



PUTNAM COUNTY SCHOOLS

EXTRA-CURRICULAR ACTIVITY PARENT/GUARDIAN PERMISSION SLIP

Students must have a completed and signed permission slip before they will be permitted to participate in any school-sponsored activity, club, or organization. Students without permission slips will not be allowed to participate. No exceptions will be made.

Dear Parent/Guardian:

Your child is requesting to participate in the following extra-curricular school sponsored club, activity, or organization:

Under Tennessee state law (TCA § 49-6-1031 Section B), your child cannot participate in the above club, activity, or organization without your permission. If you do want them to participate, please complete this form and return it to the club/activity/organization sponsor. If at any point you wish to withdraw permission, please give written notice to the school administration.

I give permission to my child to participate in the above school-sponsored club, activity, organization, and I certify that I am the parent/guardian of the child for whom the application is being made.

Name of Parent/Guardian

Date

Signature of Parent/Guardian Date

School

Student's Name

THIS REQUEST SHOULD BE RETURNED TO THE CLUB/ACTIVITY/ORGANIZATION YOUR CHILD WILL BE ATTENDING.

PUTNAM COUNTY MIDDLE SCHOOL PARENT-STUDENT-COACH AGREEMENT

We believe that student athletes should represent the best we have to offer in our student body. Therefore, we hold our student athletes to a high standard of excellence as they represent not only themselves, but also our school and Putnam County Schools. We expect our student athletes to be leaders in their respective sports, in their classrooms, and in the community. This being the case, the following policy will be in effect for all student athletes participating on every Putnam County Middle School team. This policy shall be enforced by the head coach of the team represented and will be in effect once a student becomes a member of any athletic team.

Family Insurance, School Insurance, or Insurance Waiver Form is required **before** any student may tryout, practice, or play any sport. (Board Policy 3.601)

Athletes must be cleared by a physician via the provided Physical Exam form **before** he/she may tryout, practice, or play any sport.

Academics:

The head coach will check report cards and progress reports at each reporting period for all student athletes participating in their program. Progress reports will be checked on a weekly basis for any student that has a failing grade on a regular progress report or report card. Coach will monitor for satisfactory completion of daily assignments before student may participate in practice or games. Penalties for low academics are as follows:

- 1 F on report card or progress report: Allowed to practice only, cannot participate in games until passing grade is achieved on weekly progress report.
- 2 F's on report card or progress report: Athlete will not be allowed to practice or play in any game until passing grade is achieved on weekly progress report.
- Student athletes with lower than a "C" average will attend academic assistance daily.
- Incomplete assignments must be completed before the student can practice unless it is a result of an excused absence.
- Continued failing grades may result in the student athlete's removal from the team.

Behavior:

- Detention: Punishment shall be at the coach's discretion.
- Suspension: No practice or play during days of ISS/OSS; will be suspended from the next (1) scheduled game after suspension is served.
- 2nd offense Suspension ISS/OSS or multiple detention assignments: Student athlete will be removed from the team.

****Coaches and administration reserve the right to remove athletes from the team for severe behavior offenses.****

Attendance:

Student athletes must attend school all day on game days in order to play in games. Routine doctor/dentist notes for appointments on game day may be the exception. Athletes are responsible for arriving at school on time the morning after games.

Parents:

All parents (set of parents) will work 2 games to assist the Athletic Boosters program. This consists of 2 gates, 2 concessions or 1 of each per sport played. This obligation will be fulfilled during your child's off-season

TEAM (Please circle one) Basketball Volleyball Soccer Baseball Softball Football
Cheerleading Golf Cross Country Wrestling Tennis Mascot

Student Name PRINT

Student Signature

Parent Name PRINT

Parent Signature

Coach Name PRINT

Coach Signature



TSSAA Heat Policy (Revised August 2021)

Each school is responsible for obtaining either a Wet Bulb Globe Temperature or Heat Index reading at the site of practices and competitions. **Wet Bulb Globe Temperature (WBGT)** takes into account more environmental factors than heat index and should be a school's first choice when evaluating conditions and planning activities. In the absence of a Wet Bulb Globe Temperature reading, a digital psychrometer or other instrument may be used at the site of the activity to measure the heat index. The use of a weather app on a cell phone is permissible to measure heat index if no other instrument is available to measure heat index at the site of the practice or competition.

A cold water immersion tub or other form of rapid on-site cooling should be available for all warm weather practices. If exertional heat stroke is suspected, use immersion for on-site cooling before transporting to the hospital. Access to water should be available to all athletes at all times.

WBGT 82.0 – 86.9 or Heat Index Under 95 Degrees

- Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.

WBGT 87 to 89.9 or Heat Index of 95 Degrees to 99 Degrees

- Maximum practice time is 2 hours.*
- **For All Sports:** Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
- **For Football:** Players are restricted to helmet, shoulder pads, and shorts during practice that does not involve contact, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.

WBGT 90 to 92 or Heat Index of 100 Degrees to 104 Degrees

- Maximum practice time is 1 hour. *
- **For All Sports:** There must be 20 minutes of rest breaks distributed throughout the hour of practice and no conditioning activities.
- **For Football:** No protective equipment may be worn during practice that does not involve contact.

Above 92.0 WBGT or Heat Index Above 104 Degrees

- No outdoor practice. An outdoor practice cannot take place until WBGT level is 92.0 or below or heat index is 104 or below.
- Competitions must be postponed in the absence of an appropriate health care professional with access to a cold water immersion tub or other rapid on-site cooling method. Under no circumstances can an outdoor practice or scrimmage take place in these conditions.

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information		
Last Name _____	First Name _____	MI _____
Sex: [] Male [] Female	Grade _____	Age _____ DOB ____/____/____
Allergies _____		
Medications _____		
Insurance _____	Policy Number _____	
Group Number _____	Insurance Phone Number _____	

Emergency Contact Information		
Home Address _____	(City) _____	(Zip) _____
Home Phone _____	Mother's Cell _____	Father's Cell _____
Mother's Name _____	Work Phone _____	
Father's Name _____	Work Phone _____	
Another Person to Contact _____		
Phone Number _____	Relationship _____	

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature of Parent/Guardian

Date

K-12 Student Accident Insurance Enroll Online



www.studentinsurance-kk.com

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

K-12 Accident Plans available through your school:

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the "**Enroll Now**" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

**For Technical Assistance or help Enrolling please call 855-742-3135 Option 2

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón "**Enroll Now**" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

**Para asistencia técnica o ayuda para inscribirse, llame al 855-742-3135 Opción 2

Putnam County Middle School Athletics
Insurance Waiver Form

Pursuant to Putnam County School Board Policy 3.601, I attest that I have been offered an insurance policy through the school system and I have chosen not to purchase insurance. I am willing to accept all financial responsibilities related to participation in the sports program and any injury my child sustains as a result. This includes injury sustained in traveling to and from any athletic event including practice or meeting or any other team event sponsored by the school.

Team (Please circle one)

Baseball Basketball Cheerleading Cross Country Football
Golf Soccer Softball Volley Ball Wrestling Tennis Mascot

Student Athlete _____
Print

Parent/Guardian _____
Print

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.

Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more symptoms of concussion listed below** after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury .	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses .	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms .	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse .	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date