Athlete Name: _____

Grade: _____

GSWB Athlete Information

GSWB Parent(s)/Guardian(s),
The following packet is comprised of all the paperwork that is necessary to participate in GSWB athletics. These forms must be signed by a legal parent/guardian, while some forms also require a student-athlete signature as well.

Here is a list of forms that need to be turned in:

_____ (1) Extra-curricular participation form

_____ (2) IESA concussion form

_____ (3) Athlete parent/spectator code of conduct

_____ (4) Athletic Handbook form (hard copies available and also on GGS website)

_____ (5) Proof of insurance (provided by student-athlete)

_____ (6) Physical (provided by student-athlete)

_____ (7) GSWB travel release (optional) *Filled out for each sport

*ALL FORMS IN THIS PACKET NEED TO BE SUBMITTED AT ONE TIME TO THE ATHLETIC DIRECTOR OR YOUR CHILD'S COACH, INCLUDING PHYSICAL AND COPY OF INSURANCE CARD! DO NOT SUBMIT INDIVIDUAL FORMS!

***Other papers to pick-up from your coach:**

*Game schedule
*Practice schedule
*Remind sign-up for your coach
*Team rules

***These are yearly forms and must be done every year, however if your student participates in more than one sport, these forms will cover your student-athlete for the school year with the exception of the GSWB travel release and concession requirements. Therefore they only need to be filled out once.

***If you have any questions, feel free to contact:
Austin McDowell at (815) 237-2313 (ext. 210) or amcdowell@ggs72.org

GSWB Coop Schools Extra-Curricular Participation Form (FRONT + BACK)

Your son/daughter has indicated a desire to participate in extracurricular activities at GSWB Cooperative Schools. In addition to being cleared for participation by a physician in a current physical examination, the following information must be completed and on file in the Athletic Department office ***before*** your son/daughter will be allowed to participate.

Student Name _____ Grade _____ Parent(s) _____

Address _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Physician _____ Phone _____

Hospital Preference _____ Height _____ Weight _____

Specific medical allergies, medicines, or other conditions:

INSURANCE

It is necessary for all students who participate in extra-curricular activities to have insurance. Please fill out the information below in regards to your child's coverage. If your family does not currently have insurance, please contact the athletic director as soon as possible, GGS (815)237-2313 ext. 202 or SWGS (815) 237-2281.

Insurance Company Name _____ Phone Number _____

Insurance Policy Number _____

HOLD HARMLESS

Participation in extra-curricular activities may involve many risks of injury. A serious injury may result in physical impairment or even death, including communicable diseases. I hereby assume all the risks associated with participation and agree to the Gardner Elementary School District 72C, South Wilmington CCSD 74, and Braceville Elementary School District 75, its employees, agents, coaches, school board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in an extra-curricular activity/sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator assignees, and for all of my family members. I/We, as parent(s)/guardian(s), release the Gardner Elementary School District 72C, South Wilmington CCSD 74, and Braceville Elementary School District 75, and its employees from any liability accruing from participation in extra-curricular activities. In the even reasonable attempts to contact me are unsuccessful, I/We, as parent(s)/guardian(s) of the stated student do hereby authorize (1) the treatment by qualified and licensed medical doctor of my child in the event of impairment or undue discomfort if delayed; and (2) the transfer of my child to any hospital reasonably accessible. This release for is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature _____ Date _____

STUDENT-ATHLETE AGREEMENT TO PARTICIPATE

The GSWB Cooperative considers athletics and extra-curricular activities to be very important components of the overall school experience. These experiences can greatly enhance a student's enjoyment of his or her school career, and are helpful in the attempt to develop well-rounded young adults. Extracurricular programming is designed to promote the development of lifelong skills such as self-discipline, leadership, teamwork, respect for self and others. While the regular curricular program is right afforded to each student, participation in the co-curricular program is a privilege, and as such carries significantly increased expectations beyond those applicable to students within the classroom. The Student/Parent Activity Expectations has been established for students who choose to take part in the co-curricular program. These guidelines are to be considered as the athlete's and parent's Code of Conduct. By choosing to participate in an athletic or activity program, a student is deciding to extend his or her school day and to subject him/herself to increased expectations regarding behavior or conduct during school hours, at school-sponsored events, and within the community. These expectations are to be considered in effect at all places and times throughout the entirety of any given athletic season, beginning with the first day of practice and ending at the conclusion of the final contest.

I have been informed of the guidelines and of the code of conduct involved in participation in extra-curricular activities/sports offered by the GSWB Cooperative and understand its terms. I will abide by all guidelines and conduct rules in a sportsmanship manner, and will follow the coach's /sponsor's instructions completely.

Student Signature	Parent/Guardian Signature	Date

UNIFORM CARE

Wash Uniform in **COLD** water.
DO NOT put uniform in the dryer. Hang to air dry.
DO NOT wear uniform to and from Winter Season games.
Uniforms are to be worn during games **ONLY**!

I understand the rules of caring for the uniform. I understand that I will be responsible for the cost associated with replacing a lost or damaged uniform.

Student Signature: _____

Parent Signature: _____

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young 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 fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or 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. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
Http://www.cdc.gov/ConcussionInYouthSports/

Student-Athlete Name Printed	Student-Athlete Signature	Date

Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sports
Document created 7/1/2012

GSWB Athlete Parent/Spectator Code of Conduct

GSWB Sports Cooperative Schools and the IESA believe that sportsmanship is a core value and its promotion and practice are essential. The participants, parents or legal guardians of student-athletes shall be required to follow the Code of Conduct, set forth as follows. I hereby pledge to be responsible for my words and actions while attending a GSWB Athletic Programs sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, participant, official or any other attendee.
2. I will not encourage my child, or any other person, to engage in unsportsmanlike conduct with any coach, parent, player, participants, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person, to engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
5. I will not engage in the use of profanity.
6. I will not encourage my child, or any other person to engage in the use of profanity.
7. I will treat any coach, parent, player, participant, official or any other attendee with respect at all times regardless of sex, creed, color, national origin, sex or ability.
8. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
9. I will not initiate nor encourage my child to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
10. I will be responsible for the behavior of all those attending a GSWB Athletic Program sports event on my child's behalf.
11. I will not shout instructions, coach or direct players on the field from the stands nor the sidelines.
12. I will not address the officials from the sidelines in any manner.

Please note that the IESA has changed its policy for fans that are ejected from contests. Any fan ejected from a contest for unsportsmanlike conduct will be required to complete the NFHS Sportsmanship course before he/she can return to future contests.

I understand that any violation of this code of conduct could result in being banned from attending any GSWB Athletic Program events.

_____

Athlete Name

_____ _____

Parent Signature Date

GSWB Athletic Handbook Acknowledgment and Pledge

Name of Student: _____

Student Acknowledgement and Pledge

I acknowledge receiving and/or being provided electronic access to the GSWB Athletic Handbook. I have read these materials and understand all rules, responsibilities, and expectations. In order to help keep my school safe, I pledge to adhere to all GSWB rules, policies, and procedures.

I understand that the GSWB Athletic Handbook policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgment and pledge will not relieve me from being responsible for knowing or complying with school rules, policies, and procedures.

_____ _____

Student Signature Date

Parent/Guardian Acknowledgment

I acknowledge receiving and/or being provided electronic access to the GSWB Athletic Handbook . I have read these materials and understand all rules, responsibilities, and expectations.

I understand that the GSWB Athletic Handbook policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgment will not relieve me or my child from being responsible for knowing or complying with school rules, policies, and procedures.

_____ _____

Parent/Guardian Signature Date

GSWB ATHLETICS

Athletic Contest Travel Release Form

Sport: _____ **Today's Date:** _____

Student(s):_____

Parent / Guardian: _____ **Phone #**:_____

I certify that the adult(s) listed below are approved to transport my student-athlete(s) either to or from athletic contests for the school term listed above.

Adult(s) approved to provide transportation for your student:

_____ _____

_____ _____

_____ _____

I understand that the GSWB Athletic rules require students to ride the buses to and from all athletic events and departures from this requirement will release the GSWB District from all liability for any adverse results that may occur.

I agree to release the GSWB and its employees and officers from all liability with reference to the above-stated transportation.

I understand that this form remains in effect for the remainder of the season unless I notify the Athletic Office of any changes.

I understand that failure to provide a signed copy of this form at least one full day prior to the first contest of the season will result in the student being required to ride the bus.

_____ _____

Signature of Parent or Guardian Date

For Office Use Only:

☐ **APPROVED** ☐ **NOT APPROVED** Reason:_____

_____ _____

Signature of School Administrator Date