

# Davies Athletic Department

## Directions for student-athlete participation forms:

- Check off items as you get them finished.
- Bring entire packet of forms with you on the first day of tryouts/practice.
- All forms must be completely filled-out and signed by a parent or guardian.

Athlete Name: _____	✓	coach's initials
1. Student-Athlete Contact Information Sheet	_____	_____
2. Student-Athlete Participation Eligibility Contract	_____	_____
3. Concussion Act Form	_____	_____
4. Assumption of Risk Form (must be notarized) <i>- Applies to freshmen and all new athletes</i>	_____	_____
5. Copy of Current Physical Exam Form <i>- Form must be signed and clearly dated by your doctor</i>	_____	_____
6. Copy of Health Insurance Card	_____	_____

Date Submitted to Coach:

\_\_\_\_\_

# Davies Athletic Department

## Student-Athlete Contact Information Sheet

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sport: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, RI Zip Code: \_\_\_\_\_

Athlete Telephone: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ cell phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

# William M. Davies, Jr. Career & Technical High School

## Student-Athlete Participation Eligibility Contract

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### 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 must be passing shop at all times (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, Director of Guidance, 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 contest on bus transportation provided by the school. **NO EXCEPTIONS!**

This athletic policy is designed to be an addendum to the current student handbook.

\_\_\_\_\_  
Student-Athlete Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Student-Athlete Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# 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 from 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 than 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  
Sports Medicine Handbook—Fourth Edition**  
Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

## 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 motion 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 RIIL website ([www.riil.org](http://www.riil.org))**



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

Athlete \_\_\_\_\_

Sport \_\_\_\_\_

School \_\_\_\_\_

I have reviewed the contents of this pamphlet with my son/daughter.

Parent Signature \_\_\_\_\_ Athlete Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

CONCUSSIONS

**THIS FORM AND ONLY THIS FORM IS TO BE USED  
COMMENCING SEPT. 2014**

**RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING  
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND  
ASSUMPTION OF RISK FORM**

The undersigned, being an adult prospective student-athlete or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). The undersigned specifically assert that the student-athlete will comply with the rules and regulations of the RIIL; the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student to the RIIL for the purpose of enforcing the rules and regulations of the League; that they are aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation. **For sports involving helmets, we acknowledge 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.**

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 9-1-48, the undersigned, in consideration of participation in a 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 committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards practicing for or participating in, in any sports program sanctioned by the RIIL. The undersigned 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.

In compliance with the Rhode Island General Laws § 9-1-28.1 and all other applicable laws and regulations, the undersigned, in consideration of participation in a RIIL 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 committee or its parochial or private equivalent), servants and employees, and assigns the absolute right and permission to at any time and by any method record student's name, voice, and likeness and to utilize or assign the use of the student'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.

(This form must be completed by all students, regardless of grade, intending to participate in any Rhode Island Interscholastic League sport after 1 Aug. 2014. 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.)

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

School (*print*) \_\_\_\_\_

City/town of School (*print*) \_\_\_\_\_

FIRST MI LAST

Legal Name of Student (*print*) \_\_\_\_\_

Date of Birth of Student \_\_\_\_\_

Full address of Mother (*print*) \_\_\_\_\_

Name of Person, other than Mother, with whom student is living (*print*) \_\_\_\_\_

Full address at which student is living (*print*) \_\_\_\_\_

Contact email address \_\_\_\_\_

Check here to receive updates and info from the RIIL \_\_\_\_\_

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

Signature of Parent or Guardian if Student is under age of 18 \_\_\_\_\_

Date of Signature \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

**(NOTARY SEAL)**

**Please Note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility.**



# William M. Davies, Jr. Career & Technical High School

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*Educating Innovators for the  
Twenty-First Century*

*Victoria A. Gailliard-Garrick, Director*

*A school of excellence by the  
U.S. Dept. of Education*

## Physical Examination Requirements for Children Entering Davies

In accordance with the Rhode Island Department of Health Rules and Regulations (see 8.1-8.2) is as follows:

- 8.1-1 Every student who has not been previously enrolled in a public or non-public school in this state shall have a medical history and physical examination completed. This examination shall be conducted in the twelve (12) months preceding the date of school entry, but if not, it shall be completed within six months of school entry.
- Said general health examination shall be a complete, age appropriate history and physical examination, assessing the health and well-being of the child and evaluating any challenges to the child's success in school and school-related activities.
- These general health examinations shall be conducted by the student's family physician, a physician's assistant under the physician's supervision, or a certified nurse practitioner who may collaborate with the physician.
- Each school system may require additional health examinations, in order to ensure the mental and physical health of each child to participate in classroom, athletic, or special activities sponsored or conducted by the school.

### **Student-Athletes**

1. The Davies School Department policy requires student-athletes to have a physical examination prior to participation in athletic competition. This examination is valid for one (1) year and must be performed by the student-athlete's primary care provider.
2. Please have your primary care provider complete the physical form and return the original copy to the school nurse/teacher.