



HIGH SCHOOL ATHLETICS REGISTRATION & FINANCIAL AGREEMENT

2016-2017

Name of Student: _____ Entering Grade: _____

NON-REFUNDABLE ATHLETIC FEE(S): \$300 / PER SPORT

Please check all that apply:

- Fall Fee
- Winter Fee
- Spring Fee

SELECT SPORT (MAXIMUM TWO PER SEASON)

Please check all that apply:

- Fall** Cross Country Girls Volleyball
- Winter** Boys Basketball Boys Soccer Girls Soccer Girls Basketball
- Spring** Co-ed Track and Field Boys Volleyball Co-ed Golf

METHOD OF PAYMENT FOR ATHLETIC FEES

- Check*/Cash enclosed Check#: _____ *A \$25 fee will be charged for any returned checks.
- Bill through FACTS Tuition Management Account (for payment via ACH or credit/debit card)

I understand that my child will not be able to participate in any athletic events until the fee has been paid in full.

PLEASE SIGN

Parent / Guardian Name (Print): _____

Parent / Guardian's Signature: _____ Date: _____



2016-2017 ATHLETICS MEDICAL AUTHORIZATION & PARTICIPATION AGREEMENT

9th - 12th Grades

Student Full Name: _____

MINOR PARTICIPATION AUTHORIZATION

I, the undersigned parent or legal guardian, hereby give my consent to have my minor child participate in all athletic activities of Horizon Prep for the 2016-2017 school year. I recognize that there are risks involved in participation in these activities and hereby assume all risk of injury, harm, or death to my minor child in connection with his or her participation in this activity. To the fullest extent permitted by law, I release Horizon Prep, Horizon Christian Fellowship, its trustees, officers, directors, employees, agents and representatives from any injury, harm, or death which may occur to my minor child while participating in the activity and agree to indemnify and hold harmless Horizon Prep, Horizon Christian Fellowship, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation.

CONSENT TO EMERGENCY MEDICAL TREATMENT

I, the undersigned parent or legal guardian of the minor child and student of Horizon Prep referred to above, hereby authorize Horizon Prep, Horizon Christian Fellowship, their agents, employees, officers, directors and trustees (hereinafter collectively "Horizon Prep") and other adult persons into whose temporary custody my child has been entrusted by Horizon Prep to make any non-medical decisions as may be reasonably necessary for the personal care of my child in my absence.

Horizon Prep will make reasonable efforts to contact me, and if I am unavailable, those persons listed on my child's emergency contact form prior to the authorization of any medical treatment. However, in the event of an emergency and neither I nor any of those persons listed on my child's emergency contact form can be reached, I authorize Horizon Prep and other adult persons into whose temporary custody my child has been entrusted by Horizon Prep to consent to X-Ray examination, anesthesia, medical, dental, or surgical diagnosis and treatment, including hospital care deemed necessary for my child upon the recommendation of and under the supervision of a physician and surgeon licensed under the California Medical Practice Act, or dentist licensed under the California Dental Practice Act. I acknowledge that I am responsible for all costs incurred in connection with such emergency medical or dental care for my child and agree to indemnify and hold Horizon Prep and other adult persons into whose temporary custody my child has been entrusted by Horizon Prep harmless from any and all costs arising out of or in connection with such emergency medical or dental care. I authorize the health or dental care facility that provides treatment to my child to surrender physical custody of my child to Horizon Prep or other adult persons into whose temporary custody my child has been entrusted by Horizon Prep. This authorization is given pursuant to the provisions of California Family Code section 6910.

PLEASE SIGN

Parent/Guardian Name (Print): _____

Parent/Guradian Signature: _____ Date: _____

CARPOOL PERMISSION FORM

I give my permission for _____ (student) to carpool to and from Horizon Prep Athletic Activities with coaches and parent drivers. To the fullest extent permitted by law, I agree to indemnify and hold harmless Horizon Prep, Horizon Christian Fellowship, its trustees, officers, directors, employees, agents and representatives from any claims or injuries that might arise out of my minor child's participation in such carpool transportation.

ATHLETIC COMMITMENT

It is the goal of the Athletic Department to field interscholastic teams that first and foremost give honor and glory to God. In so doing, we aspire to achieve a high level of athletic competitiveness and excellence in each of our team's players and coaches. Athletes of Horizon Prep are required to commit to giving his or her full effort throughout the entire season ("And whatever you do, do it heartily, as to the Lord and not to men..." Col. 3:23). This includes attending all practices and games (home and away) unless the child is sick, there is an immediate family emergency, or there is a conflict with a prior athletic commitment (i.e. Club sport). Athletes are required to give his or her coach a full list of the days they will miss due to prior commitments by the end of the first week of practice. Representing Horizon Prep and our Lord in the field of sports is not a chore or unwanted burden but a privilege and an honor, and it should be treated as such. By signing the bottom of this form, both the player and parent agree to accept this commitment.

UNIFORM POLICY

Prior to being distributed, uniforms are inspected to confirm they are in good playing condition. Each uniform must be returned at the end of the sports season in the same condition it was received, minus the average wear a season's use will have on it. The athlete must replace any uniform not returned in the aforementioned condition. Typical cost for uniforms used by our athletic program range from \$40.00 to \$90.00 before printing and taxes. Horizon Prep reserves the right to withhold athletic awards or participation in other school related activities by the student until their account is current.

- Uniforms are to be worn only by the athlete.
- Uniforms are mandatory at all games.
- Uniforms to be washed only in cold water with similar colors a, not dried in a drier.

By signing this form, I state that I understand and agree to comply with Horizon Prep's Athletic Commitment and Uniform Policy.

PLEASE CHECK

- I have recieved and read the attached Horizon Prep Concussion Policy

PLEASE SIGN

Parent/Guardian Name (Print): _____

Parent/Guradian Signature: _____ Date: _____

Student Name (Print): _____

Student Signature: _____ Date: _____



HORIZON PREP CONCUSSION POLICY

2016–2017

A. DOCUMENT AND RESPOND TO HEAD INJURY OCCURRING AT SCHOOL

- Staff to document the injury: what occurred, symptoms or signs of concussion; witnesses present;
- Student to cease play and be referred to medical care; Call parent;
- Use of “Referral for Concussion” form is encouraged;
- May also send “Return to Learn for MD” and “Return to Play” forms for physicians to complete at this time.

B. “RETURN TO LEARN” PROTOCOL

STEP 1: SCHOOL NURSE ESTABLISHED AS LIAISON BETWEEN STUDENT’S DOCTORS AND SCHOOL STAFF

- If injury occurred outside of school, then parents and student’s doctor are responsible to notify school nurse.
- If injury occurred in school, then all school staff are responsible for notifying school nurse (coach, athletic trainer, health tech, PE and other teachers, administrators, etc).

STEP 2: SCHOOL NURSE OBTAINS FULL HISTORY; INITIATES EXCHANGE OF INFORMATION

- For any out of school injury, the nurse obtains a history of the event from the parent and medical providers; For any in-school injury, that history is obtained from staff who observed.
- School nurse identifies physician managing student’s post-concussion care (e.g., primary care doctor, rehabilitation physician, neurologist, etc)
- School nurse sends “Return to Learn for MD” and “Return to Play” forms (and parent release to exchange information), if not already done.

SCHOOL RESPONSIBILITY WHEN THERE IS NO DOCTOR MANAGING STUDENT’S CARE:

- If no doctor has examined the student, then until that has occurred, the school will abide by the minimum standard management for suspected concussion: student will stay home and rest on the day following concussion; student may return to school for a half-day on the second day after a concussion, with staff instructed to observe for symptoms; student may return to full education thereafter, as tolerated.
- Referral to doctor should continue to be encouraged by school health team.
- See “Return to Play”, below for physical activity

SCHOOL RESPONSIBILITY WHEN STUDENT’S DOCTOR REFUTES A CONCUSSION, DESPITE SYMPTOMS WITNESSED BY SCHOOL STAFF:

- If school staff witnessed symptoms of concussion at school, but these observations are not validated by the child’s doctor, schools will abide by the minimum standard management for suspected concussion: student will stay home and rest on the day following concussion; student may return to school for a half-day on the second day after a concussion, with staff instructed to observe for symptoms; student may return to full education thereafter, as tolerated.
- Referral to another doctor should be considered by parent and school health team.
- See “Return to Play”, below for physical activity



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9th - 12th Grades

STEP 3: SCHOOL NURSE AS LIAISON TO SCHOOL PERSONNEL

- School nurse notifies staff (teaching, PE, athletic, others) about concussion and to observe/report potential symptoms; school nurse distributes information received from managing physician.
- If student experiences symptoms in class or between classes, notify the school nurse.
- Establish point communication persons for: student at school, school-to-parent, school-to-physician.
- The nurse with the school team should develop a "Return to Learn" plan, using information from physician and parent as a guide.
- Extracurricular activities (theater, etc) are to be treated the same as curricular activities.

STEP 4: SCHOOL COMMUNICATION WITH MANAGING PHYSICIAN AND PARENT

- All staff to document the following, and to be communicated by school liaison
 - o Symptoms noted in school and what exacerbates the symptoms in school
 - o Difficulty noted in any select subjects
 - o Student adherence to school and physician recommendations
 - o Attendance record, time arriving in school, time leaving school
 - o Number of reset breaks and their effect

STEP 5: REVISIT AND REVISE "RETURN TO LEARN" PLAN, AS NECESSARY

- Reconvene Student Study Team meeting, as necessary

C. "RETURN TO PLAY" PROTOCOL

Background. California Education Code Section 49475 (and California Law AB-2127) requires schools that offer athletic programs (public or private) to:

- Recognize signs of concussion, immediately remove the athlete from the activity for the remainder of the day, and not permit the athlete to return to play until he or she receives written clearance to return by a licensed health care provider.
- Each athlete shall complete a graduated return-to-play protocol of no less than seven days in duration, under the supervision of a licensed health care provider. According to law, this provider must be a M.D. or D.O.

Application of California Education Code 49475. At Horizon Prep, the graduated return-to-play protocol will apply not only to concussions sustained during a school athletic event. The protocol at HP will apply to all concussions that occurred at school (athletics, physical education, other activity) and concussions that occurred outside of school.

1. Send "Return to Play" Progression form to student's physician;
- Schools may also use the C.I.F form and other forms designed to be specific to a certain sports (eg, football, soccer)
2. If no doctor is reached, use HP's "Return to Play" protocol in the interim
- Progression is adapted from the International Concussion Consensus Guidelines and Centers for Disease Control

and Prevention. Summary is described in Steps 1-5, below.

- A student's licensed medical provider may recommend more restrictions, but not fewer restrictions.
- If student's medical provider recommends fewer restrictions than Step 1-5 (below), refer this to the school nurse or school physician who can communicate with the medical provider.
- Each student must be kept from any exertive activity beyond 15 minutes of walking (Step 1) for the first and second day after the concussion or suspected.
- Student may not resume any physical activity beyond 15 minutes of walking until the student tolerates normal academics. Exception: If back-to-normal academics have not been achieved by two weeks post-concussion, a modified physical activity program can be prescribed by managing physician in conjunction with school health, physical education and athletic staff.

PROGRESSION FOR PHYSICAL ACTIVITY CANNOT EXCEED FOLLOWING STEPS

- STEP 1. Light aerobic activity for 5-10 minutes that is designed to increase the student's heart rate (e.g., exercise bike, walking, light jog); No weight lifting, jumping or hard running. As student will be resting at home at least 24 hours after head injury with symptoms of concussion, do not start Step 1 until at least 48 hours after head injury with symptoms of concussion.
- STEP 2. Moderate activity, with limited body and head movement. May go beyond 10 minutes, but be reduced from typical routine for age. (e.g., moderate jogging, brief running, moderate-intensity stationary biking, and moderate intensity weightlifting).
- STEP 3. Heavy, non-contact activity that is designed to be more intense than Step 2 (closer to what would be in student's typical routine), but non-contact. (e.g., running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills). At this stage, some cognitive component to practice may be added.
- STEP 4. Full contact and full activity, but in practices only, not competition.

Reach doctor for confirmation before progressing to Step 5.

- STEP 5. Return to competition.

No student is permitted to move from one step to the next, unless there has been an absence of symptoms or signs*.

- a) School staff will document performance in each step and report this to school nurse, who may communicate with student's doctor, as necessary.
- b) If symptoms or signs are experienced, then withhold activity until there are no symptoms for 24 hours, and then return to the previous step.
- c) On weekends and days where there is no trained school staff member or physician to document successful from one step to the next, school may take parent and student history.
- d) If a student fails to achieve any step on three occasions, refer the student to the managing physician with this information.

*Symptoms and signs are one or more of the following: headache, nausea, vomiting, balance problems, dizziness, fatigue, trouble falling asleep, sleeping more than usual, sleeping less than usual, drowsiness, light sensitivity, noise sensitivity, irritability, sadness, nervousness, feeling more emotional, numbness or tingling, feeling slowed down, feeling mentally foggy, difficulty concentrating, difficulty remembering, visual problems.