GENERALS

STUDENT ACTIVITIES OFFICE

✧1301 North Stafford Street ✧Arlington, Virginia 22201✧ (703) 228-6207
Carol Callaway, Director of Student Activities✧carol.callaway@apsva.us

Welcome to Washington-Liberty Athletics

The mission of the W-L athletic program is to provide a positive and spirited environment in which leadership, self-discipline, teamwork, competitiveness and self-advocacy are promoted. Our goal is to assist our athletes in developing and implementing lifelong character traits, including sportsmanship, while participating on an athletic team.

Here are some quick notes about the attached athletic clearance packet.

To be able to try-out and/or participate on an athletic team at W-L, students must have a completed clearance packet on file with the W-L Athletic Trainer. This includes participation in out-of-season green days.

Attached are the following essential documents:

- VHSL Athletic Participation/Parental Consent/Physical Examination Packet
- Arlington Public Schools Athletic/Co-Curricular Participation Agreement
- Information sheets on concussions (to be kept by parent/guardian and athlete)
- Athletic Booster membership form

All athletes must have health insurance. For those students not already covered, student accident insurance is available for purchase. Information on this insurance can be found in the Activities Office or at https://www.apsva.us/school-accident-insurance/

Completed clearance packets can be turned into the Activities office during the summer and to the Athletic Trainers office (Room 1616) after 3:00pm during the school year. You may also email physicals to our office at: karen.weaver@aspva.us

Visit our athletic webpage at www.wlathletics.org for details on specific sports including coaches contact information, try-out information and game schedules.

Please feel free to visit the Activities office or contact me if you have any questions or concerns. I look forward to seeing you at an athletic event in the near future and wish you the best of luck for the upcoming school year.

Every day is a great day to be a General,

Carol Callaway
Director of Student Activities

Routing
1 _____
2 _____
3

Revised February 2017

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year _____

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male_____
Female_____

PRINT CLEARLY

Name _____ Student ID # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth_____ Place of Birth _____

This is my _____ semester in_____High School, and my _____ semester since first entering the ninth grade. Last semester I attended_____School and passed_____ credit subjects, and I am taking_____credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules**. Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

PART II - - MEDICAL HISTORY- Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:	☐	☐
3. Have you ever spent the night in the hospital?	☐	☐
4. Have you ever had surgery?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
7. Does your heart race or skip beats during exercise?	☐	☐
8. Has a doctor ever told you that you have (check all that apply): ☐High Blood Pressure ☐A heart murmur ☐High cholesterol ☐A heart infection ☐Kawasaki disease ☐Other:	☐	☐
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	☐	☐
10. Do you get lightheaded or feel more short of breath than expected during exercise?	☐	☐
11. Have you ever had an unexplained seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	☐	☐
13. Does anyone in your family have a heart problem?	☐	☐
14. Does anyone in your family have a pacemaker or implanted defibrillator?	☐	☐
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	☐	☐
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	☐	☐
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	☐	☐
18. Have you had any broken or fractured bones or dislocated joints?	☐	☐
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	☐	☐
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	☐	☐
21. Have you ever had a stress fracture of a bone?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Do you currently have a bone, muscle, or joint injury that bothers you?	☐	☐
24. Do any of your joints become painful, swollen, feel warm, or look red?	☐	☐
25. Do you have a history of juvenile arthritis or connective tissue disease?	☐	☐
MEDICAL QUESTIONS	**Yes**	**No**
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)	☐	☐
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	☐	☐

MEDICAL QUESTIONS (cont)	Yes	No
29. Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
30. Have you had mononucleosis (mono) within the last month?	☐	☐
31. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
32. Have you ever had a herpes or MRSA skin infection?	☐	☐
33. Are you currently taking any medication on daily basis?	☐*	☐
34. Have you ever had a head injury or concussion? If so, date of last injury:	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Do you have headaches with exercise?	☐	☐
37. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
38. When exercising in heat, do you have severe muscle cramps or become ill?	☐	☐
39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
40. Have you had any other blood disorders?	☐	☐
41. Have you had any problems with your eyes or vision?	☐	☐
42. Do you wear glasses or contact lenses?	☐	☐
43. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
44. Do you worry about your weight?	☐	☐
45. Are you trying to or has any professional recommended that you try to gain or lose weight?	☐	☐
46. Do you limit or carefully control what you eat?	☐	☐
47. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date: _____		
49.Do you have an allergy to medicine, food or stinging insects?	☐	☐
FEMALES ONLY 50. Have you ever had a menstrual period?	☐	☐
51. Age when you had your first menstrual period? _____		
52. How many periods have you had in the last 12 months?_____		

EXPLAIN "YES" ANSWERS BELOW:

#____ » _____

#____ » _____

#____ » _____

#____ » _____

#____ » _____

*List medications and nutritional supplements you are currently taking here:

Parent/Guardian Signature: _____ **Date:**_____ **Athlete's Signature:** _____

PART III – PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME _____ **Date of Birth** _____ **School** _____

Height	Weight	☐ Male ☐ Female	
BP /	Resting Pulse	Vision R 20/ L 20/	Corrected ☐ Yes ☐ No

MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site	☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ Other:

Comments:

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- ☐ **CLEARED WITHOUT RESTRICTIONS**
- ☐ **CLEARED WITH FOLLOWING NOTATION:** _____
- ☐ Cleared **AFTER** documented further evaluation or treatment for: _____

  _____
- ☐ Cleared for **Limited participation** (check and explain "reason" for all that apply): *"Limited Until Date" when appropriate*
  - ☐ Not cleared for (specific sports) _____ Until Date: _____

    Reason(s): _____
- ☐ **NOT CLEARED FOR PARTICIPATION Reason** _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: _____ (+MD, DO, LNP, PA) . Date** _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+ Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for _____(name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of Medical Insurance Company: _____

Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME_____ **GRADE** _____ **AGE** _____ **DOB**_____

HIGH SCHOOL_____**CITY** _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**

_____

_____

Please list any allergies to medications, etc._____

_____

Is the student currently prescribed an inhaler or Epi-Pen?_____List the emergency medication: _____

Is student presently taking any other medication? _____If so, what type? _____

Does student wear contact lenses? _____ Date of last Tdap or Td (tetanus) shot_____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☼►► **Signature of parent or guardian** _____ Date_____

Relationship to student_____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct_____

☼►► **Parent/Guardian Signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Revised 2017

Arlington Public Schools Athletic/Co-Curricular Participation Agreement

Participation in athletics and co-curricular activities is a privilege. Arlington Public Schools recognizes the value of athletic and co-curricular activities and how it supports the development of well-rounded adults while addressing students' interests and aptitudes.

Student Behavior and Disciplinary Responsibilities: APS encourages students to behave in a manner that promotes a positive learning environment. APS disciplinary policy prohibits bullying, sexual harassment, sexual misconduct and abuse, substance use, and other negative and potentially illegal behaviors. These policies are outlined on the APS website and in the APS Handbook. Students may be disciplined for violation of APS disciplinary policy while on school premises, in proximity to school premises, when coming to or going from school, while on school-owned and operated school buses or on chartered buses, while engaged in an approved and supervised activity on or off school premises, and when the good order, safety or welfare of the school or its students is affected as a result of the out of school action. A student participating in APS athletics and/or co-curricular activities who violates an APS disciplinary policy may, in addition to other disciplinary action, be suspended or expelled from participation in APS athletics and/or co-curricular activities, as determined by the appropriate APS staff member.

Concussions and Students: Concussions can occur in any sport or activity. A student who is identified as having, or is suspected of having, a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider as identified by *The Code of Virginia* §22.1-271.5. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death. Concussions are managed best by a multidisciplinary approach that includes the student-athlete, parent, school and medical personnel. By our signatures below, we (the student and his/her parent or guardian) acknowledge receipt of, and certify that we have read in its entirety and understand, "Concussion Fact Sheet" provided by the Arlington Public Schools which is also found at the secondary school's web site. We further understand that if we have any questions about the information we can contact the high school athletic trainer or director of student activities, or the middle school student activity coordinator. The high school athletic trainer has the final decision on the athlete's return to play status.

Acknowledgment and Assumption of Risk: We, the student and parents or guardians who have signed this form, consent to the athletic and/or co-curricular activity participation agreement and transportation through Arlington Public Schools. We agree to follow the rules and instructions of the APS Handbook, the student's school, the coaching staff, athletic trainers and the Virginia High School League (VHSL) and to abide by their administrative decisions. We agree to and understand the many risks involved in participation. We understand that injuries requiring medical attention, serious injuries, permanent disability or death can result from such participation. Further, because athletic participation involves shared facilities, equipment and physical contact, student are at increased risk for exposure to communicable diseases and skin infections. I choose to voluntarily accept all such risks. With the full understanding of the risks involved, we agree and accept all responsibility for the student's safety, health and welfare while participating in athletics and student activities.

This form should be signed by both the student and parent(s) or guardian(s).

BY SIGNING BELOW, I STATE THAT THIS AGREEMENT HAS BEEN CAREFULLY READ AND UNDERSTOOD BY ME. I ACKNOWLEDGE ITS TERMS AND AGREE TO BE BOUND BY THEM.

_____ _____ _____

Student Athlete Signature Date Print Student Name

_____ _____

Parent or Legal Guardian Signature Date

Failure to sign this agreement does not exempt a student from the school's responsibility to enforce the agreement.

2020-2021
W-L ATHLETIC BOOSTERS MEMBERSHIP FORM

Please Sign Up or Renew Today!

_____ **Boosters Member ($25-$49)**
_____ **Generals Club ($50-$99)** – includes free Generals' Stadium Cushion, pick up at concession stand
_____ **Brigade ($100-$249)** – includes $20.00 in Boosters Bucks for snacks or W-L spirit gear at the concession stand
_____ **All Star ($250-$499)** – includes $40.00 in Boosters Bucks for snacks or W-L spirit gear at the concession stand
_____ **MVP ($500+)** – includes $50.00 in Boosters Bucks for snacks or W-L spirit gear at the concession stand
_____ **Member – any amount appreciated**

Boosters Bucks will be mailed

Help all student athletes succeed!

The Washington-Liberty Athletic Boosters supports every sport, every athlete! Membership is free! Receive by email the latest athletic news updates – always be in the loop and ready to cheer on and support your W-L Generals!

Make checks payable to "W-L Athletic Boosters" and return with this form to the W-L Activities Office OR pay online using PayPal….visit **www.wlathletics.org** go to Boosters then Membership

I would like to volunteer for: __Fall __Winter __Spring

*Please **print** clearly – if you need more room, please use the back of this sheet - thank you!*

Parent/Guardian Name(s): _____

_____

Email Addresses: _____

_____

Phone(s): _____

Family Street Address:_____

Student's Name, Sport(s): _____

Student's Name, Sport(s): _____

FOR OFFICE ONLY-- Received Date: _____ Paid: _____ In DB: _____Received By: _____Thank You Sent: _____ Boosters Bucks Mailed: _____

DO NOT RETURN

ATHLETE/PARENT GUIDE

Research indicates a student involved in extra-curricular activities has a greater chance for success during adulthood. Many of the character traits required to be a successful athlete and team member are exactly those that will promote success after high school.

We hope the information provided makes both your student's and your experience with Washington-Liberty High School athletic programs enjoyable.

GUIDELINES

- Athletes are responsible for knowing and abiding by APS and W-L policies and team rules/expectations.
- **Sportsmanship-** Pursuing Victory with Honor and accepting Defeat with Dignity
- **Hazing** is absolutely not permitted or tolerated.
- **Uniforms and Equipment-** Depending on your sport, athletes will be issued uniforms and equipment to be used for W-L team participation only. IT IS THE ATHLETE'S RESPONSIBILITY TO RETURN ALL ITEMS AT THE IMMEDIATE END OF THE SEASON or be held financially responsible.
- **Athletic Trainers** are available every day and after school and at all field hockey, football, wrestling, gymnastics, basketball, cross country, track, soccer and lacrosse competitions.
- **Late Buses-** Monday-Thursday there is a 4:45 and 6:45 late bus for athletes to ride home.
- **Team Travel-**All students are expected to ride the transportation provided by Washington-Liberty to all competitions. The approval of the head coach must be obtained for any alternate transportation arrangements.
- **Athletic Locker-** Lockers are available for athletes in and out of season.
- **School Attendance-** Students are required to attend school for at least half a day to participate in extracurricular activities.
- **Entry Fees-** Entry fee amounts are set by the VHSL- $10 for State Competitions, $7 for Region Competitions, and $7 for Liberty District Competitions. For regular season, the entry fee will be $5. For regular season home events, we are able to provide a student price of $2.00 except Varsity Football Games.

IMPORTANT EVENTS FOR PARENTS

- **BEGINNING OF EACH SEASON:** Seasonal Parent Meeting provides coaches the opportunity to promote their program, answer parent questions, define their expectations, solicit volunteers and begin to build a strong relationship between the coaching staff, student-athletes and parents.
- **SPORTS BANQUET/AWARDS CEREMONY:** HELD AT THE END OF EACH SEASON to recognize excellence and celebrate the hard work and accomplishments of our student athletes and coaches.

As your student becomes involved in athletic programs at W-L, they will experience some of the most rewarding moments of their lives. It's important to understand that there also may be times when things do not go the way you or your student wishes. At these times, it is imperative that we all encourage self-advocacy in our athletes.

GET THE LATEST INFORMATION AT THE FOLLOWING:

wlathletics.org Twitter:@WLHS ATHLETICS Instagram:@WLHSAthletics Activities Office: 703-228-6207

DO NOT RETURN

ATHLETE/PARENT GUIDE

COMMUNICATION YOU SHOULD EXPECT FROM YOUR STUDENT'S COACH

- Expectations the coach has for your student as well as the players on the squad
- Locations and times of all practices & contests
- Team requirements, i.e., fees, special equipment, off-season conditioning
- Procedure should your student be injured during participation
- Ways in which parents can support team

APPROPRIATE CONCERNS TO DISCUSS WITH COACHES

- How you support the team.
- Ways to help your student improve
- Concerns about your student's behavior
- Medical or Physical limitations of athletes

ISSUES NOT APPROPRIATE TO DISCUSS WITH COACHES

- Playing time
- Team strategy
- Other student-athletes

There are situations that may require a conference between the coach and the parent. It is important that both parties involved have a clear understanding of the other's position, to help promote a resolution to the issue of concern.

Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature do not promote resolution.

Our hope is that issues can be resolved at the time of the parent and coach meetings. In the event that further resolution is needed, feel free to contact Carol Callaway, Director of Student Activities, at 703-228-6207.

RECOMMENDED PARENT GUIDELINES

- Win or lose, you love your child regardless.
- Be realistic about your son/daughter's physical abilities.
- Emphasize "improved" performance.
- Control your emotions.
- Respect your son/daughter's coaches.

GENERALS ATHLETIC BOOSTERS

The purpose of the Generals Booster Club is to support the athletic program at WLHS through the Activities Office. Support is achieved through booster membership. Funds provided to the Activities Office are used for athletic equipment, uniforms & general athletic operations.

JOIN TODAY!

For Membership Information

VISIT WLATHLETICS.ORG

GET THE LATEST INFORMATION AT THE FOLLOWING:

wlathletics.org Twitter:@WLHS ATHLETICS Instagram:@WLHSAthletics Activities Office: 703-228-6207

DO NOT RETURN

Arlington Public Schools Athletics

Fact Sheet on Concussions for Students

What is a Concussion?

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

Signs and Symptoms of a Concussion

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If you have a blow or bump to the head, look for these *signs and symptoms of a concussion*:

Signs

- Feeling dazed stunned
- Confusion about assignment or position
- Forgetting an instruction
- Being unsure about the game, score, or opponent
- Moving clumsily
- Answering questions slowly
- Losing consciousness (even briefly)
- Showing behavior or personality changes
- Unable to recall events prior to the hit or fall

Symptoms

- Unable to recall events after a hit or fall
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Not feeling “right”

Can I Prevent a Concussion?

There are many risks involved in athletic participation, but there are steps you can take to protect yourself from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

Arlington Public Schools Athletics

What Should I Do if I Think I Have a Concussion?

1. **Tell your athletic trainer and/or coach and parents.** Never ignore a bump/blow to the head even if you feel fine. Also, tell your coach if you know a team mate had a bump or blow to the head, or if you think that a teammate is showing signs of a concussion.
2. **Seek medical attention immediately**. A health care professional will be able to evaluate you and determine when it is safe to return to athletic participation and regular activities.
3. **Give yourself time to get better.** Concussions require time to heal and your brain needs to rest. Returning to participation too soon while the brain is still healing puts you at risk for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome). Do not return to play until you get approval from a health care professional.

When Can I Return to Play?

Day of Injury

No member of a school athletic team shall participate in any athletic event or practice the same day he or she is injured and:

- Exhibits signs, symptoms or behaviors attributable to a concussion; or
- Has been diagnosed with a concussion.

Following Days

No member of a school athletic team shall return to participate in an athletic event or training on the days after he/she experiences a concussion unless all of the following conditions have been met:

- The student no longer exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or with exertion;
- The student is asymptomatic during or after periods of supervised exercise that is gradually intensifying; and
- The student receives a written medical release from a licensed health care provider.

At high school level, the school's athletic trainer has the final authority in deciding if the student-athlete is eligible to return to play.

Graduated Return-to-Play Protocol*

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation
1. No Activity	Complete physical and cognitive rest
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity at less than 70% of the maximum predicted heart rate No resistance training
3. Sport-Specific Exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in football and ice hockey May start progressive resistance training
5. Full contact practice	Following medical clearance, participate in normal training activities
6. Return to play	Normal game play

*Consensus Statement on Concussion in Sport: Third International Conference on Concussion in Sport held in Zurich, November 2008.

IT IS BETTER TO MISS A GAME OR TWO RATHER THAN THE WHOLE SEASON OR MORE.

DO NOT RETURN

Arlington Public Schools Athletics

Fact Sheet on Concussions for Parents/Guardians

What is a Concussion?

A concussion is a brain injury caused by a bump or blow to the head or body. A concussion occurs when the brain is violently rocked back and forth or twisted in the skull. It does not have to involve a loss of consciousness. All concussions are serious.

Concussions can occur in any sport, but more frequently in football, basketball, lacrosse, soccer and wrestling. An athlete who is identified with a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death.

Signs and Symptoms of a Concussion

A concussion may have multiple symptoms that may appear immediately after the injury. Other symptoms may take several days or weeks to develop. Concussion symptoms may last a few days to several months. If your child has had a blow or bump to the head, look for these *signs and symptoms of a concussion*:

Signs

- Appears dazed 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 behavior or personality changes
- Can't recall events prior to hit or fall

Symptoms

- Can't recall events after hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

How Can You Help Your Child Prevent a Concussion?

There are many risks involved in athletic participation, but there are steps your children can take to protect themselves from a concussion.

- Follow the rules of the sport.
- Use safety equipment, making sure it is appropriate for the activity, fits properly, is maintained, and is worn consistently and correctly.
- Practice good sportsmanship.
- Know the signs and symptoms of a concussion.

What Should You Do if You Think Your Child Has a Concussion?

1. **Seek medical attention immediately**. A health care professional will be able to evaluate your child and determine when it is safe for your child to return to athletic participation and regular activities.
2. **Keep your child out of play.** Concussions require time to heal. Returning to participation too soon and while the brain is still healing puts the child in a vulnerable position for further injury and a second concussion that can be more serious and life-threatening (Second Impact Syndrome).