

Please fill out all three pages digitally and email to athletics@salem4u.com.

SALE	M STUDENT ATHLETIC CONTRACT				
	I will model a Christ-like, Christ-centered life.				
	I will maintain academic eligibility while doing my best to promote academic excellence.				
	I will be positive about this experience and accept responsibility for my actions.				
	I will treat coaches, other players, officials, and fans with respect. I also expect to be treated accordingly.				
	I will be on time to practices and games, and I will notify the coach by phone, email or speak to him/her directly if I cannot attend.				
	I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.				
	I will do my very best to listen and to learn from my coaches.				
	I will encourage my parents to be involved with my team in some capacity, because it is important to me.				
	I will remember that sports are an opportunity- to learn and to have fun. I will represent Salem, my coach, and my parents to the best of my ability.				
	I will commit to my teammates and coaches to make it to every practice and game during our season.				
	Athlete's Signature (typed is fine)  Grade  Date				
SALE	M PARENT ATHLETIC CONTRACT				
JALL					
	Salem Lutheran School encourages and welcomes parent involvement. Parent involvement is vital to the success of any program. The following guidelines are established to help parents contribute to the success of Salem Lutheran School's Athletic program.				
	After reading each statement, please initial on each line and answer the two questions from the Athletic Handbook.				
	I will work cooperatively with coaches, school personnel, and other parents to assure a wholesome and successful athletic and academic program for Salem Lutheran School.				
	I understand that it is the responsibility of the coach to determine strategy, player selection, and playing time decisions.				
	My conduct in the stands will be of a positive nature. I will not berate officials, players and coaches.				
	I will provide and/or arrange transportation to and from games.				
	I have read the SLS Athletic Handbook (available at www.salemlutheran.com/athletics)				
	I understand that failure to support Salem Lutheran School coaches and administration in any of the above statements may result in the dismissal of my child from the team. This decision will be made by the Athletic Director in consultation with the Assistant Athletic Director.				
	Parent's Signature (typed is fine)  Date				
	Parent's Name (printed)				



## **HOUSTON LUTHERAN ATHLETIC CONFERENCE: Ethics Policy**

Ethics Policy can be read at www.salemlutheran.com/athletics

The Houston Lutheran Athletic Conference (HLAC) has adopted an Ethics Policy for any coach, assistant coach, spectator or athlete who is ejected from an HLAC game by a game or school official. Any person ejected from an HLAC game for any reason shall be suspended for the next HLAC game. They will not be allowed to attend the next HLAC game. A second ejection will result in suspension for the season with the possibility of an appeal. An appeal will be held within one week. The league will hold discussions with coaches, officials and other responsible parties to confirm that the officials acted in an appropriate manner.

I have read and will abide by the HLAC Ethics Policy, as well as the rules, regulations and procedures of the HLAC. I have read and understand the HLAC Ethics Policy. I understand that an violation of the policy is subject to review and possible revocation with the HLAC.					
Athlete's Signature (typed is fine)	Grade				
Parent's Signature (typed is fine)					



## **CONCUSSION AND TRAUMATIC BRAIN INJURY**

## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow or jolt to the head or body.
- Can change the way a student's brain normally functions.
- Can occur during practice or contests in any sport.
- Can occur in activities both associated and not associated with the school.
- Can occur even if the student has not lost consciousness.
- Can be serious even if a student has just been 'dinged' or had their 'bell rung'.

## What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Symptoms may include:

- Headache
- Balance Problems
- Sensitivity to light
- Difficulty paying attention
- "Pressure" in the head
- Dizziness
- Sensitivity to noise
- Nausea

- Blurry vision
- Confusion
- Vomiting
- Double vision
- Memory problems
- Feeling sluggish, hazy, foggy or groggy

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further

physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

information and/or examination. Your physician or medical professional can best determine your student's

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions.
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted.
   Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of concussions. Additional information is available on the Health and Safety page at www.tapps.net. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History portion of the Athletic Physical Form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent's Signature (typed is fine)	Date	Student's Signature (typed is fine)	 Date
Parent's Name (printed)	_	Student's Name (printed)	_