



**SIoux CITY WARRIORS  
REGISTRATION AND MEDICAL RELEASE**

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Player Birth Date

\_\_\_\_\_  
Player Grade

\_\_\_\_\_  
Player Height

\_\_\_\_\_  
Player Cell Phone

\_\_\_\_\_  
Player Email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Player Address

**PARENT/GUARDIAN INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

**MEDICAL & EMERGENCY INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

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Health Insurance Carrier

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Policy Number

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Medical Issues/Allergies/Etc.

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Date of Player's Last Tetanus Shot

## **MEDICAL RELEASE**

I hereby give my permission for \_\_\_\_\_ to participate in the Sioux City Warriors Athletic Program. I understand that, in the event medical treatment is required, every action will be made to contact me. If I cannot be reached, I give my permission to the sponsor to give first aid to my child and/or to secure a service of a licensed medical care provider to provide the care necessary, including anesthesia, for my child's well being. I also understand that all medical expenses will be my responsibility and that no member of the Sioux City Warriors Athletic Program will be held responsible for medical expenses.

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Parent/Guardian Signature

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Date



## **SIoux CITY WARRIORS CONTRACT FOR PLAYERS AND PARENTS**

I, \_\_\_\_\_ (name), want to play basketball for the Sioux City Warriors and agree to the following:

### **I. FAMILY AND ACADEMICS WILL BE FIRST**

My grades and family come before basketball. While it is important to fully participate in the Sioux City Warriors program, it is more important to fulfill school and family needs first.

### **II. PRACTICE ATTENDANCE**

I will be on time for all practices. There may be circumstances that arise that cause me to miss a practice: e.g. vacation, illness, work, etc. When this occurs, I or my parent/guardian will inform my coach in advance when possible. Not informing coach of absence or unexcused absences could result in loss of playing time.

### **III. PRACTICE DRESS CODE**

I will be properly dressed with basketball shorts and shoes. I will not wear short-shorts. I will not wear low-cut or cut-off shirts. I will not use my cell phone during practice.

### **IV. ATTITUDE**

I will be coachable, hustle, display a Christ-like attitude, and remember that my attitude reflects myself and my team. This includes my language, appearance, and how I treat other players on the court. My attitude towards my teammates should be encouraging and positive. It is important to remember that if corrections need to be made, the coaches will make them.

### **V. CONFLICT**

As a team member, I will go to the coaches/team member first if there is a problem which is related to the team. If a problem arises between players or with the team, I will go directly to the individual player or coach to solve the problem. I will not complain to others if there is a problem with the team. Problems cannot be fixed if coaches are unaware of them.

**VI. GAME DAY**

I will be on time for games. I will remember to do the appropriate stretching and warm-up. If I am going to be late, I will contact my coach. For all games, I will show up in appropriate clothing. Technical fouls will be taken seriously. If I receive a technical in the game, I may lose playing time or be asked to sit out the remainder of the game as decided by the coach.

**VII. ELIGIBILITY**

To be eligible to play for the Sioux City Warriors basketball team, players must be 51% homeschooled. The Sioux City Warriors board determines age and grade eligibility. Board decisions are final and each case is handled individually. A player may not play for any other basketball team such as a public or Christian school.

**VIII. ZERO TOLERANCE RULES**

The Sioux City Warriors have a zero tolerance policy for drinking, drugs, tobacco use, profanity, bullying, inappropriate texts, blatant fouls, and disrespecting coaches, teammates, officials, and opposing players. Breaking any of the zero tolerance rules will result in loss of playing time or, if necessary, dismissal from the Sioux City Warriors basketball team for the remainder of the season. The board reserves the right to take disciplinary action.

**As a parent/guardian of the above named player, I promise to do the following:**

**Influence my child to abide by the contract he/she has signed. Discuss any issues regarding your child with the coach as soon as possible. Be an example of good sportsmanship at games by showing respect to players, coaches, officials, and fans. Be supportive of coaches and their decisions throughout the season.**

**By signing this contract, I affirm that I will abide by the expectations described on this document.**

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# HEADS UP: Concussion in High School Sports

*Please note this important information based on Iowa Code Section 280.13C, Brain Injury Policies:*

- (1) A student participating in extracurricular interscholastic activities, in grades seven through twelve, **must be immediately removed from participation** if the coach, contest official, licensed healthcare provider or emergency medical care provide believe the student has a concussion based on observed signs, symptoms, or behaviors.
- (2) Once removed from participation for a suspected concussion, the **student cannot return to participation until written medical clearance has been provided** by a licensed health care provider.
- (3) A student cannot return to participation until s/he is free from concussion symptoms at home and at school.
- (4) Definitions:
  - “**Contest official**” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
  - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
  - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
  - “**Medical clearance**” means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

**What is a concussion?**

Concussions are a type of brain injury that disrupt the way the brain normally works. Concussions can occur in any sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions can occur with or without loss of consciousness, but most concussions occur without loss of consciousness.

**What parents/guardians should do if they think their child has a concussion?**

1. Teach your child that it's not smart to play with a concussion.
2. **OBEY THE LAW.**
  - a. Seek medical attention right away.
  - b. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
3. Tell all of your child's coaches, teachers, and school nurse about ANY concussion.

**What are the signs and symptoms of concussion?**

Signs and symptoms of concussion can show up right after the injury or may not be noticed until days 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 removed from play immediately. The athlete should only return to play with permission from a health care provider and after s/he is symptom free at home and at school.

**Signs Observed by Parents or Coaches:**

- 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

**Symptoms Reported by Student-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”

**STUDENTS**, If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

**PARENTS/GUARDIANS**, You can help your child prevent a concussion:

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

For more information visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

**IMPORTANT: Students (grades 7-12) participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.**

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Grade \_\_\_\_\_ Student's School \_\_\_\_\_