

Elementary Basketball 2020

Coach's Emergency Sheet

Student Name (Please Print): _____ Grade: _____

Date: _____

I approve of my child's participation in Spokane Public Schools' athletic program, and I will assume all financial responsibilities not covered by my child's insurance for injuries received while he/she is training for or playing in athletic games. I give my son/daughter permission to travel as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

PLEASE PRINT

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Child's Physician: _____ Physician's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Relationship to Student: _____

Alternative Emergency Contact: _____ Phone: _____

Health Information:

My child has a Health Care Plan on file with School District

No _____ Yes _____ (if yes, please answer below)

Asthma/Inhaler _____

Allergies/Epipen _____

Other Health Information: _____

BASKETBALL INHERENT RISK

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness.

Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach. Guidelines are as follows:

1. Make certain that you wear all equipment that issued by the coach. Advise the coach of any poorly fitted or defective equipment.
2. Advise the coach if you are ill, or have any prolonged symptoms of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards in the locker room or in or around the participation area. Advise your coach of any hazard.
6. Recognize the possible danger from such actions as "undercutting" a player, hanging on the basket, or throwing a "wild" pass.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the basketball program.

I am aware that basketball is a **HIGH-RISK SPORT** and that practicing or competing in basketball will be a dangerous and unpredictable activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in basketball include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body. I understand that the dangers and risks of practicing or competing in basketball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

In consideration of Spokane Public Schools permitting my child/ward to try out for the school basketball team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in basketball, I hereby assume all the risks normally associated with basketball and agree to hold the school district, its employees, agents, representatives, coaches and volunteers harmless from any and all actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the district. I further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. I also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Athlete's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Spokane Public Schools
Athletics Concussion Information Sheet

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 athlete will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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 new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it is 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

www.cdc.gov/headsup/youthsports

Student-athlete Printed Name: _____ Signature: _____

Parent/Legal Guardian Printed Name: _____ Signature: _____

Date: _____

Elementary Basketball 2020

CONFIRMATION OF INSURANCE COVERAGE

Please note: If your child does not have adequate insurance as described below, you must purchase accident insurance. Information on a school accident insurance plan is available from the school office.

The Washington Interscholastic Activities Association (WIAA) recommends that each student participating in interscholastic activities be covered by insurance. The adequate insurance recommended would provide benefits in the areas such as those listed below:

1. Minimum death benefit
2. Doctor's services and hospitalization
3. X-rays
4. Dental coverage

Please Check One Option Below:

I have adequate insurance coverage with (Insurance Company) _____ that will cover extra-curricular activities, and I will continue to keep it in force throughout the sport season, therefore, I do not wish to enroll in the school accident coverage plan.

Student's Name: _____

Parent/Guardian Signature = _____

A school accident coverage plan for (student name) _____ was purchased from Myers-Stevens & Toohey on (date) _____, and I will continue to keep it in force throughout the sports season.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Elementary Extracurricular Transportation Form



Name of Student *(Please Print)*

Name of Parent/Guardian *(Please Print)*

Extracurricular sport in which student wishes to participate

School year

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices/events for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the school district may provide transportation to and/or from such practices/events. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in district-provided transportation when the district requires my student to do so.

I further understand that in certain circumstances the school district may not provide transportation for such practices/events. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the district will not provide transportation to such practices/events, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices/events.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to or from an athletic practice or event for which the school district is not providing transportation shall be considered an agent or servant of the school district, in any respect or for any purpose, while driving my student to or from such a practice/event. Further, by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the school district based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the school district harmless as to such claim.

X _____
Signature

Date Signed

Signed Original: To be filed with principal/designee prior to start of practices for activity

Copy: Coach/Advisor will have a copy on hand at all times at practice and meets

**Media/Internet/School
District Communications
Materials Consent Form**



Elementary Basketball Media Release for 2020

I consent to have my child photographed and/or interviewed as it relates to his/her participation in the Elementary Basketball Program. I further consent to have my child's picture, name, and/or statements appear in the media, on the Internet, and in school district communications materials. I understand and assume the specific risk that television, newspapers, Internet, or other media entities may use my child's picture, name, likeness, or statements and that I will not have control over how this information may be disseminated or reproduced. By choosing to have my child engage in this activity, I am also voluntarily acknowledging and assuming the specific risk that my child's picture, name, likeness, or statements could appear in and on newspapers, television, Internet or other media. On my own behalf and on behalf of my child, I hereby release and discharge Spokane Public Schools and its agents and employees from any and all liability arising from this activity.

Yes, I consent to the above Media Release.

No, I do not consent to the above Media Release.

I understand that this authorization and release of the above will remain valid until revoked by me or until the end of Elementary Basketball Program, whichever occurs first.

Child's PRINTED Name

Parent/Guardian PRINTED Name

Today's Date

Parent/Guardian SIGNATURE