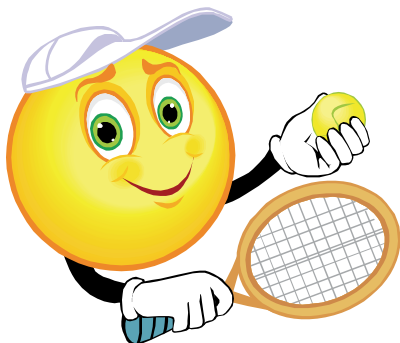




Athletic Participation Forms Packet



New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ Date of Last Sports Physical: _____

Student's Name: _____ Sex: M F (circle one) Age: ____ Grade: _____

Date of Birth: ____/____/____ School: _____ District: _____

Sport(s): _____ Home Phone: (____) _____

Provider Name (Medical Home): _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:

- | | |
|--|---------------------------|
| a. Restriction from sports for a health related problem? | Y / N / Don't Know |
| b. An injury or illness since your last exam? | Y / N / Don't Know |
| c. A chronic or ongoing illness (such as diabetes or asthma)? | Y / N / Don't Know |
| (1.) An inhaler or other prescription medicine to control asthma? | Y / N / Don't Know |
| d. Any prescribed or over the counter medications that you take on a regular basis? | Y / N / Don't Know |
| e. Surgery, hospitalization or any emergency room visit(s)? | Y / N / Don't Know |
| f. Any allergies to medications? | Y / N / Don't Know |
| g. Any allergies to bee stings, pollen, latex or foods? | Y / N / Don't Know |
| (1.) If yes, check type of reaction: | |
| <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction | |
| (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) | Y / N / Don't Know |
| h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? | Y / N / Don't Know |
| i. A blood relative who died before age 50? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**

- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**

- | | |
|--|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

4. **Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:**

- | | |
|---|--------------------|
| a. Vision problems? | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems? | Y / N / Don't Know |
| (1.) Wear hearing aides or implants? | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds? | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear? | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions.**

- | | |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | Y / N / Don't Know |
| b. A sprain? | Y / N / Don't Know |
| c. A strain? | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:

- | | |
|---|--------------------|
| a. Difficulty breathing? | |
| (1.) During exercise? | Y / N / Don't Know |
| (2.) After running one mile? | Y / N / Don't Know |
| (3.) Coughing, wheezing or shortness of breath in weather changes? | Y / N / Don't Know |
| (4.) Exercise-induced asthma? | Y / N / Don't Know |
| i. Controlled with medication? (specify _____) | Y / N / Don't Know |
| ii. Experience dizziness, passing out or fainting? | Y / N / Don't Know |
| b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? | Y / N / Don't Know |
| c. Become tired more quickly than others? | Y / N / Don't Know |
| d. Any of the following skin conditions: | |
| (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? | Y / N / Don't Know |
| (2.) Sun sensitivity? | Y / N / Don't Know |
| e. Weight gain/loss (of 10 pounds or more)? | Y / N / Don't Know |
| (1.) Do you want to weigh more or less than you do now? | Y / N / Don't Know |
| f. Ever had feelings of depression? | Y / N / Don't Know |
| g. Heat-related problems (dehydration, dizziness, fatigue, headache)? | Y / N / Don't Know |
| (1.) Heat exhaustion (cool, clammy, damp skin)? | Y / N / Don't Know |
| (2.) Heat stroke (hot, red, dry skin)? | Y / N / Don't Know |
| (3.) Muscle cramps? | Y / N / Don't Know |
| h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

7. **Females only:**

Age of onset of menstruation: _____ How many menstrual periods in the last twelve (12) months? _____

How many periods missed in the last twelve (12) months? _____

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Signature, Parent/Guardian or Student Age 18

Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ District: _____
 Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.
 Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change Squatting makes it: Louder Softer No Change Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

___ CONTACT/COLLISION
___ LIMITED CONTACT

___ NON-CONTACT/STRENUOUS
___ NON-CONTACT/NON-STRENUOUS

Limitations due to: _____

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly; Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

Effects of physiologic maneuvers on heart sounds

Standing Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Squatting Increases murmur of AS, MR, AI
Decreases murmur of MCH
MVP click delayed

Valsalva Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

Kyphosis
High arched palate
Pectus excavatum
Arachnodactyly
Arm span > height 1.05:1 or greater
Mitral Valve Prolapse
Aortic Insufficiency
Myopia
Lenticular dislocation

HCM: Hypertrophic Cardio Myopathy
AS: Aortic Stenosis
AI: Aortic Insufficiency
MR: Mitral Regugitation
MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
 - MD/DO
 - APN
 - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____

Today's Date: _____

Date of Exam: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTE: *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: _____ Date: _____

Title of Reviewer (please check one): School Nurse School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician _____
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: _____

ATHLETIC EMERGENCY CARD**Livingston High School****Heritage Middle School****Mt. Pleasant Middle School**

SPORT _____

LAST NAME, FIRST NAME	GRADE	AGE	PHONE#
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ADDRESS

FATHER'S NAME	BUSINESS ADDRESS	PHONE # & CELL #
---------------	------------------	------------------

MOTHER'S NAME	BUSINESS ADDRESS	PHONE # & CELL #
---------------	------------------	------------------

STUDENT'S PHYSICIAN	ADDRESS	PHONE #
---------------------	---------	---------

STUDENT'S DENTIST	ADDRESS	PHONE #
-------------------	---------	---------

HOSPITAL PREFERRED	KNOWN ALLERGIES
--------------------	-----------------

In the event of an emergency and I cannot be reached, I give permission for my son/daughter to be given necessary immediate medical care at a hospital or other medical or dental facility.

Parent/Guardian Signature

Date

Nurse Only:

ATHLETIC EMERGENCY CARD**Livingston High School****Heritage Middle School****Mt. Pleasant Middle School**

SPORT _____

LAST NAME, FIRST NAME	GRADE	AGE	PHONE#
-----------------------	-------	-----	--------

ADDRESS

FATHER'S NAME	BUSINESS ADDRESS	PHONE # & CELL #
---------------	------------------	------------------

MOTHER'S NAME	BUSINESS ADDRESS	PHONE # & CELL #
---------------	------------------	------------------

STUDENT'S PHYSICIAN	ADDRESS	PHONE #
---------------------	---------	---------

STUDENT'S DENTIST	ADDRESS	PHONE #
-------------------	---------	---------

HOSPITAL PREFERRED	KNOWN ALLERGIES
--------------------	-----------------

In the event of an emergency and I cannot be reached, I give permission for my son/daughter to be given necessary immediate medical care at a hospital or other medical or dental facility.

Parent/Guardian Signature

Date

Nurse Only:



Township of Livingston LIVINGSTON SPORTS COUNCIL



CODE OF CONDUCT MISSION STATEMENT

The Township of Livingston and the Livingston Sports Council aspire to be outstanding educational athletic organizations that provide a high quality experience to every athlete. We are committed to creating a positive culture in which coaches, parents, fans, officials and athletes work together to achieve our mission. A high quality experience is one in which every athlete:

- ✓ Is coached using the principles of positive coaching;
- ✓ Has FUN playing the game;
- ✓ Feels like an important part of the team regardless of performance;
- ✓ Learns "life lessons" that have value beyond the playing field; and
- ✓ Learns the skills, tactics and strategies of the game and improves as a player.

LIVINGSTON SPORTS COUNCIL CODE OF CONDUCT

The following athletic code of conduct is promulgated in accordance with the provisions of the **State of New Jersey P.L. 2002, Chapter 74**.

Interscholastic and community sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches, spectators and officials to encourage athletes to embrace the values of good sportsmanship. Moreover, adults involved in sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a sports event and shall conform my behavior to the following code of conduct:

1. **I will not** engage in or encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. **I will not** engage in or encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well being of any coach, parent, player, participant, official or any other attendee.
3. **I will not** smoke, permit my child, or encourage any other person, to smoke, or use drugs or alcohol while at a sports event and will not attend, coach, officiate or participate in a sports event under the influence of drugs or alcohol.
4. **I will not** engage in or encourage my child, or any other person, to engage in the use of profanity.
5. **I will** treat and encourage my child to treat any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. **I will not** engage in or encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
7. **I will not** initiate, or encourage my child, or any other person, to initiate a fight or altercation with any coach, parent, player, participant, official or any other attendee.
8. **I will** maintain direct supervision of all nonparticipating minor attendees in my care before, during and after all sporting events.
9. **I will not** engage in or encourage hazing.
10. **I will** report any information regarding hazing to a coach, Recreation Department, Board of Education, or youth sports organization official.
11. Athletes, coaches, and spectators are responsible for the care and use of all equipment issued or on site. Equipment and uniforms are to be worn and used only at the respective team, club or league events. All individuals will be held accountable for any equipment/uniform mistreated or not returned at the appropriate time.

THE BOARD OF EDUCATION REQUIRES THE FOLLOWING:

1. Coaches, athletes, parents and other attendees are representatives of the Township of Livingston and the school system and, at all times, must present themselves in a positive, respectful and sportsmanlike manner.
2. Bus behavior will be beyond reproach. Appropriate demeanor and reasonable volume must be maintained at all times. No abuse, distasteful or obscene language or actions will be permitted. All athletes are expected to arrive and return to the school as part of the team. At this point, the parent of the student will assume all responsibility. **At no time are students allowed to drive themselves to or from athletic contests. Traveling as a team promotes team unity, ensures proper supervision and allows for greater safety of our students.**
3. All athletes are required to be alcohol-free, tobacco-free and drug-free 24 hours a day, 7 days a week. Athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by the Board of Education Policy. Attendance at parties or gatherings where alcohol, tobacco, or drugs are present is strictly prohibited. Athletes must depart or make a reasonable attempt to depart from such affairs or situations immediately once these substances are discovered. An athlete may be suspended from practice and play pending an investigation and may be subject to legal and/or disciplinary actions as per Board of Education policy. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter underage drinking and/or substance abuse.
4. It is the responsibility of the head coach to decide which student/athlete will participate and at what level of play, as well as the amount of playing time that the student/athlete will have regardless of grade level.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a sports event I will be subject to disciplinary action, including **but not limited to** the following **in any order or combination**:

1. **Verbal warning** issued by a Recreation Department, League, Sports Organization or School Official.
2. **Written warning** issued by the Recreation Department, League, Sports Organization or Board of Education.
3. **Immediate ejection** from a sports event issued by a Recreation Department, League, Sports Organization, School Official, or game official who is authorized by the Recreation Department, Board of Education, or Sports Organization to issue such an ejection.
4. **Suspension or banning** from multiple sports events issued by the Recreation Department, League, Sports Organization or School Official who is authorized to issue such suspension or banning by the Recreation Department, Sports Organization, or Board of Education.
5. **Season suspension or banning** or multiple season suspension issued by the Recreation Department, League, Sports Organization, or Board of Education.

Student Permission Card

Livingston School District

Read Entire Card Before Signing

Name _____ Address _____ Grade _____
Last Name / First Name

Home Phone _____ Emergency Phone(during day) _____

Circle One:

Participation at: **Livingston High School** **Heritage Middle School** **Intramurals**

My permission is hereby granted to have my (son/daughter) _____ play on the _____ team for the school year 20__ / 20 __. Realizing that such activity involves the potential for injury, which is inherent in all sports, I/we acknowledge that even with the most advanced protective equipment and strict observations of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. ***I/we acknowledge that I/we have read and understand this warning.***

I further understand that my (son/daughter) will not be permitted to participate in any form of practice or games until this form is filed with the school involved and that my son/daughter has successfully passed a physical exam administered by a medical doctor. The school doctor, at no expense to you, will administer this exam or the medical exam can be administered by your own doctor however; the official N.J. Department of Education form must be used to document the physical.

*By executive order, the NJSIAA has developed a program of random testing for steroids among high school athletes. **By signing below we consent to random testing in accordance with the NJSIAA testing policy.** A copy of this policy is available on the high school web site for review/reference.*

Parent Signature _____ Date _____

Student Signature _____ Date _____



INJURY AND RETURN TO PLAY: An injured athlete will not be permitted to return to active participation until cleared by his/her physician or through the school doctor.

ATHLETIC INSURANCE COVERAGE: An Athletic Insurance Policy with C. W. Bollinger Insurance Co. is in place for all of our athletes. Basically, this is a "secondary coverage" type of policy, which means that a claim must first be made to your primary coverage (Blue Cross, Conn. Gen., etc.). Expenses **not covered** by your insurance policy **may** be covered by the school policy. It is **ABSOLUTELY NECESSARY** that an injured athlete follows this simple procedure:

1. Report accident to coach and/or trainer immediately following the injury.
2. Request that the coach or trainer complete a School Accident Form.
3. This completed form will be filed with the school nurse who will initiate an INSURANCE CLAIM FORM. Within 1-2 days, the student should report to the nurse and pick up this form with the school's portion completed.
4. Athletes should take the Bollinger insurance form home and have parents complete their portion.
5. All charges not covered by your primary insurance must be submitted (hospital and doctor) to Bollinger with the Explanation of Benefits from your carrier. They should be forwarded to: C. W. Bollinger Insurance Co., PO Box 706, Short Hills, NJ 07078-0706. ***MOST INSURANCE PROBLEMS TRACE BACK TO THE FAILURE TO PROPERLY COMPLETE AND FORWARD THIS CLAIM WITHIN 90 DAYS OF THE DATE OF THE ACCIDENT. KEEP COPIES!***

ACADEMIC ELIGIBILITY: Effective September 1990, the State Board has mandated the following: To be eligible during fall and winter, a student must pass 25% of state requirement for graduation. Therefore, a student must pass 27 ½ credits at conclusion of 2nd semester of previous year. To be eligible for spring season, students must be passing 13 ¾ credits at conclusion of 1st semester. If a student is eligible at start of a sports season, he/she remains eligible for that entire season. **PLEASE REVIEW THESE REQUIREMENTS WITH YOUR SON/DAUGHTER. This does not apply to Intramurals.**

(Please read, complete and sign both sides of this form.)

Sport: _____ Coach Name: _____

Township of Livingston
LIVINGSTON SPORTS COUNCIL

SPORTSMANSHIP PLEDGE

The Township of Livingston and the Livingston Sports Council has adopted a **Code of Conduct** for its sports programs. Our **Code of Conduct** is in accordance with **New Jersey Public Law 2002, Chapter 74**.

Additionally, the Township of Livingston and the Livingston Sports Council organizations require all athletes, parents and legal guardians to read this Code of Conduct and sign this Sportsmanship Pledge agreement and submit it to the respective sports organization at the time of registration.

ATHLETES CANNOT BE REGISTERED OR BEGIN PROGRAM PARTICIPATION WITHOUT SUBMITTING BOTH A SIGNED REGISTRATION FORM AND SIGNED SPORTSMANSHIP PLEDGE FORM FOR EACH ACTIVITY.

After reading the Livingston Sports Council Code of Conduct, in the case of a minor, both parent, legal guardians must sign below. By signing this, I hereby pledge to be responsible for my words and actions while attending, coaching, officiating or participating in sports event and shall conform my behavior to the Livingston Sports Council Code of Conduct. I also agree not to hold the Township of Livingston, Livingston Sports Council or member Sports Organizations, League, and/or Board of Education responsible for the conduct of any athlete, parent, coach, official, or other attendee present at a sports event. The Township shall incur no liability for limited or non-enforcement of this **Code of Conduct**.

Print Athlete's Last Name, First Name

Athlete's **Signature**

Date

Print Athlete's Street

Town

State

Zip

Home Phone

Work Phone

Cell Number

E-mail Address

Check if Under 18 Years of Age

Check if Over 18 Years of Age



Print Father/Guardian's Last Name, First Name

Father's/Guardian's **Signature**

Date

Print Father's/Guardian's Street

Town

State

Zip

Home Phone

Work Phone

Cell Number

E-mail Address



Print Mother/Guardian's Last Name, First Name

Mother's/Guardian's **Signature**

Date

Print Mother's/Guardian's Street

Town

State

Zip

Home Phone

Work Phone

Cell Number

E-mail Address

**LIVINGSTON SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS**

CONCUSSION INJURY POLICY

1. All students will be baseline tested using the ImPACT Test Protocol (www.impacttest.com) every two years of their high school career by the athletic training staff.
2. If at any time during participation in athletics a head injury or concussion is suspected the student-athlete will be evaluated by an athletic trainer.
3. If the athletic trainer suspects a possible concussion, the student-athlete will not be allowed to return to participation until:
 - a. The student-athlete has completed and passed a post-injury ImPACT Test.
 - b. The student-athlete has been seen and cleared by a medical physician in writing.
 - c. The student-athlete completes a minimum of one asymptomatic week. A graduated return to play exercise protocol will be initiated on the first symptom free day.
4. If the student athlete exhibits a re-emergence of any post-concussion signs or symptoms they will be removed from exertional maneuvers and returned to the medical physician for re-evaluation.

**NJSIAA PARENT/GUARDIAN
CONCUSSION POLICY ACKNOWLEDGEMENT FORM**

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy

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 potential 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/player 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:

1. Headache
2. Nausea/vomiting
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or fogginess
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or aggravation
9. Depression or anxiety
10. Sleep disturbance

Signs observed by teammates, parents and coaches include:

1. Appears dazed, stunned, or disoriented
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination
4. Answers questions slowly or inaccurately
5. Loses consciousness
6. Demonstrates behavior or personality changes
7. Is unable to recall events prior to or after the hit.

What can happen if my child/player 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 under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for a student-athlete's safety.

If you think your child/player 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. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's Coach, Athletic Trainer (ATC) and/or Athletic Director, if you think that your child/player may have a concussion. 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/>
www.nfhslearn.com

Signature of Student

Print Student's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Keep on file at the school.



Livingston High School
Department of Athletics

Patrick J. Genova
Director of Athletics

Paul Ehrenfeld ATC
Athletic Trainer

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for my child _____, whose date of birth is _____, to be initially tested using the **ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) Concussion Assessment Program** at Livingston High School. This online computer test will be conducted by the LHS athletic trainer in the LHS computer lab prior to and /or during the season of athletic team participation.

It is understood that this initial test will establish a baseline score for my child and the results of this test are valid for two years. During that time span, there will be no need to retest unless there is suspicion of a concussion taking place during participation in the LHS athletic program. If the possibility of a concussion exists, I give permission for my child to be retested in the same manner as described above.

I understand that there will be **no charge** for this testing.

I also give Livingston High School permission to release the ImPACT results, if requested by the parent, to my child's primary care physician, neurologist, or other treating physician as indicated below.

Physician's to whom results may be released to (please print)

Name of Doctor: _____ **Name of Doctor:** _____

Phone Number: _____ **Phone Number:** _____

Student's Home Address _____

Name of Parent or Guardian (print): _____

Signature of Parent or Guardian: _____

Date: _____

Parent or Guardian Phone Numbers

(H) _____ (C) _____ (W) _____

Child's Sport _____