

NORTH LAKE SCHOOL GIRLS BASKETBALL CONTRACT



Welcome to North Lake School's basketball season! Girls are eligible to sign up now. **Registration forms and fees must be turned in to the office or Mrs. Tarkowski by Friday, September 7th.** The season officially begins October 1, 2018.

A \$75.00 activity fee is being charged for each player. A "Medical Form for Extra-Curricular Sports" must be on file in the office prior to participation. *Parents are required to volunteer during the season.* Volunteers will be needed for the 5th grade girls' tournament. Proceeds from the tournament go to our athletic programs.

Transportation for all practices and games is the responsibility of each individual family. Please sign and return the permission slip and the code of conduct agreement as soon as possible if your daughter is going to participate in the basketball program.

This contract, along with the pink Athletic Emergency Form and the Concussion Parent/Athlete Agreement must be completed, signed and returned to the school office by Friday, September 7th. There is no guarantee you will be placed on a team if forms are turned in after this date.

GIRLS BASKETBALL

_____ (name) _____ (grade) has permission to participate in basketball at North Lake School for the 2018-2019 school year. I understand that the school district will not be held liable or responsible for any injury due to participation. **I have read the Activities Handbook** (available on the NLS website under athletics).

I have read the information regarding transportation and will see to it that my daughter is at the games. I understand that the district will not be held liable or responsible for injury due to transportation. I also understand that the "Medical Form for Extra-Curricular Sports" must be on file in the school office prior to participation. **I also plan to assist at the school's tournament.**

I have enclosed the \$75.00 activity fee. Please be aware that there will be no refunds of the activity fee after the first game of the season.

As a North Lake School team player I will remember that I am a representative of my school at all times. I will display good sportsmanship regardless if I win or lose. I will be respectful of the officials, coaches, opposing team members, and other adults present.

Student Signature/Date

As a North Lake School fan I understand that we are trying to encourage sportsmanship at all times. When I am in the stands at a sporting event I will keep my participation positive. I will appreciate the achievements of both teams. I will be supportive of the officials and the coach's efforts.

Parent Signature/Date

ATHLETIC EMERGENCY FORM

NAME _____ GRADE _____

SPORT _____ COACH _____

EMERGENCY CONTACT PERSON(S)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

PHYSICIAN/CLINIC

Physician _____

Clinic _____

Phone # _____

Have you ever had a concussion? _____ If yes, how many? _____

Have you ever experienced concussion symptoms? _____ Did you report them? _____

ALLERGIES

COMMENTS

E-MAIL ADDRESS

**NORTH LAKE SCHOOL MEDICAL FORM
FOR EXTRA-CURRICULAR SPORTS (Good for two years)**

School Year _____

Student Name _____ Date of Birth _____
(Last, First, Middle Initial)

Grade _____ Age _____ Sex _____ Height _____ Weight _____

Present Address _____

Home Phone _____ Parents Work Phone _____

Family Physician (Name/Phone) _____

Family Dentist (Name/Phone) _____

Name of Private Health Insurance Carrier _____

Policy Number(s) and Address _____

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities. (Check here if yes) _____

Exceptions are as follows: sports or school activities in which this student cannot participate are (if none - write NONE): _____

If student is restricted or disqualified, please indicate reason(s): _____

If approved for one year of competition, instead of two, please check here: _____

Signature of Licensed Physician or Surgeon _____

Address _____

City and State _____

Telephone _____ Date of Examination _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT NORTH LAKE SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.

1. I, as a parent or legal guardian of the above athlete, have read, understand, and therefore agree to support the policies and rules set forth for athletes at North Lake School and give my son/daughter permission to participate under those conditions.
2. I also give permission for school personnel, in an emergency situation at a school athletic event, to make decisions on certified medical assistance, first aid and care to my child should he/she require such assistance or emergency first aid by the coach.
3. As parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I further agree to hold my son/daughter financially accountable for any and all equipment which he/she may lose, misplace, or damage through carelessness or intent.
4. I realize that there is a risk of injury inherent in all sports. I realize the risk may be severe, including the risk of fractures, brain injuries, paralysis or even death. I have sufficient accident insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in the athletic program under the direction of North Lake School.

Parent Signature/Date



PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____

Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____

Date _____





KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care provider

Wisconsin Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION






DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

To learn more about concussions go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org



**DIRECTIONS TO CONFERENCE SCHOOLS FROM
NORTH LAKE SCHOOL**

FRIESS LAKE SCHOOL

Take VV east to Center Oak Road – Left on Center Oak to Plainview – Right on Plainview to 164 – Left on 164. School is on the northeast corner of Hwy 167 and 164.

ERIN SCHOOL

North on Hwy 83 to Hwy O. Left on Hwy O. The school is ½ mile ahead on the left.

LAKE COUNTRY SCHOOL

Take Hwy 83 south – just past Hwy 16 to stoplight which is Capitol Drive. Turn left on Capitol Drive. Street curves around and turn right on Vettelson Road. The school is on the left (south) side of the road about 2 miles down.

MERTON SCHOOL

Take VV east to Dorn Road – turn right on Dorn. Turn right on Sussex Road (also called Hwy EF) (They play at the Intermediate School, which is the first one you come to on the right).

NORTH SHORE MIDDLE SCHOOL

Take Hwy 16 east to North Shore Drive/Jungbluth Exit. Turn right and head south. The road curves to the right and the school is about 1 mile down on the right (north) side of the road.

SWALLOW SCHOOL

Take VV east to Hwy E – turn right on E. E curves around to the left – at stop sign turn right to stay on Hwy E. Take to Hwy K – Swallow is on the northeast corner.

RICHMOND SCHOOL

Take VV east to Hwy E – turn right on E. E curves around to left – at stop sign turn right to stay on Hwy E. Take to Hwy K – turn left (Swallow School is on this corner). Take K past Bristlecone Pines subdivision. At stoplights, proceed through that intersection and the school is on the left (north) side of the street.

KETTLE MORaine

I94 W to 67 – South on 67 past Hwy 18 to Ottawa Avenue (Hwy Z) – Turn Right (west)
On Hwy Z 301 East Ottawa

