



PLEASANT GROVE HIGH SCHOOL
2016-2017

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ATHLETIC DIRECTORS

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ATHLETIC TRAINER

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 blue form is the UHSAA register my athlete. The green form is the ASD Student Personal Information Release—School District/External Publications and Web. The pink 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 20th**
- **Swimming DUE DATE IS September 19th**
- **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: _____



Instructions For Parents

Register My Athlete allows parents to register their athletes for sports online. Here are some basic steps to follow when registering your athlete for the first time:

1. **Find Your School:** Find your school by going to <http://registermyathlete.com/schools/>, selecting your state, and finding your school. Click on the school to continue to the next step. Schools are encouraged to make a direct link from their school's website.
2. **Create an account:** Now begin creating your account by clicking the "Create An Account" button. After filling in the required information the system will automatically log you in and you will be required to accept the terms of use.
3. **Add a new athlete:** The next step is to add an athlete. You can do so by click the "My Athletes" tab on the left-hand side of the page or by clicking "Add Athlete" underneath the "My Athletes" tab. This only needs to be done once during your athlete's entire career. The information entered here will carry over from year to year. This information includes your athlete's contact information and medical information.
4. **The athlete's profile:** After you've created your athlete you will be brought to their Profile page. This page is a summary of their info and involvement.
5. **Register for a sport:** Click "+ Register For A Sport" to begin registration, you will be asked to choose which sport your athlete is registering for.
6. **Your registration checklist:** This page shows the status of your athlete's registration. You will be asked to complete several steps to complete registration including agreeing to documents, completing the physical, and answering the UHSAA's tryout checklist.
7. **Physicals:** You must print off the physical forms required by your school and return them to your school and they will upload them to your registration. Parents CANNOT upload physicals to their registrations.
8. **Complete registration:** Your registration is complete once all items on the checklist have been completed.
9. **After registration:** After registration is complete, you can login at any time to view the Status of your athlete and their participation on the team.

Additional Athletes

If you have additional athletes to register, you can repeat steps 3-8 for them under your same account.

Future Seasons & Years

During the following years, once your athlete has been added to your account, you only need to follow steps 5-8 to register for sports.



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

