CLASSICAL HIGH SCHOOL

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June 21, 2021

Dear Parents:

Congratulations on your child's acceptance to Classical High School. Please know that Classical is considered the number one high school in the State of Rhode Island in academics and one of the top 500 schools in the country. This year, Classical was named "School of the Year" in athletics 2021.

We, at Classical, encourage all students to become involved in the sports experience. Classical offers a full array of sports to all students. Our Athletics Program will kick off all fall sports on Monday, August 23, 2021. We hope that your child will start their Classical experience by joining a team and getting involved. In order to participate in any sport, you will have to have the enclosed forms completely filled out.

All head coaches and the sports they coach with their contact information is also enclosed. If you are interested in joining a sport, please contact the head coach for the respective sport.

Summer camps are available for the following sports:

track – Coach Palazzo
football – Coach McCall
field hockey – Coach Hickey
track/cross country (boys) – Coach O'Kleasky
track/cross country (girls) – Coach Doyle
basketball (boys) – Coach Kavanagh
basketball (girls) – Coach Voccio

If you have any questions or concerns, please do not hesitate to call Athletic Director Robert Palazzo 401-580-6238.

Thank you,

Robert Palazzo, CMAA
Athletic Director

PHYSICIAN'S STATEMENT

STUDENT'S NAME_____ GRADE_____

SPORTS_____

_____

CURRENT SCHOOL LAST SCHOOL

VERIFICATION OF HOSPITALIZATION INSURANCE

_____IS INSURED BY_____INSURANCE

POLICY #_____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

PHYSICIAN'S STATEMENT

(To be completed by examining Physician)

ABSOLUTE CONTRAINDICATIONS:

Three concussions
History of Retinal detachment
Vision in only one eye
Congenital glaucoma
Symptomatic lung infection
Severe mitral stenosis
Cranial swelling following intracranial surgery
Myocarditis
Cyanotic heart disease
Blood coagulation defects
Any enlarged abdominal organ
Symptomatic pulmonary hypertension

RELATIVE CONTRAINDICTATIONS:

Well-controlled epilepsy
Two concussions
Diabetes
Recurrent dislocation of shoulder
Painful Osgood-Schlatter's disease
Active infection of the eye or skin
Severe cystic acne
Amputee
Active herpes simplex (wrestlers only)
Hip disease (arthritis, etc.)
Resting Systolic blood pressure 140 or over and or
Diastolic blood pressure 90 or over
Inguinal hernia
Knee instability
Metabolic bone disease with skeletal weakness

HEIGHT:_____ WEIGHT:_____ RESTING PULSE:_____ BLOOD PRESSURE:_____

VISUAL ACUITY: W/GLASSES – BOTH - R_____ L_____ W/O GLASSES – BOTH - R_____ L_____

I certify that _____ has been examined by me on _____

He/She is physically qualified to participate in contact sports (football, wrestling,, basketball, baseball, soccer) and non-contact sports.

_____ _____ _____

PHYSICIAN'S NAME PHYSICIAN'S SIGNATURE DATE

He/She is disqualified from the following sports:

_____ _____ _____

PHYSICIAN'S NAME PHYSICIAN'S SIGNATURE DATE

PROVIDENCE SCHOOL DEPARTMENT

Rev. 6-2008

MEDICAL/INSURANCE/PARENTAL CONSENT FOR ATHLETIC PARTICIPATION FORM

STUDENT'S NAME_____ SCHOOL_____

ADDRESS:_____ D/O/B:_____ SEX_____

Family History (Parents)

	YES	NO
High Blood Pressure	☐	☐
Heart Problems	☐	☐
Fainting Spells	☐	☐
Seizures	☐	☐
Diabetes	☐	☐
Kidney Disease	☐	☐
Sudden Deaths	☐	☐
Loss of Vision	☐	☐
Bleeding Disorders	☐	☐
Strokes	☐	☐

Explain all YES answers:

_____

_____

_____

_____

MEDICAL HISTORY (STUDENT)

Have you ever had the following illnesses?

	YES	DATE	NO
TB	☐	_____	☐
Mononucleosis	☐	_____	☐
Rheumatic Fever	☐	_____	☐
Measles	☐	_____	☐
Chickenpox	☐	_____	☐
Mumps	☐	_____	☐
Diabetes	☐	_____	☐
PPD	☐	_____	☐

Allergies: None _____

_____

_____

_____

Medications: None_____

_____

_____

Hospitalizations: None_____

_____

_____

_____

Immunization: Date

DTAP _____

MMR _____

POLIO _____

VARICELLA _____

PPD _____

HEP B SERIES _____

Health History (Student's)

Have you recently had or do you now have:

	YES	NO	Explain all Yes answer:
Frequent Headaches	☐	☐	_____
Concussion	☐	☐	_____
Seizures	☐	☐	_____
Fainting Spells	☐	☐	_____
Heat Stroke	☐	☐	_____
Vision Disorders	☐	☐	_____
Eyeglasses or Contact Lenses	☐	☐	_____
Loss of Vision of Either Eye	☐	☐	_____
Dental (Braces, False Teeth	☐	☐	_____
Hearing/Loss	☐	☐	_____
Frequent Earaches	☐	☐	
Nosebleeds	☐	☐	Allergies: None _____
Rapid Hear Beat at Rest	☐	☐	_____
High Blood Pressure	☐	☐	_____
Heart Murmur	☐	☐	Medications: None_____
Other Heart Problems	☐	☐	_____
Swollen Ankles (other than sprains)	☐	☐	_____
Shortness of Breath	☐	☐	_____
Asthma	☐	☐	Hospitalizations: None___
Pneumonia	☐	☐	_____
Lung Problems	☐	☐	_____
Chest Pain	☐	☐	_____
Constant Coughing	☐	☐	Surgery: None_____
Ulcers	☐	☐	_____
Unexplained Jaundice	☐	☐	_____
Unexplained Fevers	☐	☐	_____
Kidney Problems	☐	☐	_____
Urinary Infections	☐	☐	
Blood in Urine	☐	☐	
Blood Transfusion	☐	☐	
Anemia (low blood)	☐	☐	
Thyroid Problems	☐	☐	
Easy Bruising	☐	☐	
Hot or Cold Spells	☐	☐	
Arthritis	☐	☐	
Knee Injuries	☐	☐	
Knee Pain	☐	☐	
Dislocations	☐	☐	
Fractures	☐	☐	
Neck Injury	☐	☐	
Weak Ankles	☐	☐	
Back Aches	☐	☐	

I certify that the information on the above form is true:

_____ _____ _____

Parent/Guardian Signature Date Phone # (home)

_____

(work)

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 that 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.

School & Youth Programs
Concussion Act
Title 16-91

CONCUSSIONS

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 cause 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 or 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 occurs 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 issues 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 and/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 RIIL website (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. 2019

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 acknowledge that said student seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). The undersigned specifically assert that the student-athlete will comply with the rules and regulations of the RIIL; the undersigned hereby authorize 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 RIIL 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 § 7-6-9 and § 9-1-48, the undersigned, in consideration of participation in a RIIL sanctioned sports program, herein grant to the RIIL, 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 RIIL. The undersigned specifically acknowledge that a risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RIIL.
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 RIIL sports program, herein grant to the RIIL, 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. 2011. 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.)

MALE ____ FEMALE ____

YEAR OF GRADUATION _____

School (*print*)

City/town of School (*print*)

FIRST MI LAST
Legal Name of Student (*print*)

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 RIIL

Signature of Student

Signature of Parent or Guardian if Student is underage of 18

Date of Signature

Signature of Notary Public Commission Expires (NOTARY SEAL)
State of Rhode Island, County of _____
On this _____day of 20__, before me, personally appeared _____ and proved through satisfactory evidence of identification to be the person whose name is signed on the attached document in my presence.
Notary Name: _____ ID#_____
Please note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility.