



Lacrosse Clinic 2019

Spring Packet

WHEN?

Those expressing interest in participating in our Lacrosse Clinic should show up on the designated dates. Clinics will take place at Rising Tide Field. Girls will be on Mondays 3:30-4:30 and Boys on Thursdays 3:30-4:30. The clinic will start after April Vacation and will be a 5 week session.

Girls Clinic Dates:

Monday April 22nd
Monday April 29th
Monday May 6th
Monday May 13th
Monday May 20th

Boys Clinic Dates:

Thursday April 25th
Thursday May 2nd
Thursday May 9th
Thursday May 16th
Thursday May 23rd

WHO CAN PARTICIPATE?

Students in grades 5 - 12 from beginners to advanced players.

WHAT TO EXPECT?

The coaches will take the players through various drills, activities and workouts to learn and improve in the game of lacrosse.

WHAT DO YOU NEED?

1. Signed athletic participation waiver form.
2. Completed concussion awareness form. Both the student and a parent/guardian must take the NFHS or CDC online concussion course and sign the form as proof of successful completion. If you have taken one within a year of the lacrosse clinic, please inform date completed.
3. Completed pre-participation head injury form. Must be signed by both the student and a parent/guardian.
4. Updated physical form on file with the school. This means you need to have had a physical within **13 months of the last day of the season**, and it must be on file in the nurse's office.
5. Equipment/attire. Students should wear proper sneakers and athletic attire fit for participating. Cleats can be worn outside on the grass field. A long-sleeve or sweatshirt could be beneficial with cooler temperatures.

REQUIRED EQUIPMENT

For Girls:

Mouth Guard
Goggles
Lacrosse stick

For Boys:

Mouth Guard
Helmet
Lacrosse Stick

Cup

*All Necessary Pads(required after 2nd session)

6. User Fee Deposit: \$20 participation fee will be required when turning in the packet.

WHAT SHOULD I DO WITH THESE FORMS?

In order to participate in the Lacrosse Clinic, please drop off the forms at Rising Tide, with Mrs. Kincade, Athletic Director, or at the front office at the Middle School or Upper School.

Forms are due Monday April 8th

- A Parent communication email will be developed if there are any sudden changes in the schedule (such as a snow/rain cancellation). Please list the email addresses you would like to be part of this list if your child is selected on a team.

email: _____

email: _____

email: _____



2019 ATHLETIC PARTICIPATION WAIVER

Name of Student _____ Grade _____ Home Phone # _____

Address _____

Parent/Guardian's Name _____ Cell Phone # _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Home Phone # _____ Cell Phone # _____

Participation in athletics can result in serious injury, even when measures have been taken to ensure safety. In the event of an injury the school will provide first aid, but all other treatment is the responsibility of the parent/guardian. Participating on an athletic team/club/clinic at Rising Tide is not required, and students do so on a voluntary basis with the permission of their parent(s) or guardian(s).

Families are required to pay a user fee for the clinic.

A student may be removed from the clinic at any point in the season if the grade-level team determines it is necessary. Students can be dismissed from the clinic for both academic and non-academic reasons.

A student will not be permitted to participate in any activities until s/he has a physical form on file with the school which has been completed within 13 months of the tryout date. A completed concussion awareness form, pre-participation head injury/concussion reporting form, and user fee must also be submitted before a student is allowed to participate in the tryout.

I hereby give permission for _____ to participate in the Rising Tide Athletics program.

Parent/Guardian signature

Date



CONCUSSION AWARENESS FORM

Dear Parents/Guardians:

As the prevalence and dangers of head injuries in athletics have become more evident, it is important for both student-athletes and their families to have a greater understanding of the issue. For the safety of our student-athletes, Rising Tide Charter Public School is requiring that both parents/guardians AND the student complete ONE of the following free online concussion courses. The completion of this course is required before your child tries out for an athletic team at Rising Tide. **It must be completed once per school year.**

Complete one of the online courses on concussion/head injuries. It should take less than 30 minutes to complete the course, including registration. **Please print a copy of the completion certificate and turn it in with this packet.**

- National Federation of High School Coaches Course, *Concussion In Sports - What You Need To Know*

<https://nfhslearn.com/courses?searchText=Concussion>

OR

- Centers for Disease Control Course, *Heads Up Concussion In Youth Sports*

http://www.cdc.gov/concussion/HeadsUp/online_training.html

Signing below acknowledges that you have successfully completed one of the online free sports concussion awareness courses.

Student-Athlete Name _____ Sport _____

Student-Athlete Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian

Signature _____ Date _____



PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director prior to the start of the clinic.

Student's Name	Sex
Date of Birth	Grade
School	Sport Girls Lacrosse or Boys Lacrosse
Home Address	Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes / NO

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes / No

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes_____ No_____

If yes, when? Dates (month/year): _____

Duration of symptoms (*such as headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____

Student Athlete:

Signature/Date _____