



PLEASANT GROVE HIGH SCHOOL
2012-2013

TIM BRANTLEY
PRINCIPAL

KORI M. THOMAS
ASSISTANT PRINCIPAL

NATE JOHNSTON
ATHLETIC DIRECTOR

KRISTIN POND
ATHLETIC TRAINER

MATT NORMAN
ASSISTANT PRINCIPAL

JEANIE WILSON
ASSISTANT PRINCIPAL

KYLE SANDERSON
ASSISTANT ATHLETIC DIRECTOR

We are glad that you are interested in participating in a Viking athletic team.

Enclosed you will find a Pleasant Grove High School Athletic information packet. The white form is the ANNUAL physical and parental consent form. The green form is the UHSAA try out checklist form. The blue form is the ASD Student Personal Information Release—School District/External Publications and Web. The yellow form is the UHSAA Sports Concussion Management Plan. **EACH ATHLETE MUST USE A NEW FORM FOR EACH SPORT. These forms are REQUIRED BY THE DISTRICT AND STATE.** Please fill out all forms and return to your coach by the due date below.

DUE DATES

- **Fall DUE DATE IS July 26th**
- **Winter DUE DATE IS November 1st**
- **Spring DUE DATE IS February 21st**

*The forms can also be found on the web page at
<http://pghs.alpineschools.org/uncategorized/athletic-packet#>*

Sincerely,

Pleasant Grove High School
Athletic Administration

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the certified athletic trainer, licensed health-care practitioner and/or hospital to secure proper treatment or care, including ambulance transportation, hospitalization, anesthesia, surgery, or injections of medication for my child in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school. It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year. It is further understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

I/We hereby give my/our consent for the above named student to compete in the Pleasant Grove High School approved sports below:

Baseball Cross Country Football Soccer Swimming Track/Field Wrestling
 Basketball Drill Team Golf Softball Tennis Volleyball Other _____

I/We acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning.

I/We hereby agree to exonerate and hold harmless the Alpine School District, its agents, servants, and employees, including coaches, athletic trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to the sports indicated above.

Signature of parent/guardian: _____ Date: _____

Signature of student: _____ Date: _____

FOR PHYSICIAN'S OFFICE USE ONLY

Doctor's Office Address Information

Phone: () -

VITAL STATISTICS

Height: _____ Pulse Rate: _____ Vision: Left: ____/20 Right: ____/20
 Weight: _____ Blood Pressure: ____ / ____ Corrected: [] Yes [] No
 % Body Fat (Opt): _____ Pupils: [] Equal [] Unequal

NORMAL	ABNORMAL FINDINGS	INITIALS*
--------	-------------------	-----------

GENERAL MEDICAL

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Appearance | _____ | _____ |
| <input type="checkbox"/> Eyes/Ears/Nose/Throat | _____ | _____ |
| <input type="checkbox"/> Lymph Nodes | _____ | _____ |
| <input type="checkbox"/> Heart | _____ | _____ |
| <input type="checkbox"/> Pulses | _____ | _____ |
| <input type="checkbox"/> Lungs | _____ | _____ |
| <input type="checkbox"/> Abdomen | _____ | _____ |
| <input type="checkbox"/> Genitalia (males only) | _____ | _____ |
| <input type="checkbox"/> Skin | _____ | _____ |

MUSCULOSKELETAL

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Neck | _____ | _____ |
| <input type="checkbox"/> Back | _____ | _____ |
| <input type="checkbox"/> Shoulder/arm | _____ | _____ |
| <input type="checkbox"/> Elbow/forearm | _____ | _____ |
| <input type="checkbox"/> Wrist/hand | _____ | _____ |
| <input type="checkbox"/> Hip/Thigh | _____ | _____ |
| <input type="checkbox"/> Knee | _____ | _____ |
| <input type="checkbox"/> Leg/Ankle | _____ | _____ |
| <input type="checkbox"/> Foot | _____ | _____ |

*Station-based examination only

CLEARANCE	PHYSICIAN'S COMMENTS
-----------	----------------------

- | | |
|---|-------|
| <input type="checkbox"/> Cleared | _____ |
| <input type="checkbox"/> Cleared with conditions (see comments) | _____ |
| <input type="checkbox"/> Not cleared (see comments) | _____ |

Signature of physician: _____ Date: _____



UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION

199 E 7200 So, Midvale, 84047, Ph 801-566-0681, Fax 801-566-0633

Revised 3/23/12

UHSAA Tryout Checklist Form

For Prospective Student-Athletes, Parents/Guardians & Coaches

The following form shall be completed by prospective student-athletes before they tryout or become a member of a high school team. The completed form shall be carefully reviewed by the head coach and athletic director before being placed securely on file at the school. The information provided is necessary in determining the eligibility status of the prospective student-athlete. Initial eligibility is established by attending a high school OR being selected as a member of a high school team. A student does not establish eligibility by simply trying out for a team, they must be enrolled at a high school or be selected as a member of a high school team. If a student who has not established their eligibility tries out for a high school team and gets cut, they have not established their eligibility but they have used their sport season which means they are NOT eligible to tryout in the same sport at a different school during that same school year. According to the UHSAA Transfer Rule: Once a student has established their eligibility by attending a high school or being selected as a member of a high school team, they are not eligible to participate at another high school for twelve months from the first day of attendance at the new school or until a "Waiver of Ineligibility" has been approved by the UHSAA and the school has been notified.

Student's Name

Grade

Date of Birth

School at which the Student is Enrolled

Name of the Sport

The High School Sponsoring this Sport's Team

PART 1-ELIGIBILITY: The prospective athlete must answer the following questions. Check Yes or No:

- Yes ___ No ___ Are you enrolled at or do you attend another school, different than the one sponsoring this sport's team? If you answered YES, print the name of the school where you are enrolled:
Yes ___ No ___ Have you attended another high school in the last 12 months? List the school:
Yes ___ No ___ If you answered YES, did the UHSAA approve your "Waiver of Ineligibility" application? Yes ___ No ___
Yes ___ No ___ Have you been a member of a high school team at another high school in the last 12 months? If so, list the other high schools where you have been a member of a team:
Yes ___ No ___ If you answered YES, did the UHSAA approve your "Waiver of Ineligibility" application? Yes ___ No ___
Yes ___ No ___ Are you a Foreign Exchange Student (J-1 Visa) or an International Student (F-1 Visa)? If you answered YES, did the UHSAA approve your participation (Form 4A or 4B)? Yes ___ No ___

Note to Coach & Athletic Director: If a prospective athlete is NOT ENROLLED AT YOUR SCHOOL, verify which of the following applies: 1) Do they attend a junior high or middle school? 2) Were they approved by the UHSAA for participation under the Co-Op Rule? 3) Do they attend an alternative, charter or private school or are they home schooled or a full-time online student AND if so, do their parents or legal guardians reside in the boundaries of this school? The charter, home or private school student may only participate in extracurricular activities at the school within whose boundaries the student's parent(s) or legal guardian(s) resides or at the public school from which the student withdrew for the purpose of home schooling or attending a charter or private school (Handbook Article 1 Section 14).

PART 2-RULES: As a participant, I will adhere to all UHSAA Rules and By-Laws outlined in the UHSAA Handbook, some of which are included in the commitment statements listed below. After reading through each statement below, CHECK THE BOX as an indication of your understanding and commitment to adhere to the rule as stated.


- I will conduct myself in a manner that promotes good sportsmanship. I will respect the game and all participants.
I establish my initial eligibility by attending, trying out or participating with any member high school (Art. 1, Sect. 1).
I shall lose my eligibility to participate in UHSAA athletic activities for twelve months if I transfer from one high school to another after establishing eligibility (Article 1, Section 9).
I may participate in only one season per sport in any school year. A tryout is considered participation in a sport and an unsuccessful tryout concludes my eligibility for that season. If I do not make this team, I cannot tryout at another school for this same sport during this school year (Article 1, Section 3).
I cannot participate in more than four seasons in any one sport (Article 1, Section 3).
I must obtain a physical examination prior to competing in any athletic contest (Article 1, Section 13).
I must meet the scholastic eligibility rules of the UHSAA which include a minimum 2.0 GPA on a 4.0 scale or its equivalent and no more than one failure in the preceding grading period (Article 1, Section 8).
I will not compete with any non-high school team in this same sport after the competition start date for this sport (Article 1, Section 12). For competition start dates see the UHSAA calendar at www.uhsaa.org.

- I will not promote, distribute or use illegal substances as defined in Utah Code and the UHSAA alcohol, drugs and tobacco policy (Article 10).
- I cannot participate on a college team or a team that includes professional athletes (Article 1, Section 5 & 6).
- I will not compete for money or accept any cash awards in any organized athletic activity (Article 1, Section 6).
- I could lose eligibility for one full year if involved with recruiting. Recruiting of student-athletes by a member school, coach, coaching staff, boosters or anyone else is considered a serious violation of UHSAA rules regarding the imposition of undue influence for the purposes of athletics. In the case of a student who, upon first entry, attempts to establish eligibility at a high school outside the boundary of their residence, the following may be considered as evidence of recruiting and if proven, the athlete could lose eligibility for one full year and may result in serious sanctions against the school (Article 1, Section 9 & 10):
 - Students have attended a sports related camp with coaches associated with a UHSAA member school outside the school boundaries of their residence or
 - Students have participated with a “club”, “super-league”, “all-star”, or “select” team or other similar organization with players, coaches, or anyone associated with a UHSAA member school outside the school boundaries of their residence or
 - Students or their parents/guardian have contacted or been contacted by a coach, booster or other(s) associated with a UHSAA member school outside the school boundaries of their residence.

PART 3-PLEDGE: Read through the UHSAA Sportsmanship Pledge.

UHSAA SPORTSMANSHIP PLEDGE

I accept the responsibilities that come with the privilege of participating and make a pledge to exhibit appropriate sporting behavior and be a positive role model for my team, school and community.



I PLEDGE TO:

1. Play with honesty and integrity, adhering to the rules of the sport and the UHSAA rules, regulations and By-Laws.
2. Demonstrate respect for the game and all those that participate. (i.e. teammates, opponents, coaches, officials, spectators and fans).
3. Display self-control and appropriate behavior when participating and by cheering FOR my team and NOT against the opponent. “Do Rowdy Right!”

“Raise the Bar” - Sportsmanship Matters!

Raise-the-Bar is the UHSAA Statewide Sportsmanship Program for all member schools. Together we can make a positive difference in the lives of our students, schools and communities!

PART 4-Signatures: Read through the commitment statement then sign your name.

SIGNATURES REQUIRED BY PROSPECTIVE ATHLETE, PARENT AND COACH

*We hereby certify that we understand the UHSAA By-Laws outlined on this form and agree to abide by these and all others outlined in the UHSAA Handbook located under the “Publications” tab at www.uhsaa.org . We certify that the student-athlete is eligible to participate in UHSAA activities according to the UHSAA eligibility rules and By-Laws. We also agree to abide by the **SPORTSMANSHIP PLEDGE** stated above. We pledge to **RESPECT THE GAME AND ALL THOSE PARTICIPATING.***

Signature of Student-Athlete

Signature of Parent or Guardian

Signature of Coach

Date



ALPINE SCHOOL DISTRICT

Student Personal Information Release—School District/External Publications and Web

Dear Parents/Guardians,

From time to time, your child’s name and/or photo might be considered for publication/display in a web page or publication, school/district created or other external publication (media outlet, etc.). Please take time to review the Information Release Form and select all appropriate options. If your preference changes during the year, you are responsible for contacting the school and completing a new form. If you have any other questions, please contact the school before signing.

Please initial in the box(es) below to indicate you agree to give permission.

WEB RELEASE: (For publication on web pages including school/district and external publications such as media outlets like the Daily Herald, KSL, etc.)

_____ The school, district and/or external media outlet has permission to display my child’s photo.

_____ The school, district and/or external media outlet has permission to display my child’s photo with first and last name attached.

I understand that this information will be available to anyone on the Internet/ World Wide Web.

Please note that this does not replace the District’s Acceptable Use Policy or imply permission to use internet services.

PUBLICATION RELEASE: (For publication in school/district and external publications)

_____ The school, district and/or external media outlet has permission to display my child’s photo.

_____ The school and district and/or external media outlet has permission to display my child’s photo with first and last name attached.

By signing below, I verify that I understand the above release and that I have indicated my preferences. By leaving a box empty, I am indicating that I do not wish for permission to be granted. If my preferences change during the school year, I will contact the school.

Parent/Legal Guardian Signature

Date

Child’s Name (please print)

Child’s Grade

School _____

Sport _____

Girls’ Boys’

Schools should keep the completed form on file at the school.

UHSAA Sports Concussion Management Plan

APPENDIX A: Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion.

Student/Athlete

I, _____, of Pleasant Grove High School hereby acknowledge having
Student/Athlete
received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of student/athlete

Date

Parent/Guardian

I, the **parent/guardian** of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

Printed name of parent/guardian

Signature of parent/guardian

Date

Please read the document on the reverse of this sheet.

3. Concussion Education for Student Athletes and Parent(s)/Guardian(s)

3.1. At the beginning of individual sport seasons, student-athletes shall be presented with a discussion about concussions and given a copy of the CDC's "Heads Up: Concussion in High School Sports – A fact sheet for Athletes"

3.1.1. If the school has medical coverage in place for their athletes (i.e. physician or licensed athletic trainer), this person shall provide the discussion and educational handout

3.1.2. If no such coverage exists, the coach or other designated school personnel shall be responsible for providing the fact sheets to the student athletes.

3.2. At the beginning of individual sport seasons, parent/guardian(s) shall be presented with a copy of the CDC's "Heads Up: Concussion in High School Sports – A Fact sheet for parents"

3.3. These materials are available free of charge from the CDC. To order or download go to the CDC concussion webpage or use the following link: <http://www.cdc.gov/concussion>

3.4. All student-athletes and their parents/guardians will sign a statement in which the student-athlete accepts the responsibility for reporting their injuries and illnesses to the coaching/athletic training staff, parents, or other health care personnel including signs and symptoms of concussion. This statement will also acknowledge having received the above mentioned educational handouts. **See Appendix A**

3.5. All student-athletes shall be **required** to participate in the above education prior to their participation in any sport governed by the UHSAA.

3.5.1. Club sports sponsored by high schools do not fall under the jurisdiction of the UHSAA. UHSAA member high schools are nonetheless encouraged to adopt similar policies to properly manage concussion in the club sports they support.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

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

What are the signs and symptoms?

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 after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • 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 <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

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

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

