Davies Career & Technical High School
Student-Athlete Participation Form Checklist

- Check off items as they are completed
- Bring entire packet of forms with you prior to the first day of tryouts/practice
- All forms must be completed filled out and signed by a parent or guardian

School Year: 2023-2024

Student-Athlete Name:

__________________________________

Current Grade: ________________

The following documents must be completed & submitted to the Director of Athletics prior to any student-athlete participating in sports at Davies Career & Technical High School.

______ Student-Athlete Contact Information Sheet
______ Student-Athlete Participation Eligibility Contract
______ Parent Acknowledgment Form
______ Insurance Verification, Waiver & Hold Harmless Agreement
______ Concussion Information Sheet
______ Current & Valid Physical - Must be submitted & updated yearly
______ RIIL Assumption of Risk (must be notarized)
Student-Athlete Contact Information Sheet

Student-Athlete Name: __________________________________________________________

Grade: _____  Date of Birth: __/__/____  Sport: __________________________________

Street Address: _____________________________________________________________

City: ____________________________, RI  Zip Code: ____________________________

Student-Athlete Telephone #: (___)___________________________________________

Student-Athlete Email: _______________________________________________________

Parent/Guardian Name: ______________________________________________________

Address (if different from above): _____________________________________________

City: ____________________________  State: ________  Zip Code: ________________

Parent Telephone #: (___)____________________________________________________

Parent Email: _____________________________________________________________

Emergency Contact Information (if left blank, parent/guardian listed above will be used):

Name: ____________________________  Phone: (___)____________________________

Relationship to Student-Athlete: ______________________________________________


Student-Athlete Participation Eligibility Contract

Academic & Technical Expectations
- At all times the student-athlete will be passing all credits carried; not including Physical Education (monitored by the Athletic Director and the Supervisor of Instruction).
- The student-athlete cannot have more than four (4) unexcused absences per quarter (monitored by the Athletic Director and the Supervisor of Instruction).
- The student-athlete cannot have more than four (4) unexcused tardies to school or class per quarter (monitored by the Athletic Director and the Supervisor of Instruction).

Social, Behavioral & Civic Expectations
- A game suspension up to three (3) contests can be imposed if the student-athlete has received more than three (3) behavioral referrals per quarter.
- Student-athletes that are suspended are excluded from participating in two (2) games and must continue to attend practices and “sit out” during game events.
- The student-athlete must be of moral character. That is to say, any student-athlete found responsible for illicit/illegal behavior, as determined by a review panel (Supervisor of Student Management, Athletic Director, and Coach) will be subject to suspension, up to and possibly including the whole season.
- Only student-athletes will be allowed bus transportation to games. Any student-athlete causing behavior problems while on the bus will be suspended for one game.
- All student-athletes must ride to and from all contests on bus transportation provided by the school. NO EXCEPTIONS!

_________________________________________
Student-Athlete Name (print)

_________________________________________
Student-Athlete Signature

_________________________________________
Date

_________________________________________
Parent/Guardian Name (print)

_________________________________________
Parent/Guardian Signature

_________________________________________
Date
Parent Acknowledgement Form

I acknowledge that __________________________, of whom I have legal custody, will be a participant in the following athletic program at Davies Career & Technical High School during the current school year and agree to adhere to all school policies including but not limited to those included below and all in the Student-Athlete Handbook.

Please indicate the sport in which your daughter/son intends to participate in during the upcoming season and verify your understanding of the policies listed below and all those contained in the Student-Athlete Handbook.

Year of Graduation: ______________________

Current Sport: __________________________

Name of Parent/Guardian: ______________________

Signature of Parent/Guardian: ______________________

Date Signed: ______ / ______ / ______

**Emergency Medical Authorization**

I hereby give my consent for medical treatment deemed necessary by medical personnel and/or transportation to an emergency facility for the treatment of an injury or illness from his/her athletic participation.

**Physical Examination**

Student-athletes who participate in any athletic or intramural activity must have a physical examination within the past year prior to beginning practice. It is the responsibility of the student-athlete & parents/guardians to provide the Nurse and Athletic Director a copy of the physical examination prior to participation.

**Sports Injuries**

No student-athlete who has been injured sufficiently to necessitate medical attention by a physician, may resume playing (game or practice) until a physician has given medical clearance in writing which will be kept on file by the school nurse. Playing is defined as active playing in any sporting event, game or practice. All student-athletes are reminded of this policy in order that they may ask for immediate clearance at first visit if there is not sufficient injury for the student to suspend playing.

**Insurance Verification**

All student-athletes participating in any sport must have personal insurance through their parents/guardians. All student-athletes must be covered by insurance prior to participating in athletics at Davies. Parents/Guardians must verify and submit a physical copy of insurance coverage via the appropriate form provided by the Athletic Department.
Insurance Verification, Waiver & Hold Harmless Agreement

I, ________________________________________________________________, parent/guardian of ________________________________________________, a student of Davies Career & Technical High School, do hereby absolve and hold harmless Davies Career & Technical High School, its agents, servants, and assigns, from any and all liability for payment of medical expenses for and medical services which may be necessary in which are occasioned by my child’s participation in athletic activities.

Parent/Guardian Verification of Student’s Insurance Coverage

Required Information - Proof of Insurance

*Please also submit a current copy of Insurance Card*

Private Insurance Company Name:
______________________________________________________________

Policy Number:
______________________________________________________________

Date: _________________________________________________________

Verification Signature of Parent/Guardian:
______________________________________________________________
**Concussions**

**National Federation of State High School Associations**

CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

A three-year, follow-up study shows that athletes having a previous history of at least one concussion are at an increased risk for further concussions. As the number of concussions increase, so do the risk for future injuries (Guskiewicz et al, 2003). It has also been shown that repeated concussions have been linked to longer recovery periods.

Highlighting the importance of making sure athletes are symptom free prior to returning to competition from a previous MHI, research has shown that 1 in 15 athletes with a concussion have recurring concussions within 7-10 days of the first concussion. Because of these findings and the potential for complications resulting from MHIs, it is recommended that athletes sustaining more than one concussion should be referred for follow-up evaluation and assessment to determine any residual effects that might preclude participation in contact or collision sports. Cases of individuals suffering permanent brain damage from multiple concussions have been reported but no consensus on how many concussions are too many or what leads to that permanent damage.

MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD INJURY

There is unanimous agreement within the medical community that NO athlete who has signs and symptoms of post concussion should be returned to action. There is also unanimity that there is increased risk of significant damage from a concussion for a period of time after a preceding concussion and from cumulative damage of multiple head injuries. The more concussions an individual has, the greater is the risk of having additional concussions. The exact period of increased vulnerability or the number of concussions that is "too many" has not been determined. Traditionally, physicians have advised athletes not to return to action until they have been free of symptoms for a minimum of a week. (McCrea et al, 2003).

Now, rather that discuss a length of time to be free of symptoms, guidelines suggest using the gradual return-to-play protocol shown above while monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned above, is now revealing subtle residual effects of concussion not found by traditional evaluation. These identifiable deficits frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to action with relative safety.

Source: National Federation of State High School Associations
Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

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**School & Youth Programs**

**Concussion Act**

**Title 16-91**

**Findings of Fact**

The Rhode Island General Assembly hereby finds and declares:

1. Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or jolt to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

2. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

3. Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The General Assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.

4. Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings schools are required to educate and inform parents and athletes and of the Nature & Risk of concussions and head injury including issues related to the continuation of play after a suspected concussion or head injury. Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician.

This information sheet must be reviewed, signed by all athletes and their parents and/ or guardian and returned to the school at the beginning of each sport season and prior to the youth's return to practice or competition.

The law also requires the following:

- Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.
- Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.

For more information please visit the RII website (www.rii.org)

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<th>Parent/Guardian</th>
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I have reviewed the contents of this pamphlet with my son/daughter.

_________________________  
Parent Signature

_________________________  
Athlete Signature

_________________________  
Date Signed
RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND
ASSUMPTION OF RISK FORM

We/ I, being an adult prospective student-athlete and/or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student-athlete seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). We/ I specifically assert we/ I have read, understand, and agree to fully comply with all rules and regulations of the RIIL; we/ I hereby further authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student-athlete to the RIIL for the purpose of enforcing the rules and regulations of the RIIL; that we/ I am aware, understand, and appreciate that athletic participation requires emotional/physical fitness; that we/ I aver and agree the student-athlete possesses such fitness; and further acknowledge that some risk of serious injury and even death is involved in sports participation. For sports involving helmets, we/ I acknowledge, appreciate, and agree to compliance with the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.

We/ I acknowledge that by entering any premises and participating in sports programs sanctioned by RIIL there are risks to the student-athlete and to those with whom the student-athlete interacts of exposure, directly or indirectly, to communicable disease(s) including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "Covid-19", and/or any mutation or variation thereof.

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 9-1-48, we/ I, in consideration for participation in an RIIL-sanctioned sports program, herein grant to the RIIL, its officers, directors, trustees, volunteers, participants, event sponsors, agents (to include, but not be limited to, the local school committees or their parochial or private equivalent), servants, employees, and assigns (the "Releasors"), a release, waiver, and discharge from all liability arising from practicing or participating in any sports program sanctioned by the RIIL. We/ I specifically acknowledge that a risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RIIL. We/ I further agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasers from any loss, liability, damage, or cost they may incur arising out of or related to the student-athlete’s illness, injury, or death, whether caused by the negligence of the Releasors or otherwise.

In recognition of the Rhode Island General Laws § 9-1-28.1 and all other similar or applicable laws and regulations, we/ I, in further consideration for participation in a RIIL sports program, herein grant to the Releasors the absolute right, consent, and permission to at any time and by any method record the student-athlete’s name, voice, and likeness to and utilize or assign the use of the student-athlete’s name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, announcement, action or advertising, of any kind without restriction. We/ I release, waive, and discharge the Releasers from all liability arising from the same.

All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible.)

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