

Pulaski Academy and Central School Athletic Department

4624 Salina Street • Pulaski, New York 13142

Telephone: 315.298.5103 Fax: 315.298.2371

Dear Parent:

2017-2018 School Year

Your son or daughter has expressed the desire to go out for an interscholastic sport at Pulaski Junior-Senior High School. Athletics are an optional program that the District provides to all students. In choosing to participate, the student agrees to adhere to the rules and regulations set down in the "Athletic Handbook," which is consistent with both the New York State Public High School Athletic handbook and Board of Education Policy.

As an athlete, your son or daughter is expected to attend all practices and contests unless previously excused by his or her coach well in advance. Athletes who cannot conform to the rules and regulations may be subject to disciplinary action that is consistent with the "Athletic Handbook" and Board of Education policy. Should a particular rule or regulation seem unreasonable or inappropriate, it is suggested that the athlete and parent discuss the matter with his or her coach. If further discussion is needed, the athlete and parent should discuss the matter with the Athletic Director and/or the Principal.

Parents and athletes should realize that participation in all interscholastic athletics, contact and non-contact, involves a certain amount of risk injury. One of these risks is concussion. Everyone involved in school sports should know how to recognize a concussion and understand the potential serious consequences of a concussion. A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move back and forth.

Common signs and symptoms of a concussion are:

Confusion/ dazed	Nausea/ vomiting
Headache or head pressure	Amnesia
Loss of consciousness	Irritability/sadness
Balance issues/dizziness	Fatigue/drowsiness
Visual changes	Seizures
Slurred speech	Sensitivity to light/sound

The athlete is responsible to report any head injury to their coach, parent and school nurse. Participating in sports with a concussion is dangerous and can lead to a longer recovery and delay return to play. Repeated concussions can result in permanent brain damage and can even be fatal.

Athletes having any signs of a concussion will be removed from play immediately and will not be allowed to return to play until they are evaluated by their medical provider. A written statement of release must be received from the provider (bring this statement to the School Nurse) and reviewed and signed by PACS Medical Health Care Provider. The guidelines for return to activities are the same whether the concussion occurs in school or outside of school.

Coverage for the athlete is provided through the Commercials Travelers Plan, an insurance plan that covers the athlete ONLY after the parent or guardian's coverage has been exhausted. (To be more specific, the insurance coverage, which you as a parent or guardian carry on your family, is the PRIMARY coverage for the athlete. The Commercials Travelers Plan, which has a specific maximum amount for specified treatment, may or may not cover the remaining balance of the medical bill, which you submit to the school.

After discussing the above information with your son or daughter, regulations require that you sign the form below and return it to the coach of the team. This must be returned before practice can begin.

Sincerely,

Jeff Shirley
Director of Athletics

Athletic Permission Slip:

My signature acknowledges that I have received and reviewed the above Pulaski Academy and Central School District's **Concussion Policy**. I understand that by signing this form, I acknowledge and will adhere to these policies. I understand that PACS School District reserves the right to apply special conditions related to my child's injury and participation. I have read the **PACS Athletic Handbook** and understand my responsibility to adhere to the rules and regulations provided.

Student's Name	DOB	Grade
----------------	-----	-------

Athletic Activity (Sport): _____

I hereby grant permission for my son or daughter to participate in the interscholastic sport listed above and I have read all of the above.

<i>Parent or Guardian Signature</i>	<i>Date</i>
-------------------------------------	-------------

After reading the above and reviewing the PACS Athletic Handbook, I understand my responsibilities to the rules and regulations as a participant in an interscholastic sport at Pulaski Academy and Central School District. I understand my responsibility to report any injury.

<i>Athlete's Signature</i>	<i>Date</i>
----------------------------	-------------