



Westlake Charter School  
**K-8 Athletics Participant Packet**  
**2021-2022**

In order to participate in practices or games, all athletes and teen coaches must have the following forms on file with Westlake Charter School:

- ✓ Student Emergency Information
- ✓ Agreement for Athletic Participation
- ✓ Athletics Permission Slip
- ✓ Concussion Information Sheet
- ✓ Sudden Cardiac Arrest Acknowledgement
- ✓ Physical Examination Form

Westlake Charter School  
2680 Mabry Drive, Sacramento, CA 95835  
Phone: (916) 567-5760



# Student Athlete Emergency Information

## Athlete Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medical and Insurance Information

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary insured \_\_\_\_\_ Preferred hospital: \_\_\_\_\_

Any known allergies or drug reactions? \_\_\_\_\_

Any special needs or restrictions? \_\_\_\_\_

Medications \_\_\_\_\_

\*\*Note: During the school day, students are not permitted to keep medications in the classroom, in their backpack, or on their persons. All medications must be checked in to the office, with written authorization given to staff.

Special Notes:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In the event of an illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I hold Westlake Charter School, its officers, agents and employees, harmless from any and all liability or claims. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Agreement for Athletic Participation

2021-2022

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### TO PARENTS / GUARDIANS:

You are required to sign this Athletic Participation form in order that the student-athlete concerned may engage in an extracurricular activity. The School deems many of these extracurricular activities to be worthy for students but does not require them of students. These activities are voluntary on the part of the students and a signed participation form is necessary before participation and transportation.

**PARENT AUTHORIZATION:** In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/we understand the Governing Board, the School or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

### Athletic Insurance Coverage Certification

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_



# Explorer Athletics Permission Slip

2021-2022

Dear Parents,

With your permission, your son/daughter, \_\_\_\_\_, will be participating in the following sport(s) with Westlake Charter School (*check all that apply for the year*):

- FALL:         Boys basketball         Girls basketball
- WINTER:     Boys volleyball         Girls volleyball
- SPRING:     Co-ed futsal         Co-ed flag football

**PLEASE ARRANGE TO PICK UP YOUR CHILD/CHILDREN FROM WESTLAKE CHARTER SCHOOL AT THE CONCLUSION OF GAMES AND PRACTICES.**

-----  
**To Whom it May Concern at Westlake Charter School:**

My son/daughter, \_\_\_\_\_, has permission to participate in the sport stated above.

I, the parent/guardian of the above child, assume any responsibility for allowing him/her to participate. I am specifically aware and confirm by executing this document that I am aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that my child may injure himself or herself, or be injured by other participants related to the activity. I am specifically aware and acknowledge being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

Consent is also given for any licensed physician or surgeon to give medical attention, to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain, and to preserve his/her life and health.

I, the parent/guardian, agree to hold Westlake Charter School (teachers, administrators, contractors, Board of Directors, Etc.) harmless from all claims, including but not limited to claims of personal injury, bodily injury, property damage or wrongful death arising out of my child participating in this sport. I have read foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

\_\_\_\_\_  
**Date**

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

## Concussion Information Sheet

A concussion is a type of brain injury and all brain injuries are serious. A concussion can be 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. It 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.

### **WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?**

Signs and symptoms of concussion may 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 listed below, or if you notice the symptoms or signs of concussion yourself, your child should be kept out of play the day of the injury and until a healthcare professional, experienced in evaluating for concussion, determines that your child is symptom-free and able to return to play.

#### **Signs observed by coaching staff:**

- 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 mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

#### **Symptoms reported by athletes:**

- 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
- Just not “feeling right” or “feeling down”

Concussions affect people differently. While most athletes with concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. In rare cases, a dangerous blood clot may form on the brain and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body she/he exhibits any of the following danger signs:

- One pupil is larger than the other
- Is drowsy or cannot be awakened
- Repeated vomiting or nausea
- Slurred speech
- Loses consciousness
- A headache that not only does not diminish, but gets worse
- Convulsions or seizures
- Cannot recognize people or places
- Weakness, numbness, or decreased coordination
- Has unusual behavior
- Becomes increasingly confused, restless, agitated

### **WHY MUST AN ATHLETE BE REMOVED FROM PLAY AFTER A CONCUSSION?**

If an athlete has a concussion, his/her brain needs time to heal. Continuing to play while the brain is still healing 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 young athletes 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**

If you suspect that your child has a concussion, remove him/her 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 written medical clearance. Do not try to judge the severity of the injury yourself. Close observation of the athlete should continue for several hours. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

California Education Code 49475 and the California InterScholastic Federation (CIF) Bylaw 313 require implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student athletes:

*Any athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider who is trained in the management of concussion and is acting within the scope of his or her practice. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from that licensed health care provider. If the licensed health care provider determines the athlete has a concussion or head injury, the athlete shall also complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider.*

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

For more information, visit:

- <http://www.cdc.gov/headsup/youthsports/index.html> (Centers for Disease Control and Prevention)
- [http://www.cifstate.org/sports-medicine/concussions/student\\_parents](http://www.cifstate.org/sports-medicine/concussions/student_parents) (CIF)

Athlete's Name: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sudden Cardiac Arrest Prevention Acknowledgment

Ed. Code 33479.1, which did not go into effect until July 1, 2017, is part of the Eric Paredes Sudden Cardiac Arrest Prevention Act. Ed. Code 33479.1 defines athletic activity as follows:

- “(1) Interscholastic athletics.
- (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by a school, including cheerleading and club-sponsored sports activities.
- (3) Noncompetitive cheerleading that is sponsored by a school.
- (4) Practices, interscholastic practices, and scrimmages for all of the activities listed in paragraphs (1) to (3), inclusive.”

The new law requires the CDE to post on its website guidelines and an information sheet on sudden cardiac arrest symptoms and warning signs, and to post other relevant materials to inform and educate pupils and parents, and to train coaches about the nature and warnings signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing fainting or seizures during exercise, unexplained shortness of breath, chest pains, dizziness, racing heart rate, or extreme fatigue. The law encourages schools to post this same information on the school’s website. The law also requires coaches to undergo training regarding sudden cardiac arrest warning signs and risks, and outlines steps that must be followed when a student is removed from an athletic activity for displaying any of the symptoms of sudden cardiac arrest.

Additionally, as of July 1, 2017, before a pupil participates in athletic activity governed by the California Interscholastic Federation (“CIF”), the school must collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil. Before a pupil participates in an athletic activity not governed by the CIF, the pupil and parent/guardian are required to sign and return to Westlake Charter School an acknowledgement of receipt and review of the information sheet posted on the CDE’s website. These forms are attached in English and can be provided in Spanish if necessary.

Based on the above definition and our understanding, we advise that the team falls within the broad definition of athletic activity under Ed. Code 33479.1, thus requiring Westlake Charter School to have parents sign acknowledgement of review of the CDE information regarding sudden cardiac arrest prevention.

I have read and understand the above.

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

Date: \_\_\_\_\_

## Athletics Physical Examination Form 2021-2022

**Part 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)**

Student Name:	Grade:	Birthdate:
---------------	--------	------------

**Health History** (Complete prior to the examination)

Yes	No	Has the student had any:	Yes	No	Does the student:
		1. Chronic or recurrent illness?			16. Wear eyeglasses or contact lenses?
		2. Illness lasting over 1 week?			17. Wear dental bridges, braces, or plates?
		3. Hospitalization or surgeries?			18. Take any medications? List below.
		4. Nervous, psychiatric, or neurological condition?			
		5. Loss or non functioning of organs or glands?	<b>Yes</b>	<b>No</b>	<b>Is there any history of:</b>
		6. Allergies (medicines, insect bites, food)?			19. Injuries requiring medical care or treatment?
		7. Problems with heart or blood pressure?			20. Neck or back pain or injury?
		8. Chest pain or severe shortness of breath with exercise?			21. Knee pain or injury?
		9. Dizziness or fainting with exercise?			22. Shoulder or elbow injury?
		10. Fainting, bad headaches, or convulsions?			23. Ankle pain or injury?
		11. Concussion or loss of consciousness?			24. Other serious joint injury?
		12. Heat exhaustion, heat stroke or problems with heat?			25. Broken bones (fractures)?
		13. Racing heart, skipped, irregular heartbeats, or heart murmur?	<b>Yes</b>	<b>No</b>	<b>Further history:</b>
		14. Seizures?			26. Birth defects (corrected or not)?
		15. Severe or repeated instances of muscle cramps?			27. Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
Date of last known tetanus shot:					28. Parent or grandparent requiring treatment for heart condition less than 50 years of age?
Date of last complete physical examination:					29. Been seen by a physician on an emergency or urgent basis in the last 12 months?

Explain all "yes" answers here along with any other facts or circumstances that should be disclosed prior to the examination:



## Athletics Physical Examination Form (continued)

### 2021-2022

**Part 2** (TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PHYSICIAN'S ASSISTANT/NURSE PRACTITIONER)

	Normal	Abnormal (describe)	
Eyes/ears/nose/throat			Height:
Skin			Weight:
Heart			Pulse:
Abdomen			Pulse after exercise:
Genital/hernia (males) musculoskeletal			BP:
A. Neck/spine/shoulders/back			<b>PHYSICIAN'S RECOMMENDATION</b> (check one):
B. Arms/hands/fingers			Unlimited participation
C. Hips/thighs/knees/legs			Limited participation/specific sports, events, activities
D. Feet/ankles			Clearance withheld pending further testing/evaluation
Neurologic screening exam (NSE)			No athletic participation

Comments:

Printed name of physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Physician's signature:** \_\_\_\_\_ Date: \_\_\_\_\_