



Interscholastic Athletic Parent/Guardian Student Athlete

AGREEMENT
CONTRACT
and
MEDICAL CERTIFICATION

The Williamsville Central School District welcomes its student athletes and parents/guardians into the Interscholastic Athletic Program. It is important that both the athletes and their parents/guardians read the information contained in this document.

Dr. Scott Martzloff
Superintendent of Schools

Christopher Mucica
Director of Athletics

Dr. Jason Matuszak
District Physician

Christine Harding
District Nurse Practitioner



ATHLETIC ELIGIBILITY FORM

Student's Name _____ Male/Female _____

Current School/Grade _____

Address _____ Telephone _____

has my permission to participate in interscholastic competition in { }Mod { }JV { }Var Sport: _____ at Williamsville _____ School and to accompany the team as a member on its out-of-town trips. I hereby certify that his/her birthdate is _____ (MM/DD/YY)

I certify that the questions in the Health History Review are answered accurately.

I understand that the district DOES NOT provide any type of accident and/or medical insurance for participants in the Interscholastic Athletic Program.

I understand that the district does not assume responsibility for lost or broken corrective lenses or orthodontic devices. In the event of an emergency, my signature below constitutes my permission for my child to receive medical evaluation and necessary treatment to ensure his/her health and safety. Such treatment may come from either my child's physician or another physician or medical facility as deemed appropriate by the supervising staff member at his/her discretion. I guarantee payment for any medical treatment provided for my child under this authorization.

Insurance Co. _____ Emergency Contact _____

I have read and agree to abide by the policies, regulations, rules and expectations pertaining to the Interscholastic Athletic Program. I understand there are inherent risks to all sports that may include catastrophic outcomes, permanent disability or death.

I have reviewed the included head injury information and provide informed consent for my child to participate in athletic program as indicated.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

High School attended LAST YEAR _____

*** DO NOT FILL IN BELOW ***

Medically cleared { }Yes { }No P.E. _____

School Nurse _____ Date _____

{ }Health Alert _____

{ }Protective Device _____

{ }Medication _____

{ }Please See Nurse for Details _____

Comments _____

Approved Level _____

HEALTH HISTORY REVIEW

Student Name _____ Grade _____

School _____ Sport _____

1. Do you have any chronic medical conditions or since your last sport physical a new diagnosis?..... Y N
2. Have you ever been hospitalized overnight or had surgery? Y N
3. Are you currently taking any medications or pills (prescription or over the counter), using an inhaler or EPI?.... Y N
4. Have you ever taken any supplements, vitamins or illicit drugs to help you improve your performance?..... Y N
5. Do you have any life threatening allergies or conditions? Y N
6. Have you ever had chest pain, pressure or tightness, dizziness, shortness of breath or fainting during or after exercise? Y N
7. Has a physician ever restricted or denied your participation in sports for any heart problems? Y N
8. Have you been told you have Marfan's Syndrome, prolonged QT Syndrome, Kawasaki's, cardiomyopathy, or a cardiac arrhythmia?..... Y N
9. Has any family member or relative died of heart problems or sudden death before age 50? Y N
10. Do you have high blood pressure? Y N
11. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Y N
12. Do you have a history of seizures? Y N
13. Do you have a bleeding disorder or had any episodes of prolonged bleeding (nose, intramuscular, intrajoint, other)? Y N
14. Do you have monocular vision or a single kidney or testicle? Y N
15. Have you ever had a head injury or concussion? Y N
16. Have you ever had heat cramps, heat exhaustion or heat stroke? Y N
17. Do you cough, wheeze or have trouble breathing during or after exercise or have asthma or lung disease? Y N
18. Do you have any contagious skin problems? Y N
19. Do you use any special or protective equipment or devices that aren't usually used for your sport (i.e. pacemaker, knee brace, foot orthotics, retainer on your teeth, hearing aid)?... Y N
20. Have you ever had a problem with your ears or hearing? Y N
21. Do you wear glasses, contacts or protective eyewear?..... Y N
22. Have you broken or fractured any bones or dislocated any joints or been diagnosed with a stress fracture? Y N
23. Have you had a problem with pain or swelling in muscles, tendons, bones or joints that has kept you out of sports? Y N
24. Have you experienced serious abdominal problems or hernia? ... Y N
25. Do you lose weight to meet weight for your sport? Y N
26. Has there been an unexplained weight loss or weight gain during the past six months? Y N
27. Are you following any particular diet or weight loss plan? .. Y N
28. Have you ever tried to control weight by vomiting, using laxatives, diuretics, diet pills or by exercising excessively? Y N
29. Do you have a history of eating disorders? Y N
30. Last tetanus vaccination date _____/_____/_____

Explain any questions to which you have answered 'Yes':

I certify that the above information is accurate

Parent Signature _____ Date _____

Student Signature _____ Date _____

FEMALES ONLY:

31. Has there been a recent change in your menstrual patterns? Y N
32. At what age did you have your first menstrual period? _____
33. When was your most recent menstrual period? _____/_____/_____
34. Are your periods < 21 days or > 36 days apart?..... Y N



WILLIAMSVILLE CENTRAL SCHOOL DISTRICT

INTERSCHOLASTIC DRUG AND ALCOHOL PROCEDURES

Participating in interscholastic athletics in the Williamsville Central School District is considered a privilege. Student Athletes are expected to have respect for physical and mental conditioning. The use of drugs and alcohol are detrimental to the objectives of interscholastic athletics. The following procedures will be strictly enforced by the school district. Athletes and parents are advised to read the policy carefully.

1. Alcohol/other drugs – consuming, sharing, transmitting, selling, buying (including “intent” to purchase), possession and/or being under the influence of alcohol, tobacco (to include e-cigarettes & e-juice) or nicotine products (unless the latter are prescribed by a physician as part of a documented smoking cessation treatment plan) and other drugs (including the misuse of prescription medication) at any time on school property or at school-sponsored events is strictly prohibited.
 2. Unauthorized substances – possession of paraphernalia for consuming (use) of alcohol, tobacco, and other substances (including vapor cigarettes and associated liquid substances; as well as synthetic marijuana, K2/Spice and Bath Salts), as well as the consuming (use), sharing, transmitting, buying and/or selling of substances (including the misuse of prescription medication) on school property or at school-sponsored events is strictly prohibited.
 3. Any violation of paragraphs numbered 1 or 2 of this policy which occurs during an athletic season at school or any school function, or any violation outside of school which is observed by a school official* or law enforcement official, or students admitting a violation to school officials will result in immediate suspension from the team for a period of 5 weeks or the remainder of the season (if less than 5 weeks remaining) and a referral for disciplinary action. Should a student commit a subsequent infraction anytime during their school career, he/she will be suspended from all interscholastic athletic activities for a period of one calendar year.
 4. The parent(s)/guardian(s) may request a review of the facts of the matter by submitting a written request to the Building Principal, who will review the case with the District Athletic Director and the Faculty Manager. The Principal, District Athletic Director and Faculty Manager will meet with the parent(s) and student to review the facts of the case for validity.
 5. If a student wishes to participate in an interscholastic activity following a violation of paragraphs 1 or 2, he/she and a parent/guardian must attend a conference with the Principal and District Athletic Director who will determine if future participation will be permitted and, if so, specify the terms and conditions of such participation. A plan of counseling help will be developed.
 6. Future participation in the case of illegal substances or alcohol is meant to mean the next sports season. In the case of tobacco or tobacco products (including e-cigarettes and e-juice) possession, sale or use only, the Principal and District Athletic Director may choose to reduce the suspension to two weeks of total participation including practice and then two more weeks of competition from the point of the infraction. Conditions may be set for reinstatement which may include enrollment in a bona fide smoking cessation program. Any subsequent violation involving tobacco/tobacco products will result in dismissal from the team for the balance of the season.
 7. Continued participation in athletics will be based on considerations such as: the steps taken to remediate the violation, the number of violations which have occurred, and any other relevant information.
- * *A school official includes a member of the district teaching and administration staff, district coaching staff.*

Reference Board of Education Policy #5312.1



RULES & REGULATIONS FOR INTERSCHOLASTIC SPORTS

1. Every student must have a current physical prior to practicing, trying out for or otherwise participating on a team. A sports physical is current if it has been given within the twelve months prior to the first practice. The physical (health appraisal) form must be completed in its entirety.

Before the student can participate in a practice or tryout, the Athletic Eligibility form must be presented to the school nurse as evidence that the student has had the required physical examination.

Any injury or illness occurring after the physical examination must be reported as soon as possible to the School Nurse.

2. Any student committing their 1st violation of the drug and alcohol policy during the off-season shall be required to arrange for a pre-try out “qualifying” meeting with the building principal. This meeting shall include the athlete, his/her parent(s)/guardian(s), coach, Building Faculty Manager and Building Principal.

3. The student athlete must be a bona fide student of the school, must be enrolled in the equivalent of four subjects including Physical Education. The parents or guardians must give their written permission before the student can participate on any team.

4. A student may not practice or take part in a game if he/she has not attended school by 11:00 a.m. during the day of the activity unless the student has been given special permission by the Principal to participate. The special permission should be sought in advance of the absence, if possible, in order to avoid misunderstandings and to know if the special permission will be granted.

5. All of the equipment provided by the district, including practice and game uniforms, is to be used only for practices and competitions, and only as directed by the Coach. Students are responsible for all equipment issued to them and are held responsible for the replacement costs of all equipment not returned or not returned in acceptable condition.

6. A student cannot transfer to another sport after the first scheduled interscholastic competition has been played. During the tryout period, however, a student who decides that he/she chose the wrong sport, or who is cut from a team, may, with the permission of the new coach, try out for another sport. A student may only participate in one sport per season.



7. Coaches may establish team and individual expectations and rules for team members. These will be communicated in writing to the students at the beginning of the season.

8. A “season” is defined as:
Beginning: 1st day of try-outs.
Ending: last day of competition.

9. Hazing is defined as any conduct or method of initiation into any athletic team, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student athlete. Hazing will not be tolerated in any form or manner. Students and or parents should report any concerns they might have regarding hazing incidents. These incidents will be investigated thoroughly with severe discipline repercussions for students found guilty.



If student/athlete has plans to compete in college at Division 1 or Division 2, parents need to meet with guidance counselor to make sure NCAA Clearing-house requirements are being met.

ADDRESSES AND PHONE NUMBERS

Williamsville East High School “Flames”



151 Paradise Road
East Amherst, NY 14051 Phone 626-8400
Principal Brian Swatland
Faculty Manager.....Nicholas J. Suchyna
Athletic Office..... 626-8445

Williamsville North High School “Spartans”



1595 Hopkins Road
Williamsville, NY 14221 Phone 626-8500
Principal Andre Thomas
Faculty Manager Steve Ferenczy
sferenczy@williamsvillek12.org 626-8539

Williamsville South High School “Billies”



5950 Main Street
Williamsville, NY 14221 Phone 626-8200
PrincipalKeith Boardman
Faculty Manager Adam Erickson
aerickson@williamsvillek12.org 626-8219

District Office

105 Casey Rd., P.O. Box 5000
East Amherst, NY 14051
Director of Athletics
Christopher Mucica 626-8037
cmucica@williamsvillek12.org

“COMPETITION WITH CLASS”

All Williamsville athletes and spectators are expected to exhibit outstanding sportsman-ship at all times. Over the years, this type of positive conduct has insured that inter-scholastic athletic opportunities have been beneficial experiences for all those involved.

CONCUSSION/HEAD INJURY/MILD TRAUMATIC BRAIN INJURY (TBI) INFORMATION

Definition:

A concussion is a type of traumatic brain injury (TBI) which alters the functioning of the brain. A concussion can occur with any bump, blow, or jolt to the head or body that causes the brain to quickly move back and forth. Concussions can occur as a result of a fall, motor vehicle accident, accident on the playground, during athletic participation, or during many other activities. All concussions are serious and need to be evaluated by a health care professional.

Signs and Symptoms:

Concussions affect each person differently. Symptoms usually show up immediately following an injury, but sometimes it may take hours or days to notice that something isn't quite right. Look for the following signs and symptoms of concussion for any student who suffered a bump, blow, or jolt to their head or body:

- Headache or head “pressure”
- Nausea and/or vomiting
- Dizzy and/or problems with balance
- Blurry vision or double vision
- Light and/or noise sensitivity
- Feels “foggy”
- Hard time concentrating
- Hard time remembering
- Confused
- Just “doesn’t feel right”
- Unable to remember events before or after the injury
- Loss of consciousness
- Appears dazed or out of it



Safety Tips and Prevention:

Below are ways to help reduce the risk of sustaining a concussion or other serious brain injury:

- Wear a seat belt every time you are driving or riding in a motor vehicle.
- Never drive or ride in a vehicle with someone who is under the influence of drugs or alcohol.
- Wear appropriate safety equipment, including properly fitted helmets, such as, but not limited to, when:
 - riding a bike, motorcycle, snow mobile, or ATV;
 - playing contact sports (examples include football, soccer, hockey, and lacrosse);
 - skiing, snowboarding, and sledding;
 - horseback riding; or
 - batting during baseball or softball
- During any athletic participation including practices and games:
 - Always use the recommended protective equipment for that sport (all equipment should be fitted appropriately and maintained according to manufacturer’s recommendations). Wearing a helmet is a must to help reduce the risk of a serious brain injury or skull fracture. However, helmets are **not** designed to prevent concussions. There is no “concussion-proof” helmet;
 - Safety rules need to be followed by all participants as well as proper techniques for safe playing;
 - Learn and follow the rules of the sport being played and promptly and honestly report injuries to an adult; and
 - Any student with a head injury must be removed from participation, will be referred to their healthcare provider for follow-up, and will remain out of play until proper medical documentation is submitted.

Recovery:

Rest is very important following a concussion because it helps the brain heal. Participating in sports or other high risk activities during the healing process is dangerous and places the student at risk for a more serious brain injury. Most students will recover from their concussion within a couple of weeks. When a student is no longer experiencing symptoms and medical clearance is secured, the student may gradually return to their sport.

Returning to Sports/Athletics:

The District follows the International Consensus Conference Guidelines for Return to Play (RTP) to team sports in a monitored and graduated progression of activity over six phases once the athlete is symptom free for at least 24 hours and medically cleared by their physician*. The process is detailed below.

International Consensus Conference Guidelines for Return to Play Following Head Injury/Concussion

Phase 1 low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals with rest in between; no resistance training

Phase 2 higher impact, higher exertion activity in two 15 minute intervals, with rest in between, such as running/jumping rope, skating, or other cardio exercise; may be sports specific if available (e.g. skating without collision meaning suited up, but skating when the team is not doing drills; running without impact in soccer or football, suited up), no resistance training

Phase 3 repeat phase 2 progressing with shorter breaks, and add additional 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting

Phase 4 repeat of phase 3 without breaks in cardio, but add skill work with movement (allowing balls to be thrown/kicked in the direction of student) and add additional 10-15 minutes; non-contact training drills

Student will complete post-injury IMPACT computer-based neuro-cognitive testing to compare with baseline pre-injury test results in combination with the athlete's current overall neuro-cognitive symptoms and physical presentation. Collaboration between the ATC, RN, District Physician and/or NP, and private medical provider, as needed, will determine plan to either advance to Phase 5, hold at Phase 4, or regress to a previous phase of exertion.

Phase 5 repeat phase 4 as a warm up; weight lifting with spotting; full contact training drills for full practice session

Phase 6 warm up followed by full participation as tolerated

*For purposes of the head injury RTP protocol, an appropriate physician evaluation is completed by a practicing MD or DO within the following specialties: family medicine, pediatrics, sports medicine, neurology, or neurosurgery, with preference given to the individual's primary care physician. Family members and friends of the family who are medical providers may not serve as an appropriate physician. The physician completing the physician's evaluation form should document name, degree, specialty, practice name (if applicable), address, and phone number.

For additional information on traumatic brain injuries (TBIs), please visit the following websites:

<http://www.cdc.gov/concussion/HeadsUp/> or

<http://www.cdc.gov/TraumaticBrainInjury/> or

http://www.health.ny.gov/prevention/injury_prevention/concussion.htm

Information adapted from The Centers for Disease Control, Heads Up Concussion in Youth Sports, <http://www.cdc.gov/concussion/HeadsUp/>

STUDENT RESPONSIBILITY for Medical Clearance

- **Medical Clearance for Participation:** The school nurse must have a current health appraisal and completed athletic eligibility and health history review forms. Check with your parent or the school nurse to see when your last physical exam was done. As long as exam is current, you can begin recertification* with the school nurse.
- **If Exam is Out of Date:** Contact your private physician immediately to schedule a health appraisal. Bring the completed health appraisal form to the nurses office at least two weeks before the first practice.
- ***Recertification:** Complete & sign both the athletic eligibility and health history review forms no earlier than 1 month prior to the start of practice. Bring the completed forms (and the health appraisal if your exam was expired) to the nurse. Failure to get your medical clearance on time will result in a delay in your being able to practice on the first day.
- **Interim Injury or Illness:** If you have had an injury or extended illness since your last sport clearance, an updated health care provider note is required for return to sports.



The district participates in the following sports:

FALL SEASON

- Football (Varsity, JV, Modified)
- Boys Soccer (Varsity, JV, Modified)
- Girls Soccer (Varsity, JV, Modified)
- Girls Tennis (Varsity)
- Boys Volleyball (Varsity, JV, Modified)
- Girls Volleyball (Varsity, JV, Modified)
- Girls Swimming (Varsity)
- Girls Gymnastics (Varsity)
- Boys Cross Country (Varsity)
- Girls Cross Country (Varsity)
- Girls Field Hockey (Varsity, JV, Modified)
- Girls Golf (Varsity)
- Boys Golf (Varsity)
- Cheerleading (Varsity, JV)
- Boys/Girls Cross Country (Modified)

WINTER SEASON

- Ice Hockey Boys/Girls (Varsity)
- Boys Indoor Track (Varsity)
- Girls Indoor Track (Varsity)
- Boys Basketball (Varsity, JV, Modified)
- Girls Basketball (Varsity, JV, Modified)
- Wrestling (Varsity, JV, Modified)
- Cheerleading (Varsity, JV)
- Boys Swimming (Varsity)
- Boys/Girls Swimming (Modified)
- Boys Bowling (Varsity)
- Girls Bowling (Varsity)
- Alpine Skiing (Varsity)
- Unified Bowling

SPRING SEASON

- Boys Baseball (Varsity, JV, Modified)
- Softball (Varsity, JV, Modified)
- Boys Lacrosse (Varsity, JV, Modified)
- Girls Lacrosse (Varsity, JV, Modified)
- Boys Tennis (Varsity)
- Boys Track (Varsity, Modified)
- Girls Track (Varsity, Modified)
- Unified Basketball