



BPS Athletics Team Registration – 20____

Registration for sports participation is required.

STUDENT - ATHLETE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: ____/____/____ Age as of July 1: _____ Grade: _____

Assigned School: _____

Sport: _____ Level (circle one): Modified Junior Varsity Varsity

T-shirt Size (circle one): Youth - S M L XL | Adult- S M L XL XXL

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Phone #'s: Daytime: _____ Evening: _____ Cell: _____

Email: _____

Address: _____ City: _____ Zip: _____

- I, the undersigned, hereby grant permission for my child to participate under an assigned coach in the BPS Athletics program. (Parent)
- We (parent and student) understand that a physical is required to participate on this team.
- We (parent and student) understand and accept the risks inherent to participation in competitive sports. Because of the dangers of participating in sports, we recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training, equipment and other team rules, etc. both in competition and in practice and agree to obey such instructions. We also recognize the importance of reading and adhering to written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team rules, etc. both in competition and in practice and agree to obey such instructions.
- We (parent and student) have read the Parent & Athlete Concussion Information Sheet.
- We (parent and student) have read and agree to the above conditions. (Both)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student-athlete: _____ Date: _____



Buffalo Public Schools
Department of Athletics
333 Clinton Street
Suite 321
Buffalo, NY 14204
P: 716.816.4633
F: 716.851.3561

Dear Parents and Student-Athletes:

Buffalo Public Schools will offer sports physicals to each school provided by School Health Services. Yearly physicals are mandatory for any student to participate in the interscholastic athletic program. All student-athletes must have a current sports physical on file before they are allowed to participate in try-outs, practices, and/or competitions for any middle school or high school athletic program. There will be no charge for this sports physical.

Students: Please be sure to take a BPS Athletics Registration packet home and complete the entire packet with your parents/guardians. It is important that all blank spaces are filled in and your parent/guardian signs the Sports Physical Consent Form (below).

In order to receive a physical, students will need to bring these items back to school:

1. A signed physical consent form. (Bottom of this page)
2. The BPS Athletics Registration form signed by both parent/guardian and student.
3. A completed and signed Pre-Participation Athletic Health History. (Signed by parent/guardian)

All student-athletes considering playing a sport must report to:

_____ (Location)

On _____ to complete their sports physical. Physicals are good for one calendar year.
(Date)

Thank you,

Aubrey Lloyd, Buffalo Athletics Director

SPORTS PHYSICAL CONSENT FORM

I, _____ give consent for my child _____
(Name of parent/guardian) (Name of student)

to have a sports physical performed by School Health Services.

Parent/Guardian Signature: _____ **Date:** _____



Buffalo Public Schools
Health Related Services Department

Phone: (716) 816-3912

FAX: (716) 851-3561

PRE-PARTICIPATION ATHLETIC HEALTH HISTORY - Two Page Form

PART A

School Name: _____

Student Name: _____ DOB: ____/____/____

Grade (check): 7 8 9 10 11 12

Sport: _____ Level (check): Modified Varsity JV

Date of last exam: ____/____/____ Limitations: Yes No Date form Completed: ____/____/____

PART B

Health History to be completed by Parent/Guardian

Answer questions below to indicate if your child has or has ever had any of the following and provide details to any yes answer on back:

Question	YES	NO
Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?		
Does s/he have an ongoing medical condition? Please circle below: Asthma Diabetes Seizures Other Sickle Cell Trait Sickle Cell Disease		
Has s/he ever had surgery?		
Has s/he ever spent the night in a hospital?		
Does s/he have a life threatening allergy? Please circle below: Medication Food Insect bites Pollen Latex Other		
Does s/he carry an Epi-pen (epinephrine)?		
Has s/he ever passed out during or after exercise?		
Has s/he ever complained of light headedness or dizziness during or after exercise?		
Has s/he ever complained of chest pain, tightness or pressure during or after exercise?		
Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?		
Has any health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)		
Has s/he been told s/he has a heart condition or problem?		
Has s/he ever had high or low blood pressure?		
Has s/he ever complained of getting more tired or short of breath than his/her friends during exercise?		
Does s/he wheeze or cough frequently during exercise?		
Has a health care provider ever said s/he has asthma?		
Does s/he use or carry an inhaler or nebulizer?		

Question	YES	NO
Has s/he ever become ill while exercising in hot weather?		
Is s/he on a special diet or have to avoid certain foods?		
Does s/he worry about their weight?		
Does s/he have stomach problems?		
Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?		
Does s/he ever have headaches with exercise?		
Has s/he ever had a seizure?		
Is s/he currently being treated for a seizure disorder or epilepsy?		
Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
Has s/he ever an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
Does s/he use a brace, orthotic, or other device?		
Does s/he have any problems with his/her hearing or wear hearing aides?		
Does s/he have any problems with his/her vision or have vision in one eye?		
Does s/he wear glasses or contacts?		
Has s/he ever had a hernia?		
Does s/he have only one functioning kidney?		
Does s/he have a bleeding disorder?		
Females Only: Has she had her period? At what age did it begin? How often does she get her period? _____ Date of last menstrual period?		
Males Only: Does he have only one testicle?		
Family History: Has any relative been diagnosed with a heart condition or heveloped hypertrophic cardiomyopathy, Marfan Syndrome, right ventricular cardiomyopathy, long QT short QT-wave syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Has any relative died suddenly before the age of 50 from unknown or heart related cause?		

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused any questions in PART B to be answered "YES"

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ___/___/___

PART E: TO BE COMPLETED BY THE SCHOOL NURSE

Sports Participation: Approved Referred to Primary Physician

Signed: _____ Date: ___/___/___

School Nurse

If referred to Primary Physician: Re-qualified Disqualified



INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION Buffalo Public Schools

SCHOOL NAME: _____

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE STUDENT :

Student: _____ DOB: _____ Sex M/F

Grade (check): 7 8 9 10 11 12

Sport: _____ Level (check): Modified Varsity JV

SCHOOL NURSE COMPLETES Date of last health appraisal: ____/____/____ Limitations: Yes No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN:

Note: A "Yes" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approval by the school physician before the student can report to practice or tryouts. The answers to the questions on this form will be held in the school health office, and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is "YES", in PART C on the reverse side of this form, describe the condition or situation that prompted your answer.

1. Any injuries requiring medical attention? Yes No
2. Any illness lasting more than five (5) days? Yes No
3. Taking medicine or under physician's care at this time? Yes No
4. Any feeling of faintness, dizziness or fatigue with / after exercise or exertion? Yes No
5. Change in wearing glasses or contact lenses? Yes No
6. Any surgical operations or fractures? Yes No
7. Any treatment in a hospital or emergency room? Yes No
8. Developed any allergies? Yes No
9. Any chronic disease? (IE: ASTHMA / DIABETES) Yes No

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused any questions in PART B to be answered "YES".

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ____/____/____

PART E: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation: Approved Referred to Primary Physician

Signed: _____ Date: ____/____/____
School Nurse

If referred to the Primary Physician:

Requalified Disqualified

CONCUSSION INFORMATION SHEET



**HEADS UP
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

[INSERT YOUR LOGO]

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - » Work with their coach to teach ways to lower the chances of getting a concussion.
 - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - » Ensure that they follow their coach's rules for safety and the rules of the sport.
 - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



[INSERT YOUR LOGO]



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