



WHITESIDE SCHOOL DISTRICT 115

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Belleville, Illinois 62221

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<http://www.wssd115.org>

Mark Heuring
Superintendent
Monica Laurent
Middle School Principal
Jamie Cotto
Middle School Associate Principal
Nathan Rakers
Elementary Principal
Kim Bossler
Elementary Assistant Principal

Athletic and Extra Curricular Teams Agreement to Participate:

Student Name: _____

Sport or Activity: (Please check all that apply.)

- | | | |
|---|--|---------------------------------------|
| ☐ Softball | ☐ Girls' Basketball | ☐ Scholar Bowl |
| ☐ Baseball | ☐ Volleyball | ☐ Chess |
| ☐ Soccer | ☐ Cheerleading | ☐ Bowling |
| ☐ Boys' Basketball | ☐ Track | ☐ Golf |

TO BE COMPLETED BY THE STUDENT-PARTICIPANT

In consideration of the Whiteside School District permitting me to participate in the above sport(s) or activity, I agree as follows:

1. I will abide by all conduct rules and will behave in a sportsmanlike manner.
2. I will follow the coach/sponsor's instructions, playing techniques, training schedule and safety rules for the above sport or activity.
3. I acknowledge that I am aware that participation in the above sport or activity may involve **many risks of injury**. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold Whiteside School District 115, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. will abide by all conduct rules of Whiteside School District.

Date _____, 20_____
Signature of Student

TO BE COMPLETED BY THE PARENT/GUARDIAN

I, _____ am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in the above sport or activity, I agree to hold Whiteside School District 115, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I understand and accept the selection process and the expectations as set forth by the coach of this activity. I will provide transportation to and from practices and scheduled events when needed. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport/activity.

Date _____, 20_____
Signature of Parent(s)/Guardian(s)

Contact Phone Number _____ Contact email address _____

Certificate of Physical Fitness for Participation in Athletics –2026-2027

To be submitted to the Principal's Office

Student:	Grade:
Sport or Activity:	

I am the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition. I have completed and submitted the **Authorization for Medical Treatment** form allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful. If my child requires or may need medication while participating in athletics, I have completed and submitted the **School Medication Authorization Form**.

Parent(s)/Guardian(s) Name:			
Home Address:			
Telephone Number:		Business Phone:	
Child/Ward's Date of Birth:			
Physician's Name:		Telephone Number:	

Medical History:

	Yes	No		Yes	No
Heart Condition	☐	☐	Epilepsy	☐	☐
Allergies	☐	☐	Asthma	☐	☐
Diabetes	☐	☐	Other		

1. Injuries and/or operations during the past year? (include dates)
2. Has your child/ward's physical activity been restricted during the past year? (Reason and Duration)
3. Is your child/ward taking any medication? ☐ Yes ☐ No

If yes, why? Name of medication:

Signature of Parent(s)/Guardian(s);	
Date:	

Whiteside School District 115 Concussion Information

What can happen if my child keeps on playing with a concussion or returns too soon?

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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents, and students is the key to student-athlete's safety. The district will follow the graduated return to school protocol developed by the Sports Concussion Institute.

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, IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with the state law, all IHSA member schools are required to follow this policy.

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

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Students-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Concussion Information Sheet

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document Created 7/1/2011

A concussion is a brain injury and all brain injuries are serious. They are 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. They 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. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
Headaches “Pressure in head” Nausea or vomiting Neck pain Balance problems or dizziness Blurred, double, or fuzzy vision Sensitivity to light or noise Feeling sluggish or slowed down Feeling foggy or groggy Drowsiness Change in sleep patterns	Amnesia “Don’t feel right” Fatigue or low energy Sadness Nervousness or anxiety Irritability More emotional Confusion Concentration or memory problems (forgetting game plays) Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
Appears dazed Vacant facial expression Confused about assignment Forgets plays Is unsure of game, score, or opponent Moves clumsily or displays incoordination Answers questions slowly Slurred speech Shows behavior or personality changes Can’t recall events prior to hit Can’t recall events after hit Seizures or convulsions Any change in typical behavior or personality Loses consciousness