## Biggs High School

# **Acknowledgement of Information for BHS ATHLETICS**



I hereby acknowledge that I have received a copy or have access to a copy of the following listed documents. Additionally, I certify that I have read and understand these documents.

#### 1. Concussion Information Sheet

\*A concussion is a brain injury and all brain injuries are serious. A student-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 for the remainder of the day 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. They must receive written clearance to return to play from that health care provider.

#### 2. Sudden Cardiac Arrest

Sudden cardiac arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

## 3. Athletic Training Rules

Students will abide by the rules of the C.I.F., the League and Biggs Unified School District. Infractions may result in suspension from the sport for the remainder of the season.

## 4. Emergency Information

Emergency information will be taken from your students AERIES account. Please make sure you notify the school with any changes to your emergency information.

#### 5. Athlete's Committed

I have read the Biggs High School Athletic Code/Code of Conduct and agree to abide by all provisions contained in the code. I understand that a violation by the athlete of any of the rules in this code will result in loss of athletic privileges and/or suspension from the team. I also understand our signature indicates we have read the State of Risk, and are aware of the risks involved with athletics and assume those risks. We release and hold the Biggs Unified School District and it's officers and employees harmless from any and all claims for damage or injury, including claims of negligence, arising out of or in connection with our child's participation in any aspect of the school's athletic program.

## 6. Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

### 7. Insurance Coverage

California law (Ed Code 32220-21) require every member of any interscholastic athletic team, as well as those associated directly with any event, including cheerleaders, mascots, band members, team managers, stats, etc. to possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits. Students are not to engage in practice, games or associated activities until the pertinent parts of this certificate have been completed and filed with the school.

I hereby give my consent for my son/daughter to compete in interscholastic athletics in the Biggs Unified School District and to go with a representative of the school on any trips. I UNDERSTAND THAT BUSD WILL NOT PROVIDE MEDICAL SERVICES, HOSPITAL SERVICES OR ACCIDENT INSURANCE. In case my son/daughter is injured, school district personnel are authorized to have him/her treated. I ASSUME FULL RESPONSIBILITY IN CASE OF INJURY. I certify that my student has insurance coverage which meets the intent of education code sections 32220-21 as states on this form.

Name of Insurance Company:	
Policy #:	
A copy of the Athletic Handbook is available online or in the office. If you have any questions regarding the handbook feel free to contact our office.	
PRINT STUDENT NAME	GRADE
	DATE
Signature of Student	
	DATF

Signature of Parent or Guardian