

-continued-

10. ASSUMED NAME (6.1.6, 5.0.3)

Competing under a false or assumed name will cause you to become ineligible.

Your name must be certified by your principal on a standard form to the opposing school or schools for each contest in which you are to compete.

11. UNDUE INFLUENCE (4.1.0)

Transferring from one school to another because of being influenced by any person to do so will make you ineligible for one full year.

***12. INDEPENDENT TEAMS (5.8.0)**

Playing on an independent team while a member of your high school competing squad in the same sport or activity is not allowed. Should you do so, you would forfeit your eligibility.

13. SPECIALIZED SPORTS CAMPS (5.4.0)

A coach or school representative may not directly or by implication direct you to attend camps/clinics, open gym sessions, or weight room training as a condition to practicing, participating or otherwise influencing your opportunity to participate in any school interscholastic program.

You may not participate in a specialized sports camp/clinic teaching individual skills for a period greater than two calendar weeks during any calendar year in which any of your coaches or high school faculty members are involved.

Students going to summer camps will not be covered by school or WHSAA catastrophic insurance.

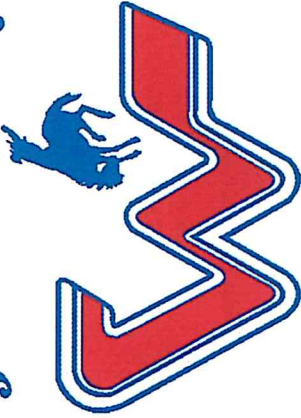
Please ask your principal or activities director if you have questions about these rules.

*Fine Arts & Vocational participants need only meet these requirements.



Educational Excellence
Through Activities

Join the RIDE!



Sportsmanship

How to
Protect
Your
Eligibility for
High School
Activities

2020 - 2021

Any student wanting to attend an NCAA or NAIA college or university on an athletic scholarship should meet with their counselor as soon as possible to determine their eligibility for financial aid under the rules established by the NCAA and NAIA. Failure to do this may make you ineligible for an athletic scholarship.



Published by the
Wyoming High School Activities Association
6571 East 2nd Street
Casper, WY 82609
(307)577-0614

Eligibility Rules Review Sign-Off
We have reviewed the summary of WHSAA
Eligibility Rules

Student's Name
(Print)

Student's Signature

Parent/Legal
Guardian's Signature

Date

-----Please sign, detach, and return to principal-----

CAMPBELL COUNTY SCHOOL DISTRICT ASSUMPTION OF
RISK/MEDICAL/HIPAA CONSENT

Student Name _____ Activity _____ Age _____ Grade _____

I/We hereby acknowledge that we have been properly advised, cautioned and warned by the proper administrative and coaching personnel of Campbell County School District, that by participating in a sport, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the sport, and should I choose to participate in the sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating.

I/We give authorization to the athletic trainer or physician to evaluate and treat any injuries that occur while participating in activities at Campbell County School District. (This includes immediate first aid and treatment, X-ray, physical exam, follow- care, and rehabilitation.)

As with any injuries, there could be financial obligations. Campbell County School District requires, as protection for the student as well as the parents/guardians, that each participant be insured during their activity season(s). This responsibility is solely up to the parents/guardians, and failure to maintain insurance coverage does not remove the financial responsibility from the parent. Nor does it encumber Campbell County School District for medical costs related to activity injuries.

The Health Insurance Portability and Accountability Act (HIPAA) contains regulations that establish standards to protect security of health information, specifically oral and written health information collected or maintained by health providers. I/We hereby authorize the athletic trainers to release information regarding any injury or illness during the student-athlete=s training for and participation in athletics in Campbell County School District. This authorization/consent will allow athletic trainers to disclose medical information to coaches, school officials, and athletic directors on a need to know basis. This will ensure the safety of the athlete while participating in school sports, as well as establish a communication channel for school officials to stay abreast of an athlete's playing status and condition.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FATHER'S NAME _____ PHONE (Hm) _____ (Wk) _____

MOTHER'S NAME _____ PHONE (Hm) _____ (Wk) _____

ADDRESS _____ TELEPHONE _____

_____ SCHOOL ATTENDING _____

IF PARENT CANNOT BE REACHED, WHO SHOULD CLAIM RESPONSIBILITY OF THE ATHLETE?

NAME _____ RELATIONSHIP _____ TELEPHONE _____

FAMILY PHYSICIAN _____ TELEPHONE _____

INSURANCE CO. _____ POLICY # _____

(REQUIRED)

(REQUIRED)

PLEASE LIST ANY MEDICATIONS, KNOWN ALLERGIES TO MEDICATIONS, OR OTHER MEDICAL CONDITIONS.

**CAMPBELL COUNTY SCHOOL DISTRICT
INFORMED CONSENT AGREEMENT**

Student Name _____

Grade _____

As a student and parent:

- We understand and agree that participation in competitive interscholastic programs is a privilege that may be withdrawn for violations of the Drug Testing Policy.
- We have read the Drug Testing Policy and thoroughly understand the responsibilities and consequences as an Activity Participant in Campbell County School District.
- We understand and realize that there is risk of injury in participating in competitive interscholastic programs.
- We understand that during any competitive interscholastic program, the first date of practice to the conclusion of the culminating event (championship), in which students participate, they will be subjected to random urine testing or hair follicle testing. If the student refuses to be tested, they will not be allowed to practice or participate in any competitive interscholastic programs. We have read the consent statement and agree to its terms.
- We understand that if a coach/sponsor has reasonable suspicion that a participant is using a controlled substance, the coach/sponsor must report the information to the building AD or designee. If the AD or designee determines a drug test should be administered, parents will be contacted prior to the actual testing. If the drug test is refused, the student will not be allowed to practice or participate in any competitive interscholastic programs.
- We understand this is binding while a student is enrolled in Campbell County School District.

CONSENT TO PERFORM DRUG TESTING

- We hereby consent to allow the student named on this form to undergo urinalysis or hair follicle testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Random Drug Testing of Campbell County School District Students Participating in Competitive Interscholastic Programs, as approved by the Campbell County School Board.
- We understand that the collection process will be overseen by a quality vendor.
- We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.
- We hereby give our consent to the medical vendor selected by the Campbell County School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis or hair follicle testing for the detection of illicit drugs or banned substances.
- We further give permission to the medical vendor selected by the Campbell County School Board, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Superintendent or designee and will also be made available to us.
- We understand that consent pursuant to this Informed Consent Agreement will be effective for all competitive interscholastic programs in which this Activity Participant might participate during the current school year.
- We hereby release the Campbell County School Board of Education and its employees from any legal responsibility or liability for the release of such information and records, pursuant to the policy.

Student Signature

Date

Parent/Guardian Signature

Date

INTRODUCTION

Concussions are a common problem in sports and have the potential for serious complications if not managed correctly. Even what appears to be a "minor ding or bell ringer" has the real risk of catastrophic results when an athlete is returned to action too soon. The medical literature and lay press are reporting instances of death from "second impact syndrome" when a second concussion occurs before the brain has recovered from the first one regardless of how mild both injuries may seem.

At many athletic contests across the country, trained and knowledgeable individuals are not available to make the decision to return concussed athletes to play. Frequently, there is undue pressure from various sources (parents, player and coach) to return a valuable athlete to action. In addition, often there is unwillingness by the athlete to report headaches and other findings because the individual knows it would prevent his or her return to play.

Outlined below are some guidelines that may be helpful for parents, coaches and others dealing with possible concussions. Please bear in mind that these are general guidelines and must not be used in place of the central role that physicians and athletic trainers must play in protecting the health and safety of student-athletes.

SIDELINE MANAGEMENT OF CONCUSSION

1. Did a concussion take place? Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. (See other side for signs and symptoms)

2. Does the athlete need immediate referral for emergency care? If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exist, the athlete should be referred at once for emergency care.

3. If no emergency is apparent, how should the athlete be monitored? Every 5- 10 minutes, mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.

4. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes.

MANAGEMENT OF CONCUSSIONS AND RETURN TO PLAY

(See "SIDELINE DECISION-MAKING" Below)

Increasing evidence is suggesting that initial signs and symptoms, including loss of consciousness and amnesia, may not be very predictive of the true severity of the injury and the prognosis or outcome. More importance is being assigned to the duration of such symptoms and this, along with data showing symptoms may worsen some time after the head injury, has shifted focus to continued monitoring of the athlete. This is one reason why these guidelines no longer include an option to return an athlete to play even if clear in 15 minutes and why there is no discussion about the "Grade" of the concussion.

Any athlete who is removed from play because of a concussion should have medical clearance from an appropriate health care professional before being allowed to return to play or practice. The Second International Conference on Concussion held in Prague recommends an athlete should not return to practice or competition in sport until he or she is asymptomatic including after exercise.

Recent information suggests that mental exertion, as well as physical exertion, should be avoided until concussion symptoms have cleared. Premature mental or physical exertion may lead to more severe and more prolonged post concussion period. Therefore, the athlete should not study, play video games, do computer work or phone texting until his or her symptoms are resolving. Once symptoms are clear, the student-athlete should try reading for short periods of time. When 1-2 hours of studying can be done without symptoms developing, the athlete may return to school for short periods gradually increasing until a full day of school is tolerated without return of symptoms.

Once the athlete is able to complete a full day of school work, without PE or other exertion, the athlete can begin the gradual return to play protocol as outlined below. Each step increases the intensity and duration of the physical exertion until all skills required by the specific sport can be accomplished without symptoms. These recommendations have been based on the awareness of the increased vulnerability of the brain to concussions occurring close together and of the cumulative effects of multiple concussions on long-term brain function. Research is now revealing some fairly objective and relatively easy-to-use tests which appear to identify subtle residual deficits that may not be obvious from the traditional evaluation. These identifiable abnormalities frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to play in relative safety. The significance of these deficits is still under study and the evaluation instruments represent a work in progress. They may be helpful to the professional determining return to play in conjunction with consideration of the severity and nature of the injury; the interval since the last head injury; the duration of symptoms before clearing; and the level of play.

Once the athlete is able to complete a full day of school work, without PE or other exertion, the athlete can begin the gradual return to play protocol as outlined below. Each step increases the intensity and duration of the physical exertion until all skills required by the specific sport can be accomplished without symptoms. These recommendations have been based on the awareness of the increased vulnerability of the brain to concussions occurring close together and of the cumulative effects of multiple concussions on long-term brain function. Research is now revealing some fairly objective and relatively easy-to-use tests which appear to identify subtle residual deficits that may not be obvious from the traditional evaluation. These identifiable abnormalities frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to play in relative safety. The significance of these deficits is still under study and the evaluation instruments represent a work in progress. They may be helpful to the professional determining return to play in conjunction with consideration of the severity and nature of the injury; the interval since the last head injury; the duration of symptoms before clearing; and the level of play.

SIDELINE DECISION-MAKING

1. No athlete should return to play (RTP) on the same day of concussion.
2. Any athlete removed from play because of a concussion must have medical clearance from an appropriate health care professional before he or she can resume practice or competition.
3. Close observation of athlete should continue for a few hours.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based on return of any signs or symptoms.

MEDICAL CLEARANCE RTP PROTOCOL

1. No exertional activity until asymptomatic.
2. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
3. Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities.
4. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
5. Full contact in practice setting.
6. If athlete remains asymptomatic, he or she may return to game/play.

A. ATHLETE MUST REMAIN ASYMPTOMATIC TO PROGRESS TO THE NEXT LEVEL.

B. IF SYMPTOMS RECUR, ATHLETE MUST RETURN TO PREVIOUS LEVEL.

C. MEDICAL CHECK SHOULD OCCUR BEFORE CONTACT.