

**THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205
COVID-19 PANDEMIC STUDENT-ATHLETE ASSUMPTION OF RISK AND
CONSENT FORM**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, State, and local governments and federal and State health agencies recommend social distancing and the use of face coverings, and have, in many locations, prohibited the congregation of groups of people.

In accordance with guidance and rules issued by the Illinois State Board of Education, the Illinois Department of Public Health and the Illinois High School Association, Thornton Township High School District 205 has put in place preventative measures to help reduce the spread of COVID-19; however, Thornton Township High School District 205 cannot guarantee that you/your student will not become infected with COVID-19. Furthermore, participating in high school athletics at this time could increase your/your student's risk of contracting COVID-19.

By signing this agreement, I acknowledge and understand the contagious nature of COVID-19 and voluntarily assume the risk that I/my student may be exposed to and/or infected by COVID-19 by participating in high school athletics at this time, and that such exposure and/or infection may result in personal injury, illness, permanent disability, and/or death to me/my student and/or others in my family.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me/my student (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind or nature, that I/my student may experience or incur in connection with my/my student's participation in high school athletics at this time. On my/my student's behalf, I hereby release, waive, agree not to sue, discharge, and forever hold harmless Thornton Township High School District 205, its Board of Education, its individual Board members, employees, coaches, volunteers, agents, and representatives, of and from any and all claims, liability, causes of action (of any kind or nature), damages, costs and/or expenses arising out of, relating to or in any way connected with my/my student's participation in high school athletics at Thornton Township High School District 205 at this time.

Sport or Activity

Student's Name

Parent/Guardian's Name

Student's Signature

Parent/Guardian's Signature

Date

Date



THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205
465 EAST 170TH STREET SOUTH HOLLAND, IL 60473-3481
708.225.4000 FAX: 708.225.4004
www.district205.net

TO: Athletes and Parents of Athletes

FROM: District 205 Administration

RE: ATHLETES MANDATORY PARTICIPATION FEE

Our Board passed a resolution requiring a sports participation fee for all District 205 athletes at a cost of **\$50.00** per student. One fee covers all sports in which your child participates.

The fee includes services of trainers for the sport, towels, and supplies. It also provides accident insurance that provides benefits to all athletes participating as a member of a school-sponsored athletic team in a regularly scheduled and approved practice session or game with other members of the team.

Students may not participate in any activity until the fee is paid.

If you have your own insurance, you must use it to its full capacity, then the insurance company administering the coverage will review the **EXCESS** fees not paid by your policy. **If you have no insurance**, this program will cover the expense. If you belong to an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization), you must follow the proper procedures outlined by your applicable plan before this coverage can honor any medical expenses.

HOW TO FILE A CLAIM

In case of an accident, the athletic trainer must fill out an accident report. The Athletic Department must send home an accident claim form to the parent and it must be returned to the Athletic Department. **IMPORTANT!! Accidents must be reported within 20 days. Claim form must be submitted within 90 days.** Questions regarding benefits and coverage may be directed in writing or by calling Web-TPA, Inc., P.O. Box 2415 Grapevine, TX, 76099-2415, Phone 1-866-975-9468.

IN CONCLUSION

Parents should retain this letter for future reference recognizing that this benefit is available in the participation fee. Web-TPA, Inc., administers the coverage that is underwritten by the Gerber Life Insurance Company.

2020-2021

THORNTON TOWNSHIP HIGH SCHOOL
DISTRICT 205
THORNWOOD HIGH SCHOOL

PARENTAL PERMISSION CERTIFICATE

Athletic Office Use Only:

Academic Eligibility S1: Y N

Academic Eligibility S2: Y N

GPA: S1 _____ S2 _____

IHSA Drug: _____

Physical Date: _____

Part. Fee Date: _____

Concussion: _____

PLEASE PRINT IN INK-NO PENCIL

STUDENT ID NUMBER: _____ YEAR IN SCHOOL: 9 10 11 12

STUDENT'S NAME: _____

(FIRST)

(LAST)

BIRTH DATE: _____ BIRTH PLACE: _____

(COUNTY)

(STATE)

ADDRESS: _____

(STREET)

(CITY)

(ZIP)

HOME PHONE: () _____ FATHER'S CONTACT PHONE: () _____

CELL PHONE: () _____ MOTHER'S CONTACT PHONE: () _____

PARENT'S HEALTH/HOSPITAL INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

CIRCLE ALL SPORTS ATHLETE WILL TRYOUT AND/OR PARTICIPATE IN FOR THE CURRENT SCHOOL YEAR

****SPORT/SPORTS MUST BE CIRCLED TO PARTICIPATE****

MY SON/DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN THE FOLLOWING SPORTS:

FALL

Cross Country-Boys

Cross Country-Girls

Football

*Soccer-Boys (TT)

*Tennis-Girls (TW)

Volleyball

Cheerleading

Cygnets/Pom-Pom

*Swimming-Girls (TT)

WINTER

Basketball-Boys

Basketball-Girls

Competitive Cheer

Wrestling

Indoor Track-Boys

Indoor Track-Girls

Competitive Dance/Cygnets

*Swimming-Boys (TT)

*Bowling-Boys/Girls (TR)

SPRING

Baseball

*Soccer-Girls (TW)

Softball

*Tennis-Boys (TW)

Outdoor Track-Boys

Outdoor Track-Girls

***Co-op Sports are held at Thornridge, Thornton, or Thornwood**

I understand that I may cancel this permission at any time by sending a letter to the Athletic Director state such permission has been withdrawn.

PARENT/GUARDIAN SIGNATURE

ATHLETIC DISCIPLINE CODE

I, _____ as a District 205 Athlete, agree to abide by the Athletic Discipline Code (found on the reverse side of this form) during the school year in which I am participating in sports. I also understand that I am required to attend the "Hos to be a Champion" workshop which addresses character development prior to the first contest of my season.

STUDENT SIGNATURE

We, as parents/guardians, agree to encourage and help our child to abide by these rules and requirements while participating in the District 205 Programs.

PARENT/GUARDIAN SIGNATURE

ATHLETIC DISCIPLINE CODE

1. **SCHOOL ATTENDANCE:** All participating athletes are expected to be in attendance at school at least half-day of any day they are to participate in practice or in a contest.
2. **SCHOOL INFRACTIONS:** Any school infraction which results in suspension from school will also result in suspension from an athletic activity at least until the student is properly reinstated in school.
3. **SMOKING OR DRINKING:** Any participating athlete identified by a school staff member as drinking or smoking will be given a minimum suspension from athletics of ten (10) school days from the date of the infraction. A repetition of such an incident will result in suspension from all athletics for the remainder of the school year.
4. **POSSESSION, SALE OR USE OF DRUGS:** Any participating athlete known to be in possession of drugs, selling drugs or using drugs will be suspended from any athletic involvement for the remainder of the school year.
5. **STEALING:** Any participating athlete involved in stealing of any nature will be suspended from athletics from first incident for a minimum of ten (10) school days and will make restitution for anything stolen. A repetition of such incident will result in suspension from all athletics for the remainder of the school year as restitution for anything stolen.
6. **FIGHTING OR ASSAULT:** Any fighting or assault by a participating athlete during an athletic contest will result in suspension from the athletic program for a minimum of five (5) school days and the severity of the incident, decided by the building administration, will determine if suspension from athletics for the year will take place. Any fighting or assault by a participating athlete during a practice session will result in suspension from the athletic program for a minimum of five (5) school days. A second such incident occurring during a practice session will result in suspension from all athletics for the remainder of the school year.
7. **DESTRUCTION OF DAMAGE OF PROPERTY:** Any destruction or damage to property associated with an athletic program will result in suspension of an athlete for a minimum of five (5) school days as well as payment of damages. A second such incident will result in suspension from all athletics for the remainder of the school year as well as payment of damages.
8. **TEAM RULES:** Violation of specific approved and distributed team rules other than those stated in this discipline code will be handled by the coach in charge.
9. **APPEAL:** Any participating athlete or coach may appeal a penalty to the Athletic Director or Assistant Athletic Director and if the problem is not resolved at that level, to the building Principal.
10. **AWARDS:** Awards for athletics may be withheld or refused if an athlete does not follow all the rules and regulations for a particular sport as announced to the athlete and approved by the school.

This discipline code will affect any athlete during the season in which the athlete is participating in a particular sport or for the school year if indicated in a particular part of the code. A second infraction does not refer to a second infraction in a given sport, but refers to a second infraction whenever it might take place.

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
 Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Signature of parent/guardian _____

Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
Last First Middle

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____	Pulse _____	Vision R 20/____ L 20/____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

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.

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. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school 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.

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/>



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>

IHSA SPORTS MEDICINE ACKNOWLEDGEMENT AND CONSENT

ACKNOWLEDGEMENT AND CONSENT

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____

Student Signature: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____

Relationship to Student: _____

Consent to Self-Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

- The student and parent/legal guardian further consent and authorize the school's ATC to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.
- The student and parent/legal guardian further consent and authorize the school's ATC to administer baseline and/or post injury concussion management assessment in order to manage a concussion or suspected head trauma, such care to be conducted under the direction of a physician.

Parent Signature: _____

Student Signature: _____

ATHLETE EMERGENCY CONTACT FORM

COACHES PLEASE KEEP A COPY OF THIS ON YOU AND RETURN TO THE ATHLETIC DEPARTMENT

STUDENT INFORMATION:

Student Name: _____ ID Number: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Year in School (please circle): 9 10 11 12

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____ **Relation:** _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Name of Alternate Contact: _____ **Relation:** _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

CONDITIONS/ISSUES:

Please list any medical issues the student may have: i.e. asthma, allergies...

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Thornwood High School Athletic Department personnel. Please provide accurate, complete and true information.

In case of an emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.