



New York School for the Deaf

## **ATHLETE CHECKLIST**

**Student Name:** \_\_\_\_\_

**Physical Exam Expired Date:** \_\_\_\_\_

For mandatory forms, go to our website: <https://www.nysd.net/athletics-forms.html>

These are the forms that make up the "Sports Packet."

- ☐ Athletics Pre-Participation Forms that MUST be completed in full.
- ☐ Physical (Yellow- Done by Physician)
- ☐ Interval Health History (Pink- Done by Parent)
- ☐ Concussions
- ☐ In/Out of State, School Related Trip
- ☐ Consent and Waiver/Release for Athletic Participation.
- ☐ Expectations for All Athletes.
- ☐ Photo/Video/Media Opt Out Form.

**NO FORMS. NO PRACTICE!**



# New York School for the Deaf Athletics Pre-Participation Packet 20\_\_ - 20\_\_



Student Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

## ATHLETICS POLICIES AND PROCEDURES

### Physical and Participation Requirements

Every student planning on participating in athletics at NYSD is required to fill out the following forms completely. The forms must be completed annually by the parent/guardian. If any form is not completed, the student-athlete will not be able to participate in athletics.

Physicals are **required** annually to participate in athletics at NYSD. The student-athlete will not be able to participate or be issued any equipment until a current physical is on file. A physical will be good for one year from the date of the examination.

If your child has a doctor, it is important for your child to visit his/her own doctor for the physical, because the doctor knows your child and their medical history. This is especially important if your child has any prior medical conditions or is under a doctor's care for any medical condition including asthma. If your child does not have a doctor, you should first find a doctor and then make an appointment with this doctor's office or clinic. It is best to have this appointment between June 1 and September 1.

Any change in medical status or visit to a medical provider during the year will require written clearance from the treating physician before return to normal activity. The medical staff (i.e. Health Center physician, orthopedists) may re-examine or change the medical participation status of any athlete at any time during the athlete's career at NYSD. The NYSD Medical Staff may disqualify any athlete who has only one paired organ (i.e. kidney, eye, etc) or any other condition that is medically contraindicated for athletic participation or participation in a particular sport.

### Medical Policies for Athletes

The athlete must report all injuries and illnesses to the staff athletic trainer and/or Nurse Office. In case of emergencies occurring outside of athletics hours, contact the NYSD Nurse Office at **(914) 481-8241 (voice)** for assistance or advice immediately.

All treatment will be given under the direction of a physician and under the supervision of the athletic trainer. Decisions concerning the availability of an athlete for practices or game competition shall be the sole responsibility of members of the Athletic Medical Staff (i.e. athletic trainer, Health Center physician or nurses, and outside physicians).

If you have any questions regarding the required information, please contact Jeremy Cormier @ [jcormier@nysd.net](mailto:jcormier@nysd.net)



**New York School for the Deaf**  
**Athletics Authorization for Medical Care and**  
**Permission Waiver for Activities On and Off Campus**  
**20\_\_ - 20\_\_**



**Student's Full Name: Grade            Permission to Participate and Knowledge of Risk of Injury**

- I hereby give my consent for the above student to compete in the NYSPHSAA approved sports and travel with the coach or other representatives of the school on any sports events.
- It is understood that even though the athlete wears protective equipment whenever needed, the possibility of an accident resulting in injury still remains and that participation in sports requires an acceptance of risk of injury. Neither NYSPHSAA nor the school assumes any responsibility in case an accident occurs.
- It is understood that those who are responsible for the conduct of sports have taken reasonable precautions to minimize the risk of significant injury.
- I understand the athlete should be acquainted with the risks of injury respective to their specific sport and knowledgeable concerning the rules and practices they are using to minimize his/her risk of significant injury while pursuing the many benefits of sport.
- I understand that a certain amount of injuries will occur, including the possibility of catastrophic injury, or even death and that NYSD has taken every possible step to make sports participation as safe as possible, as well as, every effort is made to control the risk of injury.
- If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for NYSD, its athletic trainer, nurses, coaches, and associated physicians to share information concerning medical diagnosis and treatment of your student.
- I also acknowledge that the New York School for the Deaf is not responsible to pay for any medical bills or expenses resulting from such illness or injury.
- I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury that the student may sustain during the extracurricular athletic activity and while travelling to and from the site of the competition whether or not the activity actually occurs.

**Extracurricular Athletic Program Rules**

- I acknowledge and understand that **New York School for the Deaf Fanwood Athletics** and **NYSPHSAA** has established rules and regulations pertaining to conduct, behavior, and activities of all athletic participants.
- The student and I agree to abide and be responsible for his/her/my failure to abide by those rules and regulations.
  - The student and I understand that violation of the rules can result in dismissal from the extracurricular activity.

I hereby guarantee that I have read this Permission to Participate and Waiver in its entirety and fully understand its contents. I am aware that this form gives New York School for the Deaf Medical Staff and designees authorization for medical treatment and an acknowledgement that the risk of injury and illness may occur. I have signed this document voluntarily and of my own free will.

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

**Relationship to Minor:** \_\_\_\_\_

**Signature of Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CONCUSSION AND TRAUMATIC BRAIN INJURY

## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

## What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event. Headache "Pressure" in the head Nausea Vomiting Balance Problems Dizziness Blurry Vision Double Vision Sensitivity to Light Sensitivity to Noise Confusion Memory Problems Difficulty paying attention Feeling sluggish, hazy, foggy or groggy

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

## What should students do if they believe that they or someone else may have a concussion?

• Students should immediately notify their coach or school personnel.

- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions.
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation. • If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

## Return to Play Guidelines:

After being cleared by physician, *most* players can resume full sports in 3 days to 5 days (if no setbacks): **Step 1 (Usually Day 1): AM:** Light aerobics, light running. **PM (or Day 2):** Moderate aerobics, moderate running, practice without equipment.

**Step 2 (Usually Day 2): AM (or Day 3):** Non-contact training drills with uniform, May begin weight lifting, resistance training. **PM (or day 4):** Full contact practice and training.

**Step 3 (Usually Day 3 or Day 5):** Full game participation. If any of the previous symptoms reoccur, player must stop all activity and see physician again.

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**I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS.**

**Additional information is available on the Health and Safety page at [www.nysphsaa.org](http://www.nysphsaa.org). All concussions should be reported to the school as soon as possible.**

**Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.**

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

Student Signature / Date: \_\_\_\_\_

**CONCUSSIONS – Don't hide it. Report it. Take time to recover.**  
**New York School for the Deaf Athletics**

## In/Out-of-State, School-Related Trip Permission Form

***This form to be used for ALL school-sponsored events In/outside of New York***

This consent form is to be signed only after understanding and agreeing to the Expectations & Instructions below. If this completed form is not completed, the student will NOT be permitted to participate.

**Student's Name:** \_\_\_\_\_

### **EXPECTATIONS & INSTRUCTIONS:**

I understand the following is expected of the student:

- To follow instructions given by a coach/chaperone.
- Not to leave or separate from the group without appropriate authorization from coach/chaperone.
- Comply with all school policies and rules of conduct

In the event any of the above expectations or instruction is violated, I understand school officials reserve the right to remove my child from the trip and s/he will be subject to disciplinary consequences.

I UNDERSTAND THAT PARTICIPATION IN THE IN/OUT-OF-STATE TRIPS MAY INCLUDE  
ACTIVITIES THAT INVOLVE RISK OF HARM TO MY CHILD.

I ACKNOWLEDGE I AM FULLY INFORMED OF THE ACTIVITIES

CONTEMPLATED. I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

If any emergency medical procedures or treatments are required during the trip, I consent for the trip supervisor to arrange for them at the supervisor's discretion. If nursing assistance is needed for a medical treatment or procedure, I consent for the trip supervisor or health coordinator to arrange care for them at their discretion.

**Parent Name:** \_\_\_\_\_

**Signature date:**

\_\_\_\_\_

This form **MUST BE COMPLETED** and **FILED** in Athletics Office before the student can be allowed to  
travel any  
in/out of state, school-related trip.



New York School for the Deaf

## EXPECTATIONS FOR ALL ATHLETES

The following expectations apply to all student-athletes:

### ABSENCES

When a student has 2 unexcused absences within a quarter, he/she will be suspended for one game. If the student has 3 absences, even if it is excused, he/she will be suspended for 2 games as well. If the student has 4 or more absences within the quarter, he/she will be dismissed from the team. Absences will only be excused with a doctor's note or a written note from a parent/guardian explaining the absence. Please note that missing your bus is not an acceptable absence.

### ACADEMIC PERFORMANCE

All student-athletes are expected to have passed all their classes during the previous quarter. Any student that has failed a class or received two "D" grades will be placed on probation for 4 weeks. During the 4 weeks, the student must show improvement and the grade must be a C or higher. S/he is required to attend the study table in the Athletic Director's office and participate in practices only. S/he is not allowed to stay on the game days.

The Athletic Director will check student's performance and if there are any concerns raised by the teachers, the student will be placed on probation until improvement has been demonstrated over a period of 2 weeks.

If a student receives an "Early Intervention Report" from a teacher, he/she will be placed on probation until the end of the quarter. If improvement is not noted, he/she cannot continue to participate on the team.

### BEHAVIOR

If a student has two or more school suspensions, he/she will be placed on probation for the remainder of the season. Any additional suspensions will result in termination from the team.

I have read and understand the above.

Student Name : \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

# NEW YORK SCHOOL FOR THE DEAF

555 Knollwood Road  
White Plains, NY 10603

## 20\_\_-20\_\_ PHOTO/VIDEO/MEDIA OPT OUT FORM

New York School for the Deaf Photo/Video Opt Out Form can be found here:



New York School for the Deaf (NYSD) is a visual environment; photographs and videos are a significant part of our instructional program and your child's education. From time to time, we may include photos, videos or student names in our school yearbook, calendar or informational brochures. We may also share student photos, videos, or names with outside media sources including TV, newspapers, magazines, or with NYSD social media accounts such as (but not limited to) Facebook, Twitter, and the School website ([www.nysd.net](http://www.nysd.net)).

Unless you indicate below that you ***do not give permission to*** New York School for the Deaf to share any information containing a photo, video or the name of your child with any of the sources referenced above, NYSD will assume that you are in agreement with this practice.

☐ **Yes! I give permission for NYSD to share my child's picture on the website, brochures, yearbook, and or social media.**

☐ **No. I do not give permission for NYSD to share my child's picture, on the website, brochures, yearbook, and/or social media.**

\_\_\_\_\_  
Parent/Guardian Name (print please)

\_\_\_\_\_  
Student Name (print please)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date