



# Middle SCHOOL ATHLETICS REGISTRATION FORM

Before completing this form, please have your child present. They will be required to sign the Heads UP Concussion Fact Sheet portion of this form.

Student First Name		Student Last Name		Student ID#	Date of Birth (xx/xx/xxx)
M	F	Age		Grade (Fall 2015)	Middle School Attending
Gender					
Parent/Guardian Name(s)		Day Phone #	Evening Phone #	Cell Phone #	
Address		City	Zip	Parent E-mail	

## I. EMERGENCY CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)

Parent/Guardian Name(s)		Day Phone #	Evening Phone #	Cell Phone #
Address		City	Zip	Parent E-mail
Doctor Name		Phone		
Hospital Preference		Phone		

## II. MEDICAL INSURANCE ACKNOWLEDGEMENT

Student's Name	Grade (Fall 2016)	Middle School Attending
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### PLEASE SELECT ONE:

<input type="checkbox"/>	I (we) the undersigned, feel we have adequate insurance protection for our daughter/son and will assume all responsibility for injuries incurred while practicing for, or participating in interscholastic sports.
<input type="checkbox"/>	
<input type="checkbox"/>	I (we) do not have insurance, but will not hold the school, the coach or the Des Moines Public School District liable for injury incurred.

Des Moines Public Schools do not carry insurance on extracurricular activities for individual students. Contact the Athletic Office of your student's school building if you are interested in information on the HAWK-I insurance plan.

### III. INJURY RISK/PARENT PERMISSION

My son/daughter has permission to participate in ALL school district athletic programs.

Yes

No

Please complete the following:

Do not allow participation in the following sports:

### IV. CONCUSSION PARENT FACT SHEET

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below. Students cannot practice or compete in those activities until this form has been signed. See the HEADS UP: Concussion in High Schools Sports flyer attached.

<http://www.dmschools.org/enrollment-registration/information-forms/>

### STUDENT SIGNATURE

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student Signature

### V. PHYSICAL EXAMINATION FORM

In accordance with the Iowa High School Athletic Director's Association, any student participating in activities is required to have a CURRENT sports physical. The form must be completely filled out, front and back. The form MUST be signed and dated by parent/guardian, as well as, signed and dated by the physician performing the examination. Any forms submitted to the Activities Office incomplete will be considered invalid and returned for completion. Physical forms need to be submitted annually (form are only valid for 13 months).

### VI. SPORT/GRADE/REGISTRATION COST/SEASON

NAME	GRADE	SEASON	COST	GENERAL START/END DATES
Football	8 <sup>th</sup>	Fall	\$10.00	August – October
Volleyball	7 <sup>th</sup> & 8 <sup>th</sup>	Fall	\$10.00	August - October
Cross Country	7 <sup>th</sup> & 8 <sup>th</sup>	Fall	\$10.00	August - October
Girls Basketball	8 <sup>th</sup>	Winter	\$10.00	October – December
Girls Swimming	7 <sup>th</sup> & 8 <sup>th</sup>	Winter	\$10.00	October – December
Wrestling	8 <sup>th</sup>	Winter	\$10.00	October – December
Boys Basketball	8 <sup>th</sup>	Winter	\$10.00	January – February
Boys Swimming	7 <sup>th</sup> & 8 <sup>th</sup>	Winter	\$10.00	January – February
Track	7 <sup>th</sup> & 8 <sup>th</sup>	Spring	\$10.00	March – May
Boys Soccer	7 <sup>th</sup> & 8 <sup>th</sup>	Spring	\$10.00	April – May
Girls Soccer	7 <sup>th</sup> & 8 <sup>th</sup>	Spring	\$10.00	April - May
Girls Cheerleading	7 <sup>th</sup> & 8 <sup>th</sup>	Fall & Spring	\$10.00	August – December

Please select all sports your child will be participating in for the 2016-2017 school year.


**Football**  
**Girls Cross Country**  
**Girls Swimming**  
**Boys Swimming**  
**Boys Soccer**


**Volleyball**  
**Cheerleading**  
**Wrestling Boys**  
**Track Girls**  
**Soccer**


**Boys Cross Country**  
**Girls Basketball**  
**Boys Basketball**  
**Girls Track**  
**Intramurals (\$10/fee)**

Number of sports \_\_\_\_\_ x \$10.00/each sport = \$ \_\_\_\_\_

## PARENT SIGNATURE

If you have an Infinite Campus Parent Portal Account, you may pay your athletic fees online. If you do not have a Parent Portal account, please contact the office manager of your child's school building. After completing this form, you will be provided a link to the DMPS online payment page. After logging in with your Infinite Campus Parent Portal account information, you may pay the corresponding fees associated with the sports your child will participate in for the 2016-2017 school year. If you prefer to drop off cash, a check or money order, please make the check payable to Des Moines Public Schools and deliver it to your child's school building's front office.

**\*\*No refunds will be issued after the first week of the season\*\***

I (we) have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

I (we) understand that accident may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has permission to practice and compete in the interscholastic program.

I hereby approve of my child's participation in this athletic program and certify that my child is in good health and able to participate in the program activities. Also, I certify that my child is adequately insured against injuries. I authorize the staff to act for me according to their best judgment in any emergency requiring medical attention.

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Parent Signature

Date

## A FACT SHEET FOR PARENTS AND STUDENTS

# HEADS UP: Concussion in High School Sports

*The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:*

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

### 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 parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
  - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
  - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

### What are the signs and symptoms of a concussion?

You cannot 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.

### STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.**

### Signs Reported by Students:

- 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”

### PARENTS:

#### How can you help your child prevent a concussion?

Every sport is different, but there are steps your children 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.

### Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)