



# North Davis Preparatory Academy Athletic Form

The completed signature page for this form is required once a year. Parents and student athletes should read and understand this document prior to participating in NDPA athletics.

## ATHLETIC REQUIREMENTS:

- Must be a currently enrolled NDPA student
- NDPA Student and Parent Disclosure and Consent Form, signed by both student and parent/guardian.
- Current and completed Pre-Participation Physical Evaluation History and Examination forms.
- Participant must maintain grade/citizenship requirements as outlined by the Athletic Director.
  - If grade requirements are not met, participant must understand and agree to discipline including probation until athletic director/faculty review. Student athletes will be ineligible to compete in events until qualifications are at or above the standard.
- All participants must adhere to appropriate behavior/personal conduct policies.
  - Examples of inappropriate behavior that may lead to disciplinary actions from Principal /Assistant Principal/Athletic Director include but are not limited to:
    - Refusal to obey coach or advisor instructions.
    - Repeated disregard for safety of self, teammates, or others.
    - Use of abusive language or behavior toward any member of team, coaching, advisor, or staff.
    - Any other disrespectful behavior towards other team members, participants, or anyone involved in the program, school, or community.
  - Your role as an ambassador of NDPA does NOT end when you step off the court or the field; our concern for student athlete behavior (and our authority to enforce consequences) extends well beyond practice and game time. Serious fighting incidents may jeopardize the student athlete's future participation in any other extracurricular activity and his/her continuing student status at NDPA.
  - Similar outcomes as those listed for fighting may apply to bullying, intimidation, or any other disrespectful behavior; disobedience and/or disrespect to coaches or violation of personal conduct policies may result in the student's dismissal from the team/activity and could possibly result in serious administrative or legal consequences.

## Students and coaches/advisors will:

- ✓ Comply with the above personal conduct guidelines.
- ✓ Maintain a positive attitude in practice, games, and events.
- ✓ Display good sportsmanship at all times.
- ✓ Strive for improvement at all levels of talent and development.
- ✓ Foster and demonstrate a "pursuit of excellence" – never settle for mediocre.
- ✓ Never sacrifice the emotional well-being of players/teammates/students.
- ⌚ **Practice/Meetings:** Missing practice or meetings may reduce a player's level of participation or game time.
- ⌚ **Parents or Legal Guardians agree to pick up of player/participant on-time.** Late pick-up may result in reduced time play, participation, or membership in the team.
- ⌚ **Games/Events:** Missing without prior notification may result in removal from team, activity, or membership.
- ⌚ **Team and/or group before self:** willingness to submit to a team concept, even if it means diminishing the role of the individual player or member.
- ⌚ Always Do Your Best - No slacking in practice or quitting in games or assigned responsibilities.

**Exceptions:** Family emergency, illness, injury, major life events, etc. Exceptions will require subjective judgment of the coaches and/or advisors.

**NDPA Athletics website:** <https://sites.google.com/view/fclions/>

Student Athlete's Printed Name		Date of Commitment	
-----------------------------------	--	-----------------------	--

# NDPA Student and Parental Disclosure and Consent Form

This form needs to be filled out by a student athlete each school year. Physical Evaluations are valid for 365 days. By signing the signature page, you agree to abide by the standards and policies described in the Athletic Requirements Form (first page of this document).

## Student Statement

By signing below I acknowledge:

\_\_\_ This application to compete in athletics for North Davis Preparatory Academy (NDPA) is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules, requirements, and regulations of NDPA.

\_\_\_ It is my responsibility to report to my coaches and parent(s)/guardian(s) any illness or injury I experience.

\_\_\_ I have read, understand, and agree to abide by the Athletic Requirements Form and the Concussion and Head Injury Policy and Procedures. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Student Athlete's Signature	
--------------------------------	--

**PLEASE NOTE:** It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the physical forms.

- Is the student covered by health/accident insurance? Please circle one:    YES    NO
  - Name of health insurance provider: \_\_\_\_\_

## Parent of Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

\_\_\_ Hereby consent to the above named participation in the athletic program at NDPA. This consent includes arranging travel to and from athletic contests and practice sessions.

\_\_\_ Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.

\_\_\_ Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.

\_\_\_ Acknowledge and give consent that a copy of this form will remain on file in the school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.

\_\_\_ Hereby acknowledge having been made aware of the signs, symptoms, and risks of sports related concussion.

\_\_\_ Give permission to the athletics program to post pictures of events and first name, last initial of my student on the school website or other NDPA sports websites.

Student Athlete's Parent or Guardian Signature		Date	
--	--	------	--

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_



**North Davis Preparatory Academy  
Administrative Procedures  
Concussion and Head Injury Procedures**

These procedures are established pursuant to the Concussion and Head Injury Policy established by the School's Board of Directors.

A concussion is a type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion. A concussion can occur even if a player or student in an activity is not knocked out or loses consciousness.

The School will ensure that each agent of the School is familiar with, and has a copy of, the Concussion and Head Injury Policy and these Procedures. Before permitting a child to participate in a sporting event of the School, the School will:

- (a) provide a written copy of the Concussion and Head Injury Policy and these Procedures to a parent or legal guardian of a child; and
- (b) obtain the signature of a parent or legal guardian of the child, acknowledging that the parent or legal guardian has read, understands, and agrees to abide by, the Concussion and Head Injury Policy and these Procedures.

The following definitions apply to these Procedures:

- (1) "Agent" means a coach, teacher, employee, representative, or volunteer.
- (2) "Qualified health care provider" means a health care provider who:
  - (a) is licensed under Title 58, Occupations and Professions; and
  - (b) may evaluate and manage a concussion within the health care provider's scope of practice.
- (3) "Sporting event" means any of the following athletic activities that is organized, operated, managed, or sponsored by the School:
  - (a) a game;
  - (b) a practice;
  - (c) a sports camp;
  - (d) a physical education class;
  - (e) a competition; or
  - (f) a tryout.
- (4) "Traumatic head injury" means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury:
  - (a) transient confusion, disorientation, or impaired consciousness;
  - (b) dysfunction of memory;

- (c) loss of consciousness; or
- (d) signs of other neurological or neuropsychological dysfunction, including:
  - (i) seizures;
  - (ii) irritability;
  - (iii) lethargy;
  - (iv) vomiting;
  - (v) headache;
  - (vi) dizziness; or
  - (vii) fatigue.

The following signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion:

Signs (observed by others):

- Student appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering

The School will (a) immediately remove a child from participating in a sporting event of the School if the child exhibits signs, symptoms, or behaviors consistent with a concussion or is otherwise suspected of sustaining a concussion or a traumatic head injury; and (b) prohibit the child from participating in a sporting event of the School until the child:

(i) is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and

(ii) provides the School with a written statement from the qualified health care provider described in Subsection (1)(b)(i) stating that:

(A) the qualified health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and

(B) the child is cleared to resume participation in the sporting event of the School.

The school will follow any return-to-play guidelines established by the student's qualified health care provider.

### **Emergency Procedures**

The following situations constitute a medical emergency and require notification of emergency medical personnel:

- (1) Any student with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
- (2) Any student who has symptoms of a concussion, and who is not stable (i.e., condition is worsening), should be transported immediately to the nearest emergency department via emergency vehicle.
- (3) A student who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
  - a. Deterioration of neurological function
  - b. Decreasing level of consciousness
  - c. Decrease or irregularity in respirations
  - d. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
  - e. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
  - f. Seizure activity

A student who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the student's primary care provider or seek care at the nearest emergency department on the day of the injury.

### **Guidelines and Procedures for Coaches and Teachers Supervising Contests and Games**

#### *Recognize concussion*

1. All agents of the school should become familiar with the signs and symptoms of concussion that are described above.

2. Agents of the school shall have appropriate training about recognizing and responding to traumatic head injuries, consistent with the employees' responsibilities for supervising students and athletes.

*Remove from activity*

Any student who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the sporting event and shall not return to play until cleared by an appropriate health care professional.

*Refer the athlete/student for medical evaluation*

1. The school's agent is responsible for notifying the student's parent(s) of the injury.
  - a. Contact the parent(s) to inform a parent of the injury. Depending on the injury, either an emergency vehicle will transport or parent(s) will pick the student up at the event for transport.
  - b. A medical evaluation is required before returning to play.
2. In the event that a student's parent(s) cannot be reached, and the student is able to be sent home (rather than directly to a doctor):
  - a. The school's agent should ensure that the student will be with a responsible individual who is capable of monitoring the student and understanding the home care instructions before allowing the student to go home.
  - b. The school's agent should continue efforts to reach a parent.
  - c. If there is any question about the status of the student, or if the student cannot be monitored appropriately, the student should be referred to an Emergency Department for evaluation. An school's agent should accompany the student and remain with the student until a parent arrives.
  - c. The school's agent shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.

*Return to activity*

1. Medical Provider Clearance. Before a student suspected of suffering a concussion or traumatic head injury may be allowed to participate in any School sporting event or other physical activity, the student's parent shall provide a written statement from a qualified health care provider stating that:
  - a. The student is symptom free and medically cleared to resume participation in the school's activity.