



CENTRAL HIGH SCHOOL  
MR. PETER RIOS/ ATHLETIC DIRECTOR  
**SPORTS INFORMATION PACKET**

IMPORTANT NOTE: The following schools are eligible to participate for Central High:

1. PCTA
2. The Met (by address)
3. ACE/Chambers (by address)
4. Times2 Academy (by address)
5. Nurses Institute (by address)
6. The Valley School (by address)
7. High Road (by address)
8. Trinity Academy (by address)
9. Vision /R.I.T.S. (by address)
10. School One
11. Blackstone Acad. (by address)

**PRINT ALL INFORMATION AND RETURN THIS COMPLETED PACKET TO YOUR COACH**

SCHOOL ATTENDING \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PROVIDENCE, RI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE as of Sept., 2017 \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ STUDENT CELL# \_\_\_\_\_

HAVE YOU PLAYED SPORTS FOR ANY OTHER HIGH SCHOOL?

NO  YES - NAME OF SCHOOL \_\_\_\_\_

YOU MUST HAVE A CURRENT SPORT PHYSICAL TO PARTICIPATE. HAVE YOU HAD A PHYSICAL EXAMINATION IN THE LAST YEAR?

NO  YES - DATE \_\_\_\_\_ WHERE? \_\_\_\_\_

WHAT SPORT(S) WOULD YOU LIKE TO PLAY AT CENTRAL? (Select 1 sport per season)

**FALL**

- CHEERLEADING
- BOYS SOCCER
- GIRLS SOCCER
- FOOTBALL
- GIRLS TENNIS
- GIRLS VOLLEYBALL
- GIRL CROSS-COUNTRY

**WINTER**

- CHEERLEADING
- BOYS BASKETBALL
- GIRLS BASKETBALL
- BOYS INDOOR TRACK
- GIRLS INDOOR TRACK
- CLUB WRESTLING

**SPRING**

- BASEBALL
- GIRLS SOFTBALL
- GIRLS OUTDOOR TRACK
- BOYS OUTDOOR TRACK
- BOYS VOLLEYBALL

# CENTRAL STUDENT ATHLETE CONTRACT

**IT IS A PRIVILEGE NOT A RIGHT TO REPRESENT CENTRAL HIGH SCHOOL IN ATHLETIC COMPETITION. WE EXPECT YOU TO FOLLOW ALL RULES AND REGULATIONS. YOU AND YOUR PARENT/GUARDIAN MUST SIGN THE PLAYER GUIDELINE CONTRACT BELOW TO BE ELIGIBLE TO PLAY.**

## **REQUIREMENTS AND RULES:**

1. MAINTAIN ACADEMIC ELIGIBILITY SET BY THE RHODE ISLAND INTERSCHOLASTIC LEAGUE AND CENTRAL HIGH SCHOOL. STUDENTS *MUST PASS 60% OF THEIR CLASSES; HAVE NO MORE THAN 10 UNEXCUSED ABSENCES THE PREVIOUS QUARTER /25 OR LESS ABSENCES FOR THE YEAR.*
2. A COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN BEFORE PARTICIPATING IN A PRACTICE OR GAME AND GIVEN TO THE COACH.
3. PROOF OF MEDICAL INSURANCE PRIOR TO PARTICIPATING IN A PRACTICE OR GAME.
4. REQUIRE THE PARENT'S TO SIGN THE RHODE ISLAND INTERSCHOLASTIC LEAGUE ASSUMPTION OF RISK FORM.
5. PLAYERS MUST ATTEND SCHOOL REGULARLY. THEY MUST ATTEND A FULL DAY PRIOR TO THE DAY OF THE GAME. THE STUDENT MUST BE *IN SCHOOL PRIOR TO 10:30 am TO BE CONSIDERED PRESENT FOR THE DAY.* THE STUDENT MUST BE PRESENT ON FRIDAY TO BE ELIGIBLE TO PLAY OVER THE WEEKEND. STUDENTS THAT ARE ABSENT FROM SCHOOL WILL NOT BE ALLOWED TO PLAY. IF A STUDENT IS TO BE RELEASED FROM SCHOOL THE TIME IS AFTER 11:00 am.
6. THE PLAYER MUST USE THE TRANSPORTATION PROVIDED BY THE SCHOOL.
7. ATHLETIC UNIFORMS ARE TO BE WORN FOR PRACTICE AND GAMES ONLY. THE PLAYER IS RESPONSIBLE FOR THE CARE AND CONDITION OF EACH UNIFORM. UNIFORMS MUST BE HANDED IN AT THE LAST GAME. A PLAYER WILL NOT BE ALLOWED TO COMPETE IN ANY OTHER ACTIVITY UNTIL RESTITUTION IS MADE.
8. ANY AND ALL INJURIES MUST BE REPORTED TO THE HEAD COACH IMMEDIATELY SO THAT TREATMENT CAN BE PROVIDED.
9. ANY PLAYER EJECTED FROM A GAME WILL BE SUBJECT TO A ONE GAME SUSPENSION AND BE REQUIRED TO SUBMIT AN 'UNSPORTSMANLIKE CONDUCT QUESTIONNAIRE' TO THE R.I.I.L. AND COMPLETE THE NFHS ONLINE COURSE "SPORTSMANSHIP-IT'S UP TO YOU" BEFORE THE PLAYER IS ELIGIBLE AGAIN.
10. THE USE OF ALCOHOL, DRUGS OR STEROIDS WILL LEAD TO AN AUTOMATIC DISMISSAL FROM THE TEAM. IT WILL BE THE PARENTS/GUARDIANS RESPONSIBILITY TO PROVIDE MEDICAL TREATMENT.
11. PLAYERS NEED TO BE ON TIME TO PRACTICE AND NOTIFY THE COACHES WHEN THEY UNABLE TO ATTEND.
12. DETENTION AND SCHOOL WORK MUST BE DONE PRIOR TO ATTENDING PRACTICE OR A GAME. FAILURE TO DO SO WILL MAKE YOU INELIGIBLE FOR THE NEXT CONTEST.
13. DISREPECTFUL BEHAVIOR TO A TEACHER, COACH, ADMINISTRATOR, PARENT, OR OPPOSING PLAYERS AND FELLOW TEAMMATES WILL BE SUBJECT FOR DISMISSAL.
14. PLAYERS WHO ARE CAUGHT STEALING, DESTROYING SCHOOL OR SOMEONE'S PROPERTY, BEING DISHONEST OR FAILING TO REPRESENT CENTRAL HIGH SCHOOL IN AN HONORABLE WAY WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM ALL SPORTS.

***I HAVE READ THE STUDENT CONTRACT WITH MY PARENT/GUARDIAN. MY COACH HAS EXPLAINED THE RULES OF PARTICIPATION AND THE EXPECTATIONS OF BEING A MEMBER OF A CENTRAL HIGH SCHOOL ATHLETIC TEAM. I AGREE TO FOLLOW THE GUIDELINES ABOVE AS SET BY THE COACHING STAFF, CENTRAL HIGH SCHOOL AND THE R.I.I.L.***

**STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**CENTRAL HIGH SCHOOL**  
**PROOF OF INSURANCE FORM**

NAME OF STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**CHECK ONE:**

(\_\_\_\_\_) I DO NOT HAVE INSURANCE COVERAGE OR MY CHILD/CHILDREN. **I WILL PURCHASE SCHOOL INSURANCE.**

(\_\_\_\_\_) I HAVE SUFFICIENT INSURANCE COVERAGE FOR ANY INJURIES OCCURRING TO MY CHILD/CHILDREN WHO ARE PARTICIPATING IN ANY SPORTS AT CENTRAL HIGH SCHOOL. I AM ENCLOSING A COPY OF MY INSURANCE CARD AS PROOF OF INSURANCE.

**I UNDERSTAND THAT I CAN NOT HOLD THE PROVIDENCE SCHOOL DEPARTMENT LIABLE FOR ANY COST THAT MAY OCCUR TO MY CHILD/CHILDREN AS A RESULT OF HIS/HER PARTICIPATION IN ANY SPORTS AT CENTRAL HIGH SCHOOL.**

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# PLACES TO GET A SPORTS PHYSICAL

The following Providence Community Health Centers accepts all insurance. If you do not have insurance the will base the payment on a sliding scale. Bring parent if under 18 and parent's paycheck stub.

HOURS FOR ALL CENTERS: MON-WED-FRI 9-5PM/ TUES/THURS Noon-8PM/Urgent Care at all Clinics

- |   |  |
|---|--|
| 1. Prairie Avenue Health Center<br>355 Prairie Avenue<br>Providence, RI 02905<br>401-444-0570 | 3. Central Health Center<br>239 Cranston Street<br>Providence, RI<br>401-444-0580  |
| 2. Capitol Hill Health Center<br>40 Candace Street<br>Providence, RI<br>401-444-0550          | 4. Olneyville Health Center<br>100 Curtis Street<br>Providence, RI<br>401-444-0540 |

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## WALK-IN'S:

1. Atwood Medical (\$75) 1556 Atwood Avenue, Johnston, RI 401-273-9400
2. Concentra Urgent Care (\$88.50) 290 Branch Ave., Providence, RI 401-722-8880  
Hours 8-5pm Monday – Friday
3. Garden City Treatment Center (\$130) 1150 Reservoir Ave. #100 Cranston, RI  
401-946-2400
4. Urgent Care/Warwick Mall, Warwick, RI 401-737-4420
5. Woonsocket Urgent Care (\$35) 25 John A. Cummings Way, Woonsocket, RI  
401-235-7310 Hours 8AM-8PM Monday-Friday; Saturday 8A-4PM

# Concussions

National Federation of State High School Associations

## CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

A three-year, follow-up study shows that athletes having a previous history of at least one concussion are at an increased risk for further concussions. As the number of concussions increase, so do the risk for future injuries (Guskiewicz et al, 2003). It has also been shown that repeated concussions have been linked to longer recovery periods. Highlighting the importance of making sure athletes are symptom free prior to returning to competition from a previous MHI, research has shown that 1 in 15 athletes with a concussion have recurring concussions within 7-10 days from the first concussion. Because of these findings and the potential for complications resulting from MHIs, it is recommended that athletes sustaining more than one concussion should be referred for follow-up evaluation and assessment to determine any residual effects that might preclude participation in contact or collision sports. Cases of individuals suffering permanent brain damage from multiple concussions have been reported but no consensus on how many concussions are too many or what leads to that permanent damage.

## MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD INJURY

There is unanimous agreement within the medical community that NO athlete who has signs and symptoms of post concussion should be returned to action. There is also unanimity that there is increased risk of significant damage from a concussion for a period of time after a preceding concussion and from cumulative damage of multiple head injuries. The more concussions an individual has, the greater is the risk of having additional concussions. The exact period of increased vulnerability or the number of concussions that is "too many" has not been determined. Traditionally, physicians have advised athletes not to return to action until they have been free of symptoms for a minimum of a week (McCrea et al, 2003). Now, rather than discuss a length of time to be free of symptoms, guidelines suggest using the gradual return-to-play protocol shown above while monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned above, is now revealing subtle residual effects of concussion not found by traditional evaluation. These identifiable deficits frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to action with relative safety.

Source: National Federation of State High School Associations  
Sports Medicine Handbook—Fourth Edition  
Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

# CONCUSSIONS

## School & Youth Programs Concussion Act Title 16-91

**Findings of fact:**—The Rhode Island General Assembly hereby finds and declares: (1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport, recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.

(4) Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings schools are required to educate and inform parents and athletes and of the Nature & Risk of concussions and head injury including signs and symptoms related to the continuation of play after a suspected concussion or head injury. Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician.

This information sheet must be reviewed, signed by all athletes and their parents or guardian and returned to the school at the beginning of each sport season and prior to the youth's return to practice or competition.

The law also requires the following:

- Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.
  - Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.
- For more information please visit the RIIIL website ([www.riil.org](http://www.riil.org))

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

Athlete \_\_\_\_\_

Sport \_\_\_\_\_

School \_\_\_\_\_

I have reviewed the contents of this pamphlet with my son/daughter.

Parent Signature \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**THIS FORM AND ONLY THIS FORM IS TO BE USED  
COMMENCING SEPT. 2014**

**RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING  
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND  
ASSUMPTION OF RISK FORM**

The undersigned, being an adult prospective student-athlete or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledges that said student seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League (RILL). The undersigned specifically assents that the student-athlete will comply with the rules and regulations of the RILL, the undersigned hereby authorizes the release, of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency and disciplinary record of the undersigned student to the RILL for the purpose of enforcing the rules and regulations of the League; that they are aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation. For sports involving helmets, we acknowledge the following **WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

Now, therefore, pursuant to the Rhode Island General Laws § 7-8-8 and § 9-1-48, the undersigned, in consideration of participation in a RILL sanctioned sports program, herein grant to the RILL, its officers, directors, trustees, volunteers, participants, event sponsors, agents (to include, but not be limited to, the local school committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards practicing for or participating in, in any sports program sanctioned by the RILL. The undersigned specifically acknowledges that a risk of injury or death exists and assumes said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RILL. In compliance with the Rhode Island General Laws § 9-1-28.1 and all other applicable laws and regulations, the undersigned, in consideration of participation in a RILL sports program, herein grant to the RILL, its officers, directors, trustees, volunteers, participants, event sponsors agents (to include, but not be limited to, the local school committee or its parochial or private equivalent), servants and employees, and assigns the absolute right and permission to at any time and by any method record student's name, voice, and likeness and to utilize or assign the use of the student's name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, announcement, action or advertising, of any kind without restriction.

(This form must be completed by all students, regardless of grade, intending to participate in any Rhode Island Interscholastic League sport after 1 Aug. 2014. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible.)

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MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

School (print) \_\_\_\_\_

City/Town of School (print) \_\_\_\_\_

First Name of Student (print) \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth of Student \_\_\_\_\_

Full address of Mother (print) \_\_\_\_\_

Name of Person, other than Mother, with whom student is living (print) \_\_\_\_\_

Full address at which student is living (print) \_\_\_\_\_

Contact email address \_\_\_\_\_

Check here to receive updates and info from the RILL.

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

Signature of Parent or Guardian if Student is under age of 18 \_\_\_\_\_

Date of Signature \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

(NOTARY SEAL)

**Please Note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility.**