

## CLARENCE CENTRAL SCHOOL DISTRICT INTERSCHOLASTIC ATHLETIC PROGRAM

The Clarence Central School District Interscholastic Athletic Program is designed to provide opportunities for students to be involved in various levels of athletic competition. Our athletic program emphasizes teaching the fundamental aspects of the sporting events (rules, concepts and strategies) and developing athletic skills, as well as the personal responsibility of being a member of a team. As students move from level to level, the process of selection may become more competitive. Intramural programs are available for students at CMS.

### Varsity Sports

The varsity teams represent the Clarence Central School District in the highest level of interscholastic competition. Varsity teams serve as the culmination of our athletic program.

At the varsity level, students are selected to represent the district based on a number of characteristics. These include (but are not limited to) level of physical ability, level of skill development, and strong personal traits that allow the student to be a strong contributing member of the team. Participating in varsity level sports requires a strong commitment to the rigors of numerous practices, some of which may take place during "vacation periods".

The squad size at the varsity level may be limited. Students may be cut based on the number of participants that are needed to make the team function effectively in practice situations, as well as during competition. Team members need to be willing to understand and accept their role within the team. Although providing playing time for each of the members of the squad is a goal, there is no guarantee as to the amount of playing time.

In most cases, seniors and juniors make up the majority of the roster of team sports. Team/Individual sports are composed of freshmen through seniors. At times, students from the Middle School (8th grade only) may be included in accordance with the policy of the Clarence School Board.

### Junior Varsity Level

The junior varsity level is intended to develop and prepare students to participate and compete at the varsity level. Team membership often varies depending on the sport, but the majority of students on team sports are sophomores and freshmen.

Junior varsity participation emphasizes physical conditioning, refinement of physical skills, as well as the understanding of the elements of play and team strategy. At the junior varsity level program there is a balance among the goals of continued player development, team development, and striving to win.

Students who participate at the junior varsity level need to understand and accept responsibility for practicing and working as a team. A high level of commitment and dedication is expected from all participants. Students can expect to be involved in meaningful contest participation during the course of the season. However, the amount of playing time will vary and is not guaranteed.

### Modified Level

The modified level provides an opportunity for seventh, eighth, and ninth grade students to be involved in interscholastic competition. The program is aimed at teaching the fundamentals of the various games and team play. It focuses on athletic development, skill development, and teaching game rules. It is also aimed at developing a sense of healthy athletic competition, as well as socio-emotional growth for students. The level of competition and practice sessions will be appropriate for the physical development of the adolescent's body.

The modified level activities will be aimed at providing as many opportunities as possible for students. Ideally, the intent is to not "cut" students who are really interested in participating. At the same time, the Clarence Central School District must take into account variables like financial resources, qualified coaches, appropriate facilities, a safe environment, and the number of students who are interested.

Students participating in modified athletics need to accept the responsibility of team membership and dedication to practice sessions. Developing athletic skills and understanding will be the focal points of modified athletics. Students will have opportunities to participate in meaningful events throughout the course of the season. The sense of winning may be tempered by the goal of developing students.

### Training Regulations

While a student is participating in the interscholastic athletic program for the Clarence Central School District, he/she is expected to abide by the following rules and regulations:

1. Maintain the behavior expected of a good school citizen.
2. No use or possession of tobacco or tobacco products.
3. No use or possession of alcohol or alcoholic beverages.

4. No use or possession of drugs. (Including anabolic steroids)
5. Not be in attendance at an underage gathering/party where alcohol, tobacco, or illegal/illicit drugs are being used/supplied.
6. Maintain reasonable hours of retiring.
7. A student athlete must be in attendance at school by 11:00 a.m. in order to practice or compete after school.
8. An athlete must ride the team bus to a contest in order to compete.
9. A student athlete must have an approved physical examination form on file prior to participating in a sport.

### Violations

Participation in interscholastic athletics for the Clarence Central School District is a privilege. Student athletes have a responsibility to their teammates, coach and themselves to prepare and perform to the best of their ability. Most of the regulations cited above, and many others not listed, should be self-imposed rules. Nevertheless, if the athlete cannot assume the maturity of self-discipline, and he/she violates any of the above regulations, it may be necessary to invoke disciplinary action. The Athletic Eligibility Committee includes the high school principal, assistant principals, athletic director, and two coaches appointed by the director. The Athletic Eligibility Committee will determine the appropriate disciplinary action to be taken when training regulations are violated. The disciplinary action may include, but not be limited to:

1. **Disciplinary actions by the coach.**
2. **Short/long term suspension from competition.**
3. **Dismissal from the team.**

### Concussion Management

All athletic events, including non-contact sports carry some risk of participants sustaining impact to their head which can result in a mild traumatic brain injury commonly referred to as a concussion. This can be a potentially serious condition with significant health implications, and any student athlete exhibiting its signs and symptoms will be removed from play and shall be evaluated by a physician, a nurse practitioner or a physician's assistant. Parents and legal guardians are encouraged to visit the district's website under Athletics and look for Concussion Management for further information.

\*The Clarence Athletic Dept. is recommending that students who participate in interscholastic athletics purchase a mouth guard. A limited supply are available at the Athletic Dept. office.

**SPORTS PRE-PARTICIPATION EVALUATION**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have any members of your family under 50 had a "heart attack" or "heart problem"? (parents, grandparents, aunts, uncles)             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been told you had a heart murmur high blood pressure, extra heartbeats, or a heart abnormality?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have to stop while running around a (1/4 mile) track twice?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any defect, disability or chronic illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you taking any medications?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever "passed out" or been "knocked out" (concussion)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Passed out while exercising?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Had a concussion within the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had any illness, condition, or injury that:  |                          |                          |
| a. Required you to go the hospital either as a patient overnight or in the emergency room for x-rays?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Required an operation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lasted longer than a week?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Caused you to miss a game or practice?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is related to allergies (hay fever, hives, asthma, or medication)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any problems relating to growth, development or nutrition with which your teachers or coaches should be acquainted with? | <input type="checkbox"/> | <input type="checkbox"/> |

For any "Yes" answers to the above questions, please provide additional information under Comments.

**\*\*\* EMERGENCY CONTACT INFORMATION.\*\*\***  
**Please update your emergency contact information in the Parent Portal.** This is the information that will be used to contact you in case of an emergency. If you need help with Parent Portal please call 407-9030.

**This section to be completed by the school nurse:**

P.E. Excuses: \_\_\_\_\_ Absences: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVAL HEALTH HISTORY**

To be completed by the parent or guardian:

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <b>History since last physical:</b>   |                          |                          |
| 1. Has the student had any injuries requiring medical attention?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the student had any illness lasting more than 5 days since your last physical?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the student taking medicine or under physician's care at this time?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the student have any feeling of faintness, dizziness or fatigue after exercise or exertion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the student had any surgical operations or fractures since your last physical?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the student had any treatment in a hospital or emergency room since last physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the student have asthma? If yes, is student on medication?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the student developed any allergies?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the student have any chronic disease? (Diabetes, seizure disorder, etc.)                    | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:** For any of the previous questions answered "YES", please describe and give date of occurrence.

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**SPORTS HOTLINE**

PLEASE ADD OUR SPORTS HOTLINE PHONE NUMBER TO YOUR CELL CONTACTS. CALL THE HOTLINE BEFORE LEAVING FOR GAMES. LAST MINUTE GAME CHANGES WILL BE ANNOUNCED ON THE HOTLINE.

**716-407-9058**

**AGREEMENT AND CONSENT**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

The student above has my permission to participate in interscholastic competition.

Sport: \_\_\_\_\_

Level: Varsity- JV- Freshman- Modified-

I understand that students are responsible for all equipment and uniforms issued to them and that a financial settlement is required for all equipment and/or uniforms not returned.

I understand that the district DOES NOT provide any type of accident and/or medical insurance for participants in the Interscholastic Athletic Program.

I know it is my responsibility to update the emergency contact information in Parent Portal.

I understand that if my son/daughter is injured while participating in interscholastic athletics, he/she may be examined and/or treated by emergency rescue personnel, the school physician, the school nurse, the athletic director, the athletic trainer, and members of the coaching staff.

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

In addition I have reviewed the included head injury and concussion information ("Heads-Up Fact Sheet for Parents") and provide informed consent for my child to participate in athletics.

X \_\_\_\_\_  
 Parent's Signature Date

I have read and agree to abide by the training regulations pertaining to the CCSD Interscholastic Athletic Program as established by the proper governing bodies.

X \_\_\_\_\_  
 Student's Signature Date

**PLEASE PRINT AND SIGN THIS COMPLETED FORM AND RETURN IT TO THE COACH.**

# Heads-Up Fact Sheet for Parents

## What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a 'ding,' 'getting your bell rung,' or what seems to be a mild bump or blow to the head can be serious.

## What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

### Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. –However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

## What should you do if you think your teen has a concussion?

1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

**If you think your teen has a concussion: DON'T assess it yourself. Take him/her OUT OF PLAY. SEEK the advice of a health care professional.**

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)  
US. Department of Health and Human Services - Centers for Disease Control and Prevention