Benzie Central
Middle/High School

2023/2024
Athletic Packet

Fillable forms of this packet are
located on
benzieschools.net

Dear Parent(s)/Guardian(s) and Athlete,

Welcome to the 2023/24 Benzie Central Sports season! We are delighted that you are joining us and we want to help you be successful in completing the necessary documents for participation. This packet will give you the necessary forms needed by your coach, athletic trainer, school administration and MHSAA. Please make sure that all forms and this packet are completed prior to the first day of practice. It is very important that all information is provided. Please notice that many forms, including the Athletic Release form requires both a parent and the athlete's signature.

Thank you,

Benzie Central Athletic Department

Important Information

- Sports Physical must be dated by physician on or after April 15, 2023, to be valid for the 2023/24 school year
- Athletic Sports Passes
  - Pay one price and get in all year!
    - $150 -Family
    - $75 - Adult
    - *Admission is $5 per person, Family maximum $20*
    - Free admission for:
      Children under 10
      Visitors over 65 years of age
      Military, FIRE, EMS, and Police
      Benzie Central Students when wearing Benzie Attire
  - Please make checks payable to Benzie County Central School (BCCS) and turn in to Mrs. Jones in the Athletic Office.

For all sports schedules please go to **benziecentralhuskies.org**

Benzie Central Athletic Department

Student Athlete Emergency Information Form

Parents and/or Guardians:

The following is a permission form that must be completed and signed by you and your student athlete before they may participate in an interscholastic athletic event for Benzie Central Schools. In signing this letter you should be aware of the following important points:

1. Benzie Central Schools **DOES NOT** provide an insurance program covering health or injury problems resulting from athletics. It is the responsibility of the athlete and their family to provide such insurance and to take care of any medical expenses.
2. In signing this form you are giving your student athlete permission to travel under the coach's direction and authority to and from athletic events.
3. The coaches shall have the authority to seek medical attention in case of injury in any athletic gathering (practice, contests or authorized team activity).

Athlete Name:_____

Birthdate:_____Grade:_____Gender: Male Female

Address:_____

City:_____ Zip:_____

Parent/Guardian Name:_____

Phone (home/cell):_____Work (mom/dad):_____

IF AN EMERGENCY SHOULD OCCUR AND PARENTS CANNOT BE REACHED, THE FOLLOWING INDIVIDUALS WILL BE CALLED:

Emergency #1:_____ Phone:_____

Emergency#2:_____Phone:_____

Physician:_____Phone:_____

Hospital Choice:_____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow their instructions. If the physician cannot be reached, the school may make whatever arrangements deemed necessary for the well-being of the child. I understand medical information may be provided to the Athletic Department for my child to participate in interscholastic athletics. This information will be treated with full confidentiality by this department.

Athlete Signature:_____Date:_____

Parent Signature:_____Date:_____

MEDICAL HISTORY

Indicate any issues we need to be aware of for the health and well-being of your student.

ALLERGIES:_____ASTHMA:_____

SEIZURES:_____ DIABETES:_____

CARDIAC:_____SURGERIES:_____

CURRENT MEDICATIONS:_____

Athletic Release Form

Athlete's Name:_____ Grade: _____

Sport(s) Participating in this school year: _____

Parents/Guardians Name: _____

Home Phone: _____ Cell Phone:_____ Work Phone: _____

Home Address: _____

Mailing Address (if different): _____

Email (parents): _____

Email (students): _____

By signing this form, you are indicating that you have read, understand and will support the rules, policies and procedures of the Benzie County Central Schools.

You are also acknowledging the fact that you understand athletics have an inherent risk involved while participating in sports. The coaches and staff are trained to maintain your athlete's safety as their most important priority, but you must also remind your athlete they need to follow the directions given by the coaching staff.

Understand at times, the media and other educational institutions request information about your athlete and their athletic activities, you understand we will provide only the following items: name, grade, individual and/or team pictures, game statistics, and annual awards, other information will only be supplied with proper releases from the counseling office and principal's office.

I hereby give my consent for my athlete (name)_____ to engage in interscholastic athletics and for the disclosure of the MHSAA of information otherwise protected by FERPA and HIPPA for the purpose of determining eligibility for interscholastic athletics: and I understand the possibility that serious injury may result from participating in athletic activities. My athlete has my permission to accompany the team as a member on its out-of-town trips. I further understand that my son/daughter will be expected to adhere firmly to all established athletic policies of Benzie County Central Schools and the Michigan High School Athletic Association.

_____ _____

Student/athlete Signature Parent/guardian Signature

_____ _____

Date Date

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. 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 OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

• Most concussions occur without loss of consciousness.
• Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
• Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

• 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
• Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

• 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

[INSERT YOUR LOGO]

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- **One pupil larger than the other**
- **Is drowsy or cannot be awakened**
- **A headache that gets worse**
- **Weakness, numbness, or decreased coordination**
- **Repeated vomiting or nausea**

- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated • Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

_____

STUDENT-ATHLETE NAME SIGNED

_____

DATE

_____

PARENT OR GUARDIAN NAME PRINTED

_____

PARENT OR GUARDIAN NAME SIGNED

_____

DATE

_____

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs

JOIN THE CONVERSATION

www.facebook.com/CDCHeadsUp

>> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

MUNSON HEALTHCARE
Paul Oliver Memorial Hospital

Concussion Information Sheet for Athletes, Parents or Legal Guardians **What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. The concussion may or may not cause you to black out or pass out. It can happen from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have after a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for the following symptoms:

Thinking	Physical	Emotional/Mood	Sleep
• Difficulty thinking clearly • Taking longer to figure things out • Difficulty concentrating • Difficulty remembering new information	• Headache • Fuzzy or blurry vision • Feeling sick to your stomach/queasy • Vomiting/throwing up • Dizziness • Balance problems • Sensitivity to noise or light	• Irritability things bother you more easily • Sadness • Being more moody • Feeling nervous or worried	• Crying more • Sleeping more than usual • Sleeping less than usual • Trouble falling asleep • Feeling tired

Table is adapted from the Centers for Disease Control and Prevention (http://cdc.gov/concussions/).

What should I do if I think I have a concussion? If you are having any of the signs and symptoms listed above, you should tell your parents, coach, athletic trainer, or school nurse, so you can get the help you need. If a parent notices these symptoms, he or she should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny or slurred, let an adult such as your parent, coach, or teacher know right away, so you can get the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early after a concussion, you may have long-term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any available medical personnel that you think you have a concussion. According to the Benzie Central and POMH Concussion policy, you must follow the concussion management flow sheet and appropriate return to sport protocol administered by a trained appropriate medical profession (Athletic Trainer or Physical Therapist). Then be referred to a physician to be cleared by them. **You CAN NOT return to play or practice on the same day as your suspected concussion occurred due to MHSAA rules. You must have the official MHSAA unconditional return to sport form in order to return.**

You should not begin the return-to-play progression, until all symptoms are gone, both at rest and during and after activity, unless allowed to by Certified Athletic Trainer or other trainer professional. Symptoms indicate that your brain has not yet recovered from the concussion and needs more rest.

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Athlete Name:_____

This form must be completed by every athlete, even if there are multiple athletes in the household.

Parent or Legal Guardian Name(s):_____

Review and sign even if athlete is 18 or older

We have read the "Athlete and Parent or Legal Guardian Concussion Information Sheet *If true, please check box*

Athlete Initials	After reading the information sheet, I am aware of the following information:	**Parent or legal guardian Initials**
_____	A concussion is a brain injury, which should be reported to my parents, coach(es), or athletic trainer. A concussion can affect the ability to perform everyday activities such as ability to think, balance, and perform in the classroom. A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	_____
_____	I will tell my parents, my coach, or athletic trainer about my injuries and illnesses.	Not Applicable
_____	If I think a teammate has a concussion, I should tell my coach(es), parents or athletic trainer.	Not Applicable
_____	I will not return to play in a game or practice if a hit to my head or body causes any concussion related symptoms.	Not Applicable
_____	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion, an athletic trainer then a doctor. According to the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than 1 medical evaluation.	_____
_____	I realize that emergency department or urgent care physicians will not provide clearance if the patient is seen right away after the injury.	_____
_____	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury, even death, if return to play or practice occurs before concussion symptoms go away. Sometimes, repeat concussions can cause serious and long-lasting problems.	_____

I have read and understand the concussion symptoms on the Concussion Information Sheet.

Signature of athlete:_____ Date:_____

Signature of Parent or
Legal Guardian:_____ Date:_____

Consent for Medical Treatment

Benzie Central High School-Athletic Training

I,_____, an 18-year old or Parent or legal guardian of _____, born_____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. The emergency medical care initially, will be provided by a Certified Athletic Trainer or Board Certified Sports Clinical Specialist in Physical Therapy (SCS). I do hereby consent in advance to such emergency care, including hospital care, as deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Student's Name: _____

Gender: _____ Grade: _____

Emergency Contact 1 Name:_____

Cell:_____ Work:_____ Relation:_____

Emergency Contact 2 Name:_____

Cell:_____ Work:_____ Relation:_____

_____ _____

Signature of Parent /Guardian or 18 year-old Date

AUTHORIZATION TO CONTACT, INTERVIEW, PHOTOGRAPH, RECORD, OR RELEASE PROTECTED HEALTH INFORMATION FOR PROMOTIONAL/EDUCATIONAL PURPOSES

Information about you and your health is personal, and Munson Healthcare is committed to protecting the privacy of that information. When we want to share your information for the public to see or hear, we must ask you for written permission (authorization). You can ask to stop an interview or recording session at any time.

Please read this form carefully and ask any questions you have before signing it.

I, (PRINT NAME) _____ **authorize Munson Healthcare and/or its affiliates and service organizations to contact, interview, take audio/photography/video of me, and to use and/or share information about me for promotional and/or educational purposes on behalf of Munson Healthcare, including:**

- Advertisements, brochures, electronic communications, multimedia productions, publications, social media, web sites, etc., directed to staff, physicians, volunteers, patients, visitors, and the general public
- Local or national news media coverage

Information about me to be used and/or shared includes:

☐ My appearance/likeness on recorded or electronic media *(e.g. interview notes, audio, photographs, video, etc.)* and information about my diagnosis and treatment gathered though interviews with me by Munson Healthcare staff or the news media

☐ Information, including Protected Health Information, gathered through interviews with health care providers and others involved in my care *(e.g. physicians, nurses, technicians, staff, etc.)*

I understand that signing or refusing to sign this authorization will not affect the delivery of care in any way.

I understand that this authorization does not include any promise to pay me and that Munson Healthcare will not receive payment of any kind for the use of information/material covered by this authorization.

I understand that information/material covered by this authorization may be used at any time, with no expiration date.

After signing this authorization, I understand I may change my mind and revoke this authorization in writing, except to the extent of action already taken based on this authorization. Once information/material is used and/or shared as allowed by this authorization, it is no longer protected under federal and state privacy laws and may be subject to re-disclosure.

I release and forever discharge Munson Healthcare and its agents, from any claims and demands in connection with the use of information/material covered by this authorization, including, but not limited to, any claims for invasion of privacy or defamation.

SIGNATURE (INDIVIDUAL OR RESPONSIBLE REPRESENTATIVE): _____

NAME OF RESPONSIBLE REPRESENTATIVE (if applicable): _____ RELATIONSHIP TO INDIVIDUAL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SIGNATURE (WITNESS/ORG. REPRESENTATIVE): _____

NAME (WITNESS/ORG. REPRESENTATIVE): _____ DATE: _____ TIME: _____

INTERNAL USE:

TOPIC: _____

_____

_____

ORGANIZATION:

☐ Kalkaska Memorial Health Center ☐ Munson Healthcare Grayling Hospital ☐ Munson Medical Center ☐ Mackinac Straits Health System ☐ Munson Healthcare Home Health ☐ North Flight EMS ☐ Munson Healthcare Cadillac Hospital ☐ Munson Healthcare Manistee Hospital ☐ Otsego Memorial Hospital ☐ Munson Healthcare Charlevoix Hospital ☐ Paul Oliver Memorial Hospital ☐ Other MHC Affiliate (Please Specify) _____

Waiver Form

Benzie County Central Schools (the “District”) operates a school fitness center, which includes exercise equipment and locker room facilities (the “Benzie Power and Fitness Center”).

I acknowledge that my use of the Benzie Power and Fitness Center is purely voluntary and that the District recommends I consult with a physician before engaging in such use and other physical strenuous activity. I further acknowledge that exercising, weightlifting, and using the Benzie Power and Fitness Center pose inherent risks including but not limited to bodily injury, illness, paralysis, and death. I also understand that no one under the age of 18 shall use this facility without supervision of a trained staff member. I agree to assume those risks and hereby waive any and all related claims against the District (and its board members, administrators, employees, volunteers, and agents).

In addition, I agree to forever indemnify, release, and hold harmless the District (and its board members, administrators, employees, volunteers, and agents) from and against all liability, loss, and damages, including attorney’s fees, incurred by the District arising from or related to my use of the Benzie Power and Fitness Center.

If I need medical treatment as a result of my use of the Benzie Power and Fitness Center, I agree to be fully responsible for any costs resulting from such treatment.

It is understood and agreed that this waiver, release, and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

Signature of Participant’s Parent/Guardian if Participant is under age 18 is required

Email

Valid email please

_____

Name

_____

Date of Birth

_____

Signature of Participants Parent/Guardian If under 18

_____

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISKS. BY SIGNING BELOW, I AM VOLUNTARILY WAIVING ANY CLAIM THAT I MAY HAVE AGAINST THE DISTRICT FOR ANY LIABILITY ARISING FROM OR RELATED TO MY USE OF THE FITNESS CENTER.

By typing your name and/or Participants name here constitutes your signature to understanding the above policies and procedures.

_____