

RIMROCK JR. SR. HIGH SCHOOL

2022-2023

ATHLETIC PACKET

ALL ATHLETES must have the following **signed** paperwork on the first day of practice.

NO EXCEPTIONS!

Athletes will not be allowed to participate in practices or competitions until all signed paperwork is returned.

- ✓Participant Release and Waiver..... Pages 3-4
- ✓Drug Testing Consent.....Page 5
- ✓Concussion Acknowledgement.....Page 5
- ✓COVID Waiver Form.....Page 6
- ✓Sports Physical Form for 6th, 7th, 8th, 9th, and 11th graders (not included)
- ✓Interim Questionnaire for 10th and 12th graders (not included)

ATHLETIC FEES

Activity Card (required for ALL athletes)	\$30
High School Participation Fee (per season)	\$50
Jr. High Participation Fee (per season)	\$25

Activity cards are a one-time fee and will be delivered to the student after fall pictures are taken. Student will not be given an activity card until payment is received.

Fees are due before the student can participate in their first game/competition event.

Make checks payable to **Rimrock**.

Home Game Admission Fees

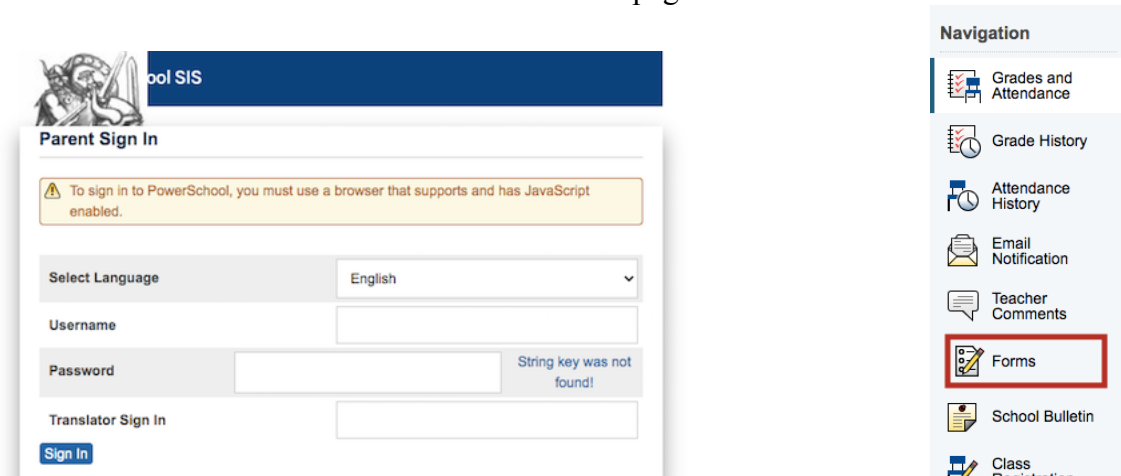
Adult Admission.....	\$5.00
Student Admission.....	\$3.00
Student Admission with Activity Card.....	Free
Adult Yearly Pass.....	\$90
Family Yearly Pass.....	\$180



Beginning with the 2021-2022 school year, all athletic registration forms will be available for online submission through the PowerSchool Parent Portal! To access the forms, you will need a PowerSchool Parent Account with all your students added to it. If you need assistance with creating a Parent Account, please contact the Rimrock office at 208-834-2260.

ONLINE FORMS - Getting Started

1. Log into your PowerSchool Parent Portal. Once logged in, select a student from the tab along the top and then click on the Forms tab on the left side of the page.



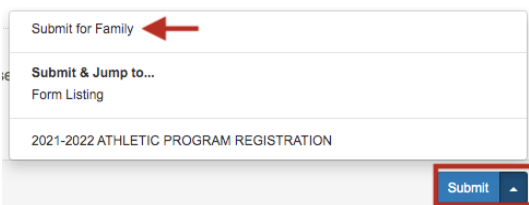
The screenshot shows the PowerSchool Parent Portal login interface. On the left is a "Parent Sign In" section with a warning message: "To sign in to PowerSchool, you must use a browser that supports and has JavaScript enabled." Below this are fields for "Select Language" (set to English), "Username", "Password", and "Translator Sign In". A "Sign In" button is at the bottom left. On the right is a "Navigation" sidebar with icons and links for: Grades and Attendance, Grade History, Attendance History, Email Notification, Teacher Comments, Forms (highlighted with a red box), School Bulletin, and Class Registration.

2. You will see what forms you have for that student. Please note that you can only look at the set of forms under one student at a time. Locate and click on the form "2022-2023 Athletic Program Registration".

Athletics

Status	Form Name	Form Description	Category
Empty	2021-2022 ATHLETIC PROGRAM REGISTRATION	Registration forms for Rimrock sports	Athletics

3. Complete the form and click submit at the bottom. If you need to submit the form for more than one student, click on the arrow next to submit and click on "Submit for Family". Please note: this option may not be available for other forms.



The screenshot shows a dropdown menu for form submission. The options are: "Submit for Family" (with a red arrow pointing to it), "Submit & Jump to... Form Listing", and "2021-2022 ATHLETIC PROGRAM REGISTRATION". A "Submit" button with a small arrow icon is visible at the bottom right of the menu area.

4. You can check the submission status of the form on the Forms tab. Remember that you need to go to each student tab to view forms for that student.

RIMROCK JR. SR. HIGH SCHOOL
39678 State Hwy. 78, Bruneau, ID 83604
PH: (208) 834-2260 FAX: (208) 834-2516
ATHLETIC PROGRAM PARTICIPANT RELEASE AND WAIVER FORM
2022-2023 SCHOOL YEAR

Student's Name (Print)

Grade

Name of Parent/Legal Guardian

Parent Contact Number

Parent Email Address

Emergency Contact Name

Emergency Contact's Phone Number

To get an estimate of the number of student participants, please check which activities your student will participate in, or may be interested in participating, this school year. Choose all that apply.

FALL SPORTS

- Volleyball
- Football
- Cross Country
- Cheer (9-12 grads only)

WINTER SPORTS

- Basketball
- Cheer (9-12 grads only)

SPRING SPORTS

- Track
- Baseball (9-12 grade only)
- Softball (9-12 grade only)

1. **LIABILITY RELEASE:** I, identified above as the parent/legal guardian of the above listed student (hereinafter “Student”), hereby grant the permission necessary to allow Student to participate in the Athletic Program conducted by Rimrock Jr. Sr. High School. I, in my own behalf and on behalf of the Student, further agree to release and hold harmless Joint School District 365, Rimrock Jr. Sr. High School, the Idaho High School Activities Association, and all of the respective directors, officers, members, agents, representatives, and employees of Joint School District 365, Rimrock Jr. Sr. High School, and the Idaho High School Activities Association (hereinafter collectively “Releasees”) from any and all liability for negligence or any other claim judgment, loss, liability, cost, and expenses (including, without limitations, attorney’s fees and costs) arising out of or connected with the Athletic Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Student may incur or sustain while participating in the Athletic Program, all activities associated with the Program and while traveling to and from the activity site whether or not the activity actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees’ heirs, successors, assigns, executors and administrators against loss from any further claims, demands, or actions that may subsequently be brought by Student or by any other persons on the account of damages of any character resulting to Student in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of such action, claim, or demand.

I, in my own behalf and on behalf of the Student, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Student am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Student, have signed this document voluntarily and of my own free will.

2. **MEDICAL RELEASE:** I acknowledge and agree, in my own behalf and on behalf of the Student, that such participation subjects Student, to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of the Student, acknowledge that the Student is assuming the risk of such illness or injury by participating in the Athletic Program. In the event of such illness or injury, I authorize Rimrock Jr. Sr. High School to obtain necessary medical treatment for the Student and hereby, in my own behalf and on behalf of the Student, release and

hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Student for any illness or injury that the Student may sustain while participating in the Athletic Program and while traveling to and from the sites for the Athletic Program Activities whether or not the Activity actually occurs.

I represent that any medication to which Student is allergic or medications that Student is currently taking are listed below.

- ◆ Medications (if any) _____
- ◆ Allergic to (if any) _____
- ◆ I acknowledge that the Student suffers from the following medical conditions (if any)

I authorize the Athletic Program administrative staff, if necessary, to give Student non-prescription medicine (Tylenol, Benadryl, cold/allergy remedy, etc.) while participating in Athletic Program Activities.

3. MEDICAL INSURANCE: (Check One)

- I have insurance that will pay for medical expenses if my student is injured while participating in a school sport.
- I do not have insurance for my student and understand that the school district is not responsible and will not pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

4. EXTRACURRICULAR ELIGIBILITY (DISTRICT POLICY 3059): All athletes are expected to maintain eligibility during the season through weekly grade checks. To be eligible, athletes must have a minimum 2.0 GPA and be passing all classes. If an athlete's GPA is lower than a 2.0 or has any failing grades, he/she will be ineligible for the following week and will have one week to raise grade(s). Homeschool students will also be held accountable for maintaining a 2.0 GPA with no failing grades. View this policy in its entirety at www.sd365.us/Board_Policies.

5. TRANSPORTATION (DISTRICT POLICY 4051): Athletes may not transport themselves from school to a school-sponsored activity - neither in part (stopping somewhere along the way) nor in full. Athletes may ride home with a parent/guardian, or known adult, after the school-sponsored event ends by having a parent/guardian verbally sign them out with the school staff responsible for the event. Athletes wishing to be dropped off on the way home from the event may make arrangements ahead of time by having a signed parental letter on file at the Rimrock office, indicating the parent-approved drop off location. View this policy in its entirety at www.sd365.us/Board_Policies.

SIGNATURES

We, identified above as parent/legal guardian and Student, acknowledge that we have read this Release and Waiver form.

Signature of Parent or Legal Guardian

Date

Signature of Student

Date

RIMROCK JR. SR. HIGH SCHOOL
2022-2023 SCHOOL YEAR

DRUG TESTING CONSENT

Participants in the voluntary drug-testing program will be considered active when they become a member of an activity program at Rimrock Jr. Sr. High School during the school year listed above.

STUDENT PLEDGE

As a Student participating in a sport and/or activity, I agree to be subject to periodic drug tests for the duration of the activity or program. Furthermore, I will not partake of alcohol, tobacco, or illegal drugs while involved in Rimrock Jr. Sr. High School activities.

Student Signature: _____

Student Name (print): _____

PARENTS CONSENT/RELEASE

We, or I, the parent(s), and managing conservator(s) of said child, give consent to collect and have tested sample of urine, saliva, or breathalyzer to determine whether or not the child's system shows freedom of drug use. As partial consideration from such testing, will release Rimrock Jr. Sr. High School and School District 365 from any liability and agree to indemnify and hold harmless these entities from any claim which might be made by virtue of such test and the results thereof.

The test will not be given through this program to a student under 18 years of age without the consent of both the student and parent(s) or guardian(s).

As the parent/guardian of said child, I will abide by the principles set forth in this program and will not willingly allow my child or any underage child in my presence to partake of any illegal drug, alcohol, or tobacco products.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN & ATHLETE
CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, _____, by signing below, hereby acknowledge that Rimrock Jr. Sr. High School has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

_____ Student Name (Please Print)	_____ Student Signature	_____ Date (mm/dd/yyyy)
_____ Parent/Guardian Name (Please Print)	_____ Parent/Guardian Signature	_____ Date (mm/dd/yyyy)

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & Symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Athlete Reported Symptoms:

- Headache or “Pressure” in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not “feeling right” or is “feeling down”

**“IT’S
BETTER TO
MISS ONE
GAME
THAN THE
WHOLE
SEASON”**

Coach Observed Signs:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom-free and it’s OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.



DESERT SAGE
HEALTH CENTERS

FREE

SPORTS PHYSICALS

FISICOS GRATUITOS PARA DEPORTES

July 02 – Sept 15

You do not have to be a DSHC patient to take advantage of this offer.

Usted no tiene que ser un paciente de DSHC con el fin de tomar ventaja de esta oferta

Call Today to Book Your Appointment!

Mountain Home

Glenns Ferry

Grand View

208-587-3988

208-366-7416

208-834-2929

