



2019 Issaquah Spring Football Camp

June 3-27 (Combine June 3-6)

Issaquah High School Stadium

Link to: [Spring/Summer/ Fall Practice Schedule](#)

Included: Practice jersey, team T-shirt, practice shorts, mouth piece

Instruction: Padded and non-padded individual and team instruction to improve football fundamental skills.

Camp Instructors: Issaquah High School Coaching Staff

Objectives: Position specific footwork fundamentals, blocking & Tackling fundamentals, passing and receiving fundamentals, offensive and defensive scheme, team building

Registering for Camp: Please complete all 3 steps below

1. **Submit Registration Form:** Please return this form either to our ASB Bookkeeper or coach Brookshire (digitally Joshua.Brookshire@gmail.com , in person or by mail)
2. **Submit Camp Fees:** \$135. Please submit payment to our ASB Bookkeeper by 5/28/19
 - **In Person:** Issaquah high ASB bookkeeper window. Open 7:30 AM – 2:30 PM
 - **By Mail:** Send check and registration form to: Issaquah Football c/o Joshua Brookshire, 700 2nd Ave. SE, Issaquah, WA 98027
 - **Online:** Login to the Issaquah School District [Online Payment](#) system.
 - **Incoming Freshmen Student-athletes:** Go to the Shop section and choose “Items at all Schools.” Select Issaquah High School. Select Camps/Clinics. Buy the Spring Football Camp.
 - **Current IHS Student-athletes:** Go to the Shop section and choose “Items at Student’s School”. Select Camps/Clinics. Buy the Spring Football Camp.
3. **Required Forms & Physical**

If your student-athlete **DID NOT** participate in Issaquah High School athletics this recent school year (or have an expired physical form):

 1. [Physical Form](#) (SAVE THE ORIGINAL!!! Make copies and provide only the COPY to Coach Brookshire. You will need the original when you register for Fall sports.)
 2. [Open Gym and Summer Practice Risk and Permission Form](#)
 3. [Concussion Information Form](#)
 4. [Football Informed Consent Form](#)

Print Athlete Name _____ Grade in Fall _____

Athlete’s Physical Status:

On File: Played Football for IHS -2018 _____ On File: Played other sport at IHS-2018-19 _____ Did not play at IHS, will provide _____

Print Parent/Guardian Name _____ Email _____ Phone _____

Print Parent/Guardian Name _____ Email _____ Phone _____

PARENTS RELEASE FOR MEDICAL TREATMENT: I approve of my child’s participation at the Issaquah Spring Football Camp and certify that he is in good health and able to participate in the program of activities. I authorize the camp staff to attend to any health problem or injury my child might incur while attending camp. I hereby release the Issaquah football Camp, its employees, or agents from any and all liability that may arise out of my child’s participation in the camp. I acknowledge that I am responsible for any and all medical expenses to my child due to illness or injury.

Parent/Guardian Signature _____ Date _____

Physical Evaluation

Issaquah School District

Return the SIGNED ORIGINAL form with your Confirmation Page and Emergency Authorization Form during the Athletic Registration process. DO NOT FAX OR EMAIL THE FORM.

Name: _____ **Gender:** ☐ Male ☐ Female **Age:** _____ **Date of Birth:** _____

☐ Cleared for all sports without restrictions

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports: _____

Reasons/Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If condition arises after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Physician Sign and Date Here

Exam Date: _____

Name of Physician: _____

Address: _____

Phone: _____

Physician

Signature: _____ MD or DO

Physician Stamp

EMERGENCY INFORMATION:

Allergies _____

Other Information _____



INFORMED CONSENT FORM RE: FOOTBALL

Student Name: _____ *Birth Date:* _____

School: _____ *Grade:* _____

We accept and understand that the sport of **football** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as the act of tackling carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial)_____ (Parent Initial)_____

We certify that (Student Name) _____ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial)_____ (Parent Initial)_____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)_____

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial)_____ (Parent Initial)_____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial)_____

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

Student name (please print)

Student signature

Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

Parent/guardian name (please print)

Parent/guardian signature

Date

ISSAQUAH SCHOOL DISTRICT #411
OPEN GYM/SUMMER PRACTICE
ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a year around open gym or _____ summer athletic practice, I hereby acknowledge that I have read, understood and agreed to the following:

I agree to discuss with my child appropriate behavior and conduct that is expected while attending this activity and to get an assurance from my child that they will abide by these expectations including proper respect to the adult coach(s)/staff-in charge and others participating in the program.

I hereby give my permission for _____, currently enrolled at _____
(Print Student Name) (School)

to participate in the athletic/activity camp located at _____ on/during _____.
(School Name) (Date(s))

Student's Address: _____ City: _____

Student's Home Phone: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Work Phone: _____

Cell Phone: _____

Family Physician: _____ Physician Phone Number: _____

Medical Insurance Name: _____ Policy Number: _____

Medical conditions, medication information or allergies:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Relationship: _____ Phone: _____

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries, including paralysis or death. I have discussed this potential with my child and I believe that my child has sufficient physical ability to safely and voluntarily participate in this program.

I also certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I hereby authorize the coach/school district staff-in-charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the coach/school district staff-in-charge to obtain emergency care for my student, neither she/he, nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

Being fully informed as to these risks, I hereby consent to my child participating in the open gym or summer practice.

Signature of Parent/Guardian

Date

Daytime Phone



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|



Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to <http://www.cdc.gov/headsup/youthsports/index.html>