← _____	_____	GILDAN CHARCOAL TSHIRT W SCREENED LOGO	\$7.00
← _____	_____	NAVY DRIFIT SHORT W SCREENED LOGO	\$10.00
_____	_____	CHARCOAL GREY DRIFIT SHIRT W SCREEND LOGO	\$12.00
_____	_____	CHARCOAL LONG SLEEVE DRIFIT W SCREENED LOGO	\$16.00
_____	_____	NAVY GILDAN HOODIE W SCREENED LOGO	\$21.00
_____	_____	NAVY LONGSLEEVE TSHIRT HOODIE W SCREENED LOGO	\$20.00
_____	_____	NAVY DRAWSTRIING BAG W SCREENED LOGO	\$8.00
_____	_____	CUSTOM SOCKS WITH TEAM LOGO	\$12.00
_____	_____	NAVY PASSIFIER MOUTH PIECE	\$14.00

* ← Mandatory

****ATTACH CASH OR
CHECK TO FORM!**

MAKE CHECK PAYABLE TO SMITH

SUB TOTAL \$ _____
9.75% TAX \$ _____
TOTAL \$ _____