



## ATHLETIC DEPARTMENT

### STUDENT ATHLETE AGREEMENT TO PARTICIPATE

Each student athlete must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sport(s) or intramural athletics. The completed *Agreement* should be returned to the school, athletic director, or coach.

PLAYER NAME: \_\_\_\_\_

1. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to the coaches' instructions, playing techniques, and schedule as well as all safety rules. I agree that coaches coach, players play, officials officiate, and parents cheer on the athletes. Unsportsmanlike behavior can result in disciplinary actions being taken by officials, coaches, administration, and/or association (IESA).
2. I acknowledge that I have read and understand the "Code of Ethics for Extracurricular Activities".
3. I am aware that in order to participate in interscholastic activities per IESA rules and district policy I must maintain a passing grade in all academic classes. I am aware that if I become ineligible in any academic class I will not be allowed to participate in any interscholastic activity from the Monday after eligibility is taken through the next Saturday and will not be allowed to return until all academic classes have returned to passing and the ineligibility period has passed. I am also aware that becoming ineligible three times in an interscholastic season will result in my removal from that interscholastic activity until my deficient grade has been raised to a passing level. Eligibility is taken every Friday or last in-school day of the week by the athletic director.
4. I am aware that in order to participate in weekly extra-curricular activities, including games and practices, I must be in attendance for half of the school day and be in attendance at the end of the school day. On normal school days, I understand that I must be in attendance by 11:30 AM (10:55 AM on early out days) and be in attendance through the rest of the school day. Students who are absent or leave early due to doctor's appointments, dentist appointment, funerals, or a pre-approved absence by the administration will be exempt from the attendance policy.
5. I understand that as a student athlete if I have a question about team matters, including but not limited to playing time, that I will first approach my coach in a respectful manner and talk with my coach about the matters before my parent or guardian contact my coach.
6. I agree not to participate in school sponsored open gyms or full practice for another school sport until the completion of the current sport season I am participating in.
7. Cell phone use is prohibited from all playing areas or participation areas. This includes dugouts, benches, playing fields, playing courts, restrooms, and locker rooms. Violation of this rule will result in disciplinary action and can result in removal from game participation or removal from the school team.
8. I am aware that with participation in sports comes the **risk of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved.

9. I understand that Board policy 7:305 *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer working under the supervision of a physician who is on site. Once removed from play for suspected concussion, I understand that I need the written clearance of a physician licensed to practice medicine in all its branches and provide a Post Concussion Consent Form signed by a parent/guardian in order to return to practice or competition. Once cleared by a physician or athletic trainer, I understand that the Concussion Oversight Committee may recommend a gradual return to play process.

10. I am aware that all student athletes are required to view the Illinois High School Association's video on concussions.

<http://www.ihsa.org/multimedia/articulate/concussion/presentation.html>

11. I am aware that I am allowed to modify my athletic or team uniform for the purpose of modesty in clothing or attire that is in accordance with the requirements of my religion, cultural values, and/or modesty preferences. The modification of the athletic or team uniform may include, but it is not limited to, the wearing of a hijab, an undershirt, or leggings. If a student chooses to modify their athletic or team uniform,

The student is responsible for all costs associated with the modification of the uniform and I am not required to receive prior approval from the Board of Education for such modification. At a minimum, any modification of the athletic or team uniform must not interfere with the movement of the student or pose a safety hazard to the student or to other athletes or players. The modification of headgear is permitted if the headgear: (1) is black, white, the predominate color of the uniform, or the same color for all players on the team; (2) does not cover any part of the face; (3) is not dangerous to the player or to the other players; (4) has no opening or closing elements around the face and neck; and (5) has no parts extruding from its surface.

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Student Name Printed

Grade

Student Signature

Date

**ATHLETIC DEPARTMENT**  
**PARENT/GUARDIAN CONSENT AND AGREEMENT**

**To be read and signed by the parent/guardian of student participating in Brimfield activities and IESA/IHSA sanctioned activities prior to student's participation in any activities.**

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand and agree to the *Agreement to Participate* terms.
2. Before my student athlete will be allowed to participate, I must provide the School District with a certificate of physical fitness, show proof of accident insurance coverage, and complete any forms required by the Illinois High School Association (IHSA) and Illinois Elementary School Association (IESA) and Brimfield School District.
3. I acknowledge having received and read the "Code of Ethics for Extracurricular Activities".
4. I acknowledge having received the attached *Concussion Information Sheet*.
5. I acknowledge having received the attached *Covid-19 Liability Release and Information Sheet*.
6. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.
7. I understand that if my student athlete has a question about team matters, including but not limited to playing time that my student athlete will first approach the coach in a respective manner and talk with the coach about the matters before parent or guardian contact the coach. If contacting the coach after my student athlete has contacted the coach, I understand that I should contact the coach by email or phone and arrange a time to discuss the matter with the coach. Parent(s) or guardian(s) will not try to discuss these matters before or immediately after games. If I still have questions after discussing the matter with the coach, I then will contact the athletic director to setup a time to discuss the matter with administration and coach(s).
8. I understand and agree to district policy that "The School District expects mutual respect, civility, and orderly conduct among all people on school property or at a school event. No person on school property or at a school event (including visitors, students, and employees) shall:
  1. Strike, injure, threaten, harass, or intimidate a staff member, a board member, sports official or coach,
  2. or any other person;
  3. Behave in an unsportsmanlike manner, or use of vulgar or obscene language;
  4. Damage or threaten to damage school property or another's property;
  5. Impede, delay, disrupt, or otherwise interfere with any school activity or function;
  6. Violate other district policies or regulations or a directive from an authorized security officer or district employee;

7. Engage in any conduct that interferes with, disrupts, or adversely affects the district or a school function.

School functions would include but are not limited to: games, meets, matches, performances, or practices. Any person who engages in conduct prohibited by this policy may be ejected from school property or school event. The person is also subject to being denied admission to school events or meetings for up to one calendar year. Before any person may be denied admission to school events or meetings as provided in this policy the person has a right to a hearing before the board. The superintendent may refuse the person admission pending such hearing. (Taken from District Policy 8:30 "Visitors to and Conduct on School Property")

9. I am aware that my student is allowed to modify their athletic or team uniform for the purpose of modesty in clothing or attire that is in accordance with the requirements of their religion, cultural values, and/or modesty preferences. The modification of the athletic or team uniform may include, but it is not limited to, the wearing of a hijab, an undershirt, or leggings. If a student chooses to modify their athletic or team uniform, the student/family is responsible for all costs associated with the modification of the uniform and the student/family is not required to receive prior approval from the Board of Education for such modification. At a minimum, any modification of the athletic or team uniform must not interfere with the movement of the student or pose a safety hazard to the student or to other athletes or players. The modification of headgear is permitted if the headgear: (1) is black, white, the predominate color of the uniform, or the same color for all players on the team; (2) does not cover any part of the face; (3) is not dangerous to the player or to the other players; (4) has no opening or closing elements around the face and neck; and (5) has no parts extruding from its surface.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# BRIMFIELD C.U.S.D. #309

## EMERGENCY HEALTH INFORMATION AND CONSENT FOR STUDENT ATHLETES

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/ Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### INSURANCE INFORMATION:

Insurance Co: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital Pref: \_\_\_\_\_

Known Allergies (food, medication, insects, etc): \_\_\_\_\_

Is an Epi Pen required? \_\_\_\_\_ (Requires physician authorization to be on file at the school)

Current Medications (inhaler, insulin, etc): \_\_\_\_\_

(Requires physician authorization if medications need to be taken during sports activity)

Medical History (asthma, concussions, surgeries, seizures, etc): \_\_\_\_\_

### Consent for Emergency Care:

The athletic staff (athletic trainers, coaches, or other school officials) may apply first aid treatment for any injury sustained during participation sanctioned by Brimfield School District. In case the parent/guardian cannot be reached, we give consent for the athletic staff to use their own judgment in securing medical aid, ambulance service, and if necessary, hospital admittance when needed, as result of injury during participation in sanctioned practices/games scheduled by Brimfield School District. I authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment. I understand that any expenses incurred will be paid for by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school district. It is hereby understood that the consent and authorization is given and granted are continuing, and are intended by me to extend throughout the current school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETIC DEPARTMENT**

**Code of Ethics for Extracurricular Activities**

**1. Definitions**

1. Student: Any boy or girl enrolled in Brimfield CUSD #309 and classified in grades five through twelve inclusive until such time as graduation from Brimfield High School.
2. Suspension: The student may dress for and participate in activity related practice, but will not participate in games, events, or other official team and club activities while on suspension. The student will be responsible for and must attend all scheduled practices, or the student may be subject to further disciplinary action as appropriate.
3. Extracurricular Code: This “Code of Ethics” for students participating in extracurricular activities at Brimfield CUSD #309.
4. Extracurricular Activities: Extracurricular activities shall include, but may not be limited to, athletics, clubs, cheerleading, student council, drama, special music groups, and other school-related activities for which the student does not receive academic credit.
5. Dismissal: Removal from all extracurricular activities; the student cannot participate in any extracurricular activities.
6. Calendar Year: 365 days (or 366 days for leap year)
7. Athletic Season: Includes the regular season (official start of games) and any post-season tournaments or contests.

**2. Offenses and Disciplinary Actions**

- a. Drinking (Alcoholic Beverages): Illegal use or possession, including being present on premises or in a vehicle where minors are using or possessing alcoholic beverages.  
\*First Offense: Suspension for 30 Days
- b. Smoking and Tobacco Use or Possession: Students will refrain completely from the use or possession of tobacco products, this includes vaping and vaping products  
\* First Offense: Suspension for 30 Days
- c. Stealing  
\*First Offense: Suspension for 30 days
- d. Drug Abuse: Illegal use or possession of drugs including being present on premises or in a vehicle where another person is using or possessing illegal drugs or paraphernalia.  
\*First Offense: Suspension from all activities for 18 weeks (1 complete semester)
- e. Commission of a Felony Offense  
\*First Offense: Suspension from all activities for 18 weeks (1 complete semester)
- f. Conduct Unbecoming a Student Representing Brimfield School District  
\*First Offense- Depending on severity of the conduct, a suspension of no less than 30 days and no more than 18 weeks (1 complete semester)

## Further Offenses

- a. Second Offense: Any second offense in any category or any combination of two offenses in any categories will result in a one calendar year dismissal from all extracurricular activities.
- b. Third Offense: Any third offense in any category or any combination of three offenses in any categories will result in dismissal from extracurricular activities for 2 calendar years.
- c. Once a student has been free of offenses for a 2-year period, the student has a clean slate and may participate in any extracurricular activities.

## Notes

- a. In order to participate in any extracurricular activity, a student must read, understand, and agree to follow the Extracurricular Code. Every year, a student must sign an agreement stating that they have read, understand, and agree to follow the Extracurricular Code before participating in an extracurricular activities.
- b. If an offense takes place during the summer, or during a student's off season, the disciplinary action will be imposed as follows:
  - \*30 Day Suspension: Will begin during the next extracurricular activity that the student becomes involved in. A 30 day suspension may carry over for 1 year. Thus, the 30 day suspension will be imposed at any time during the next calendar year after the student begins participating in any extracurricular activity, including the last day of the calendar year.
  - \*18 Weeks suspension: Will begin during the first semester that a student is involved with an extracurricular activity. An 18 week suspension or dismissal may be carried over for 1 year.
- c. The Extracurricular code is in effect during the summer and vacation periods for any student. However suspension or dismissal periods as set forth above in the Extracurricular Code do not reflect summer and vacation periods. Thus, if a suspension or dismissal period extends over a summer vacation period, the suspension or dismissal period will also include the summer or vacation period.
- d. Junior high offenses carry over to high school, and grade school offenses carry over to junior high

## Investigation of Offenses

- a. The appropriate school district official will investigate any allegation of misconduct under the Extracurricular Code within a reasonable period of time after receiving notice of the allegation.
- b. The appropriate school official will seek to confirm the allegation of misconduct by reviewing the allegation with the sponsor, coach, or law enforcement official, and other witnesses as appropriate.
- c. An allegation of misconduct will be confirmed if the student is arraigned, indicted, or adjudicated for a criminal offense, even if the charge is subsequently reduced or dismissed. However, official action by law enforcement officials is not necessary in order to confirm criminal offenses which provide the basis for an allegation of misconduct under the Extracurricular Code.
- d. During the investigation of an allegation of misconduct, the appropriate school official will meet with the student, informing the student of the allegation of misconduct and providing the student an opportunity to respond to the allegation, before imposing any disciplinary action under the Extracurricular Code. The student may request that the superintendent review any discipline imposed under the Extracurricular Code. The superintendent will review the matter within a reasonable period of time.

# **B** BRIMFIELD C.U.S.D. #309 **B**

## **ATHLETIC DEPARTMENT**

### **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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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**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. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches 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. In accordance with state law, all IHSA member schools are required to follow this policy.

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/>

Adapted by the Illinois High School Association from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport, Document created 7/1/2011.

Athlete Concussion Video: <http://www.ihsa.org/multimedia/articulate/concussion/presentation.html>

**B** BRIMFIELD C.U.S.D. #309 **B**  
ATHLETIC DEPARTMENT

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19  
ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT**

As a result of the highly contagious novel coronavirus, COVID-19, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Brimfield School District has put in place preventative measures to reduce the spread of COVID-19 including following the directives and guidelines from the Governor, the Illinois Department of Health, and Illinois School Board of Education. However, the Brimfield School District cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and participating in athletics could increase your risk and your child(ren)'s risk of contracting COVID-19. You and/or your child(ren)'s participation and attendance at an activity is voluntary. Further, you and your child(ren) are required to abide by directives designed to lower the risk of COVID-19 exposure which may include wearing masks, social distancing (6 feet apart), washing hands, non-sharing of equipment, wiping down all shared equipment after each use, limitations on spectators, etc. These directives will be provided to you by appropriate staff which could include, but is not limited to administration, coaching staff, other district personnel. If you fail to follow these directives, you will forfeit you and your child(ren)'s right to continued participation in the activity.

In consideration of being allowed to participate in the activity the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Brimfield School District their administration and/or employees and volunteers, other participants and if applicable, owners and lessors of premises used to conduct the event. ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

By your signature of the *BRIMFIELD C.U.S.D. #309 ATHLETIC DEPARTMENT PARENT/GUARDIAN CONSENT AND AGREEMENT* you are agreeing to the terms of the *WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT*

# **B** BRIMFIELD C.U.S.D. #309 **B**

## **ATHLETIC DEPARTMENT**

### **COMMUNICABLE DISEASES INCLUDING COVID-19 INFORMATION SHEET**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

#### **When to seek emergency medical attention**

Look for emergency warning signs\* for COVID-19. If someone is showing any of these signs, seek emergency care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.