

CHESTERFIELD CHEERLEADER LEAGUE

MEDICAL FORM

YEAR: _____

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

Name: _____ Birth Date: _____ Grade in September: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Telephone #: () _____ Emergency Contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____
If this person cannot be reached, please contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____ Elementary School Boundary: _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: _____ *Please list allergies to medication: _____
Please list any medication which participant is currently taking: _____
Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: _____

INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: _____ Policy #: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Name of Subscriber: _____ Relationship to Participant: _____
_____ Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness. I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe social economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(X) Parent / Legal Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Printed name of participant: _____

Address of Participant: _____ City: _____ St: _____ Zip: _____

THIS FORM MUST BE SIGNED BY THE "X". NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.

Gordon Athletic Association Athlete Code of Conduct



My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Gordon Athletic Association and therefore I will:

- ◆ Conduct myself in a manner to bring credit and prestige to myself and the program.
- ◆ Focus on my schoolwork first and athletics second.
- ◆ Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach.
- ◆ Be ready for practices and games ON TIME.
- ◆ Communicate, both on and off the field, with my teammates and coaches for mutual understanding.
- ◆ Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs.
- ◆ Learn from my mistakes and never make excuses or blame others.
- ◆ Accept all coaching comments and assignments only as ways in which the team and I might improve.
- ◆ Ignore the errors of my teammates, as I believe no one is trying to make a mistake.
- ◆ Support the full effort and good skills my teammates exhibit.
- ◆ Respect the decisions of the coaches, officials and adults who are there to provide a good experience for me.
- ◆ Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official or referee, no matter the reason. Penalties for doing so, and embarrassing both myself and the GAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1st offense), and removal of my entire family from the GAA for the remainder of that sport season (2nd offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the GAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s).

Player's signature _____

Date _____

Parent's signature _____

Date _____

*** An electronic signature is as legal and binding as original signature.**

Gordon Athletic Association

Parent Code of Conduct



I have given permission for my child to participate in Gordon Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

- ♦ I pledge to encourage good sportsmanship by demonstrating positive support for all participants, coaches, and officials and any GAA event either home or away.
- ♦ I will treat all participants (players, coaches, officials/referees, spectators) with the same respect that I would want for my child.
- ♦ I pledge not to use abusive or profane language or be physically abusive toward an official or referee and understand that the penalty for doing so will be immediate removal from the game venue (1st offense), suspension for me and my child from the next game (2nd offense) or suspension for our entire family from the GAA program for the remainder of that sport season (3rd offense).
- ♦ I will remember that GAA is for the athletes and not for the adults. I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events.
- ♦ I will conduct myself in ways that reflect positively on GAA and bring credit to our program.
- ♦ I understand that the coaches will place and play my child as they deem best for both the team and my child's abilities. I will accept and not interfere with their decisions.
- ♦ I will respect my child's coaches and do my best to have my child at all practices, games and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can.
- ♦ I will support our team, and all those who volunteer to run the GAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

I give my permission to the Gordon Athletic Association to use my child's picture or likeness, which may be taken at any activity or even, for use in advertising, promotional materials, website displays, or publications.

I understand that the GAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(s):

1. _____ registered under the name of _____
2. _____ registered under the name of _____
3. _____ registered under the name of _____

Child's Name _____

Sport: _____

Parent signature _____

Date: _____

*** An electronic signature is as legal and binding as original signature.**

Concussion Management Protocol

The health of the young athletes in the Gordon Athletic Association (GAA) is of the utmost importance to the GAA Board of Directors and Coaches. Based on recent changes in research and understanding of concussions and concussion management in the medical community, many youth organizations have developed Concussion Care Programs. In accordance with this growing trend, the GAA Board of Directors would like to introduce our own Concussion Management Protocol for all sports.

Definition: A concussion is an injury to the brain which is often caused by a traumatic blow, jolt or shaking of the head, which can cause physical and mental changes. Loss of consciousness does not necessarily occur when someone has sustained a concussion.

Coaches/Parents Observation of Symptoms:

- Appears dazed or stunned
- Appears confused or disoriented
- Forgetfulness
- Is not aware of the game situation
- Moves clumsily
- Answers question slowly
- Loss of consciousness
- Personality changes
- Cannot recall events prior to and/or after the incident

Athlete Reported Symptoms:

- Headache
- Nausea
- Balance issues or dizziness
- Double or blurry vision
- Light and/or noise sensitivity
- Feeling sluggish, hazy or foggy
- Confusion
- Concentration/memory problems
- "I do not feel right"

Action Plan:

1. The athlete who is suspected of having sustained a concussion secondary to the symptoms exhibited/observed will not be permitted to return to play the day of the injury.
2. The athlete must be cleared to return to play after evaluation by a physician who is trained in concussion management and has documentation of this release.
3. The athlete completes a 5 Stage Return-to-Play Protocol:

Stage 1: Light aerobic exercise
5-10 minutes on a stationary bike, walking, or light jogging to increase the athlete's heart rate.
Stage 2: Sport specific exercise
These include moderate jogging, running and low non-contact intensity sport specific drills.
Stage 3: Non-contact training drills
Add heavy non-contact physical activity, including sprinting and non-contact sport specific drills for 60 minutes or more.
Stage 4: Full contact practice
Athlete may return to full contact in controlled practice for 60 minutes or more.
Stage 5: Return to Play
The athlete may return to full sport competition.

To progress from one stage to the next, the athlete must be asymptomatic during the stage and for 24 hours after the completion of the activity. If symptoms re-occur at any point during the 5 Stage Return to Play Program, the athlete must start over with Stage 1 and progress accordingly.



**Gordon Athletic Association
Injury and Return to Play Management Protocol**

1. Injuries Occurring Outside of Games/Practices:

The parent/guardian of an athlete who incurs an injury outside of Gordon Athletic Association (GAA) games or practices that hinders the athlete's participation will notify the coach in writing regarding the extent of the injury within 24 hours of the injury and the extent to which such injury will keep the athlete from having the ability to practice or participate in games. This will be essential once teams begin playing games, due to coaches relying upon this information to prepare line-ups, plays and game strategies.

2. Return to Play Protocol:

If the athlete requires medical attention for his/her injury, it is the parent/guardian's responsibility to provide the coach a copy of the medical professional's prognosis of the injury and expected return to normal activity date. If medical attention was sought for an injury to a player, regardless of whether or not the injury occurred during a GAA practice or game, the parent/guardian must present a medical professional's note releasing the athlete back to normal activity prior to the athlete being permitted to participate. In the event an athlete is permitted to return to play in stages, each adjustment to activity must be authorized by a medical professional.

Sport: _____ Coach: _____

Athlete's Name: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____