

**SYLVAN UNION SCHOOL DISTRICT**  
**605 Sylvan Avenue**  
**Modesto, CA 95350**

**After School Recreation**  
**Student Participation Application**

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

Please check sport(s) participating in.

<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	Girls Volleyball	<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Girls Basketball	<input type="checkbox"/>	Boys Volleyball
<input type="checkbox"/>	Softball	<input type="checkbox"/>	Boys Basketball
<input type="checkbox"/>	Track	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>		<input type="checkbox"/>	Other:

ADDRESS (student) \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL HEALTH INSURANCE CARRIER \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES and/or other HEALTH ISSUES \_\_\_\_\_

EMERGENCY CONTACTS: (In case parents/guardians can't be reached)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Relationship to student \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Relationship to student \_\_\_\_\_

**\*\*RETURN THIS PAGE TO SCHOOL\*\***

PLEASE READ ALL and SIGN BELOW:

Students participating in school-sponsored and supervised interscholastic athletics are required to have medical insurance coverage per Education Code 49470. SUSL, or its schools, does not provide medical insurance coverage. Medical insurance coverage can be purchased through the school, contact the school office for more information.

If your child has private medical insurance coverage, **PLEASE include a copy of proof of insurance (card, letter).**

My Child, \_\_\_\_\_ has my permission to participate in the After School Recreation program being offered by Sylvan Union School District. I also give my permission for my child to travel to other schools for interscholastic competition.

I understand that my child will be responsible for any uniform and/or equipment which is checked out to him/her. If lost or damaged, I agree to pay replacement costs.

I understand transportation is NOT PROVIDED to/from practice or to other locations for competition. Some sports may have a tryout process and in so doing, not all students who tryout will be on a team. Playing time is not guaranteed to any student of any team. Questions can be referred to the team coach. I understand that my child must meet certain eligibility requirements to participate in the After School Recreation program as outlined by the Sylvan Union School District. I acknowledge that I was given a CONCUSSION information page.

**AUTHORIZATION TO TREAT A MINOR**

I (we) the undersigned parent(s) or legal guardian(s) of the named student do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization being required, but given to provide authority and power to render care, which is aforementioned, to any physician in the exercise of his or her best judgment and he/she may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**I acknowledge I have read and understand all of the above.**

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Signature of parent/guardian Date

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Signature of parent/guardian (both preferred) Date

Physical Examination Requirement

In order for any student to participate in athletics, the student must have a physical examination from a doctor. California Education Code section 49451 states that a parent may waive this requirement for an exam.

Please complete ONE of TWO choices in this box:

1. Include a copy of a physical examination clearance for sports from a doctor dated within the last 6 months

OR

2. Read & Sign the waiver below this box stating you are not getting an examination for your child.

I hereby request to exempt my child, \_\_\_\_\_, from the the physical examination requirement so that he/she may participate in after school sports in the Sylvan Union School District., in accordance with Section 49451 of the Education Code.

In signing this statement, I understand that I am giving permission for my child to participate in activities that, by their very nature, pose a greater than average risk of a participant being seriously injured, and that I refuse to have my child examined by a physician prior to his/her participation in such activities.

I understand that I hold the Sylvan Union School District, its officers, agents, and employees, harmless from any and all liability or claim, which may arise out of, or in connection with, my child's participation in these activities.

I refuse to have my child examined by a physician prior to his/her participation in such activities.

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Signature of Parent/Guardian Date

We must have either option completed prior to your child's participation in any after school activity.

**\*\*RETURN THIS PAGE TO SCHOOL\*\***

**SYLVAN UNION SCHOOL DISTRICT  
CONCUSSION INFORMATION SHEET**

*(please keep this page for reference)*

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 concussions, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include the one or more of the following:

<ul style="list-style-type: none"> <li>● Headaches</li> <li>● “Pressure in the 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>● 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 than normal</li> <li>● Confusion</li> <li>● Concentration or memory problems</li> <li>● Repeating the same question/comment</li> </ul>
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Signs observed by teammates, coaches, and parents 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, opponent</li> <li>● Moves clumsily or displays incoordination</li> <li>● Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>● Slurred speech</li> <li>● Shows behavior or personality changes</li> <li>● Can’t recall events prior to the hit</li> <li>● Can’t recall events after the 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 playing with a concussion or returns too soon?**

Athletes with signs and symptoms of concussion should be removed from play immediately. Continuing to play with signs and symptoms of a concussion leaves the 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 under report symptoms of injuries. Concussions are no different. As a result, education of administration, coaches, parents, and students is the key to student safety.

**If you think your child has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game and 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. You should inform your child’s coach if you think your child may have a concussion. Remember it’s better to miss one game than the whole season. **WHEN IN DOUBT, THE ATHLETE SITS OUT.**

For more up-to-date information on concussions: <https://www.cdc.gov/headsup/youthsports/index.html>