Welcome to the MVCA Family. Thank you for your interest and participation in athletics at Miami Valley Christian Academy. We are committed to “Preparing the Hearts and Minds of our Athletes to Impact the World for Christ!”

**OUR GOALS**
- To afford participants the opportunity to learn lifelong lessons through participating in sports.
- To instill a winning attitude with diligent preparation and an aggressive pursuit of excellence.
- To model Christ-like attitudes, character, and behavior on and off the field of play.
- To Prepare the Hearts and Minds of our Student-Athletes to Impact the World for Christ.

This packet contains all of the documents that you need to print, complete, sign, and turn-in for your student-athlete to participate. **FORMS and FEES must be turned in before student-athlete can participate in any practices or games.**

Those forms are included in the checklist below:
- ______ 2017-18 Registration Form (Specific to the Sport) (Signed by Parent Only)
- ______ 2017-18 Transportation Permission Form (Signed by Parent Only)
- ______ 2017-18 Concussion Information Form (Signed by Parent AND Student-Athlete)
- ______ 2017-18 Sudden Cardiac Arrest & Lindsay’s Law Form (Signed by Parent AND Student-Athlete)
- ______ Please be sure to include a $190 check for the Grade 3-6 Football Participation Fee
  - THE OFFICE WILL NO LONGER ACCEPT FORMS WITHOUT THE ACCOMPANIED FEES.

The forms and fee can be turned in to the Main Entrance of MVCA during regular school hours or mailed to the address below. Again, we are excited to have you and your child as part of our athletic program and we look forward to seeing how we can glorify God through the program.

Robert Vilardo  
MVCA Athletic Director  
rvilardo@mvca-oh.com 
6830 School Street  
Cincinnati, OH 45244  
513-272-6822 ext 15  
www.mvca-oh.com  
www.TheAcademyFootball.com
2017-18
ELEMENTARY
FOOTBALL REGISTRATION FORM

Name: __________________________________________ Grade in 17-18: ______________________________

Address: __________________________________________ City: ______________________________

State: ___________ Zip Code: ______________

Jersey/Shirt Size (circle one): Youth: S M L Adult: S M L XL

Parent/Guardian Name(s) _______________________________________________________________________

Phone Number(s): __________________________________________ Email: ____________________________

Please check if you have an interest in:
• ______ Coaching (Either Head Coach or Assistant Coach)
• ______ Team Coordinating (Team “Mom” or “Dad” to help with communication, organization, etc.)

Emergency Contact Person other than Parent/Guardian:

Name: __________________________________________ Phone Number: ____________________________

MEDICAL RELEASE AUTHORIZATION AND CONSENT FOR TREATMENT OF CHILD

As parent or legal guardian of ____________________________________________, I hereby authorize and give my consent for any medical emergency treatment or dental treatment for my son/daughter or child I am guardian of (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be contacted, I give the authorized MVCA coach and/or activity/event supervisor the authorization to act on my behalf should a medical or dental emergency arises while participating in a Town sponsored activity or event.

LIABILITY WAIVER

WAIVER: I, for myself, and/or as a parent, guardian, or user, hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnity MVCA employees, volunteers, contractors, and/or sponsors, from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by MVCA unless otherwise stated.

Parent/Guardian Print Name: __________________________________________

Parent/Guardian Signature: __________________________________________ Date: ______________

Parent/Guardian Print Name: __________________________________________

Parent/Guardian Signature: __________________________________________ Date: ______________
2017-18
ELEMENTARY ATHLETICS
TRANSPORTATION PERMISSION FORM

STUDENT’S NAME ___________________________ GRADE 17-18 _____ SPORT _______________________

My student-athlete has permission to be transported to and from MVCA practices/events/contests via the following options:

• _____ Personal vehicle driven by a team coach.
• _____ Personal vehicle driven by a team parent.
• _____ My athlete only has permission to ride with his/her own parents.

Parental Release Agreement
The undersigned parent(s) agree that their student may be provided transportation by those listed above to the said functions noted above. The undersigned further knowingly and voluntarily release and waive, and further agree to indemnify and hold harmless Miami Valley Christian Academy, school board members, administration, agents, employees, volunteers, representative successors or assigns thereof individually and in any capacity or relationship with or for any other, for or on account of any and all claims, including but not limited to, bodily injuries, and pain and suffering, which arises or may arise from the transportation of their student to and from the functions noted above.

Parent’s Signature ____________________________ Date __________________
Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?
A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion
Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians
- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
- Can’t recall events before or after hit or fall.

Symptoms Reported by Athlete
- Any headache or “pressure” in head. (How badly it hurts does not matter.)
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not “feel right.”
- Trouble falling asleep.
- Sleeping more or less than usual.

Recovery
A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.

Seek Medical Attention Right Away
Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- No athlete should return to activity on the same day he/she gets a concussion.
- Athletes should NEVER return to practices/games if they still have ANY symptoms.
- Parents and coaches should never pressure any athlete to return to play.

The Dangers of Returning Too Soon
Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Be Honest
Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season… or risk permanent damage!
What is a Concussion?

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child’s activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain’s recovery.
4. Limit your child’s physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child’s symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
   a. Increased problems paying attention.
   b. Increased problems remembering or learning new information.
   c. Longer time needed to complete tasks or assignments.
   d. Greater irritability and decreased ability to cope with stress.
   e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Ohio law requires written permission from a healthcare provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child’s coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child’s injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child’s full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.
Ohio Department of Health Concussion Information Sheet
For Interscholastic Athletics

I have read the Ohio Department of Health’s Concussion Information Sheet and understand that I have a responsibility to report my/my child’s symptoms to coaches, administrators and health care provider.

I also understand that I/my child must have no symptoms before return to play can occur.

__________________________________________________________________________
Athlete

__________________________________________________________________________
Date

__________________________________________________________________________
Athlete
Please print name

__________________________________________________________________________
Parent/Guardian
Signature

__________________________________________________________________________
Parent/Guardian
Please print name
Sudden Cardiac Arrest and Lindsay’s Law

Parent/Athlete Signature Form

What is Lindsay’s Law? Lindsay’s Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay’s law?
- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:
- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician’s assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature
Parent/Guardian Name (Print)
Date

Student Signature
Student Name (Print)
Date