

**This packet needs to be filled out within 30 days from the beginning of the season and turned into the nurse no later than the Friday before practice #1.**

(updated 8/19)

**TRUMANSBURG CENTRAL SCHOOL  
SPORTS CANDIDATE QUESTIONNAIRE**



Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Athletic Activity: \_\_\_\_\_

**PARENT/GUARDIAN SHOULD ASSIST IN FILLING OUT THIS FORM**

Answer the following questions as accurately as possible.  
(Explain "yes" answers below.)

SINCE YOUR LAST PHYSICAL EXAMINATION:	Yes	No
1. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies (medicine, bees)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has anyone in your family died of heart problems before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have trouble breathing or do you cough during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you wear glasses or contact lenses during PE or sports?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you sprained, dislocated or fractured a joint?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you taking any dietary supplements or sports supplements?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had a concussion (s)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you taken the ImPACT concussion test? <i>(Not required)</i>	<input type="checkbox"/>	<input type="checkbox"/>

(JV and Varsity Sports ONLY – ImPACT)\*\*

**\*\*If you would like your son or daughter to take the ImPACT test, then you will need to email Mr. Hodge and set-up a time. (the test will take approximately 45 minutes) JHODGE@TBURG.K12.NY.US**

Explain "yes" answers from the above questions

Identify if you are allergic to:

- |                                    |                                     |                                  |                                      |
|------------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Aspirin   | <input type="checkbox"/> Bee stings | <input type="checkbox"/> Codeine | <input type="checkbox"/> Food        |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Plants  | <input type="checkbox"/> Sulfa drugs |
| <input type="checkbox"/> Latex     | <input type="checkbox"/> Other:     |                                  |                                      |

Please list any medications currently taking (including inhalers):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE FORM**

I give permission for my son/daughter \_\_\_\_\_ to have any medical and/or surgical treatment necessary in the event of a sports injury during the \_\_\_\_\_ school year.

Person carrying insurance: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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\*\*\*\*\*School Nurse to complete bottom portion\*\*\*\*\*

**\*\*MEDICAL ALERT\*\***

Allergic to : \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical concerns: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person/s to contact for an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT AND STUDENT PLEDGE FORM

**NOTE:** This form must be signed and returned to the Athletic Director in order for the student to be allowed to participate in practice sessions.

**Student's Pledge:**

I have read and understand the procedures and expectations of the Trumansburg Central School Athletic Handbook. I understand that I am signing a contract that states for the length of this contract that I will abide by it and be drug free. I pledge to honor all terms of the Trumansburg Central School's Code of Conduct and this contract and voluntarily sign this contract sheet.

Sport: \_\_\_\_\_ Level:  Varsity  JV  Modified

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

**Parent/Guardian Pledge:**

We understand that as parents we play a vital role in the development of our child as a student athlete. Therefore, we agree to do the following:

- \*be a positive role model through our actions,
- \*be a "team fan" not a "my kid" fan,
- \*show respect for the opposing team, coaches, spectators and officials,
- \*talk to my child's coach in an appropriate manner, including the proper time and place when an issue of concern develops and
- \*understand that my child can have a positive experience at a game whether they win or lose the contest.

We have read and understand the procedures and expectations of the Trumansburg Central School District Athletic Handbook. We agree to help our child meet the terms of this contract. We further understand that the insurance coverage provided for by Trumansburg Central School is a secondary coverage and is not intended to cover the total cost of necessary medical treatment. We further give my/our permission for the student's name that appears on this form to participate in the sport as listed:

Date \_\_\_\_\_ Parent(s) Signature: \_\_\_\_\_

**Coach's Pledge:** I state that I have read and discussed the expectations with this student and pledge to help this student, throughout his/her sports season, meet the terms of this contract.

Date \_\_\_\_\_ Coach's Signature: \_\_\_\_\_

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# Trumansburg Central School Student-Athlete Code of Conduct

## Athlete's Commitment

I understand that participating in high school athletics gives me a special opportunity to develop not only my physical conditioning and athletic skill, but also character traits that will serve me well in life. I therefore commit to strive for the following during the upcoming season:

### Competence – *The knowledge and skill I need to train and effectively compete.*

- > To develop the skills necessary to participate competently in the sport.
- > To demonstrate knowledge of the rules of the sport.
- > To gain an appreciation for the strategies of the sport.
- > To demonstrate a level of physical conditioning and fitness sufficient to participate competently in the sport.
- > To develop a knowledge about health and nutrition and how they apply to athletic performance.
- > **To understand the need for abstaining from the possession, sale, distribution or use of alcohol, tobacco, illegal prescription drugs, performance enhancing or any other drugs.** I have also signed, with my parents, another form stating my intention to be “chemically free” during my sport season and understand the consequences for violations of the student handbook. Athletes who engage in any of the above mentioned behaviors will be subject to disciplinary action. Any athlete who attends a party or gathering where alcohol, tobacco or drugs are present may be subject to the same consequences.

### Character – *My beliefs, attitudes and skills that support moral behavior and represent the positive values of Trumansburg Central School and the greater community of Trumansburg.*

- > To be dependable in fulfilling obligations and commitments.
- > To accept responsibility for consequences of actions and not to make excuses or blame others.
- > To strive to excel.
- > To be committed.
- > To persevere, give 100% effort and not give up in the face of setbacks.
- > To be honest.
- > To play by the rules of the sport and not cheat.
- > To control anger and frustration and refrain from displays of temper and bad language.
- > To accept losing and winning graciously, to congratulate opponents in a positive manner regardless of the outcome.

### Civility – *Practicing behaviors that show respect and concern for others – treating them as I would want to be treated.*

- > To be compassionate and sensitive to others and to treat them respectfully regardless of individual differences. **To understand that subjecting someone to acts that are humiliating, indecent, painful or unsafe are considered hazing and will not be tolerated.** Athletes who engage in any of the above mentioned behaviors will be subject to disciplinary procedures as per the student code of conduct.
- > To refrain from “trash talk” and other put-downs of opponents and teammates.
- > To always show respect for others (Coaches, Officials, Captains, etc.) at practices and games.
- > To listen to and try to understand others.
- > To actively support teammates and others.

### Citizenship – *Understanding that being part of a team is about my responsibility to my teammates, and not just about what's important to me.*

- > To be faithful to the ideals of the games including sportsmanship.
- > To keep commitments to my team.
- > To show team spirit, encourage others and contribute to good morale.
- > To put the good of the team ahead of my personal gain.
- > To work well with teammates to achieve team goals.
- > To accept responsibility to set a good example for teammates, younger athletes, fans and our school community.

**My signature below indicates my commitment to the above and my willingness to live within the boundaries established within the Trumansburg Central School's Student Code of Conduct.**

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

Athlete's Signature: \_\_\_\_\_

### Return to Play / Activity Guidelines after a Concussion

The following protocol has been established in accordance to the National Federation of High Schools Associations and the International Conference on Concussion in Sport, Prague 2004 and Zurich 2008. In addition it has been developed in a collaborative effort with Trumansburg Central School supervising Medical Director and the concussion management team. The safety of the student is the primary concern of Trumansburg Central School District and its medical personnel.

The information contained below is to be used as guidelines that are to be implemented in the time following a concussive event. This information is not to be considered as all inclusive or all encompassing.

When a student shows signs or symptoms of a concussion or is suspected to have a sustained brain injury after an evaluation by medical personnel or athletic trainer / coach at time of the incident.

1. The student **will not** be allowed to return to play / activity in the current game or practice.
2. The student should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following the injury.
3. Following the initial injury, the **student must follow up** with their primary care physician or by an Emergency Department within the first 24 hours.
4. The student **must have** the "Initial Concussion Checklist" by the athletic trainer / coach / nurse and the "Concussion Checklist Physical Evaluation" signed and dated by #3 above. These forms must be returned to the school nurse at Trumansburg School before the student may begin the return to play progression.
5. Return to play **must follow** a medical clearance and successful completion of the return to play protocol. IMPACT testing may also be used to determine a return to activity, but is not required.
6. The athletic trainer will supervise and document the return to play protocol. School district appointed MD has the final determination for students return to play status.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport / activity. The program is broken down into six stages in which only one stages is covered per one 24 hour period. The stages involved with the return to play protocol are:

- Stage 1: Rest
- Stage 2: Light aerobic activity – jogging, stationary bike
- Stage 3: Sport specific drills
- Stage 4: Non-contact practice
- Stage 5: Full contact practice
- Stage 6: Competition

Student Athlete Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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