

# 2019 Buccaneer Junior Cheer Camp

Coached by: The KHS Cheerleaders



**DATE:** July 16th & 17th 2019  
**TIME:** Camp is 9:00-1:00pm Performance is 12:30 pm on Wed.  
**AGES:** 6-13, Open to Boys and Girls  
**PLACE:** Kingston High School Gym  
**COST:** \$65 ( cost includes KHS souvenir)  
**\$50 KYSA members w/proof of registration**

Junior cheerleaders will learn cheers, jumps and a dance routine with the KHS Cheer squad.

All proceeds support the KHS Cheer Program.

**Please bring this registration and payment to Coach Meeker on the first day of camp.  
Checks made payable to Kingston H.S. Cheer**

**Questions? Contact Coach Michaela at 360-860-1905 or [mmeeker@nkschools.org](mailto:mmeeker@nkschools.org)**

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JUNIOR CHEER CLINIC REGISTRATION FORM:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ (2019-20 school year)

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Signing confirms that we are aware of the NKSD code of conduct which is applicable throughout attendance in the NKSD and not solely for the camp/sport season. For more information regarding the NKSD Code of Conduct for student –athletes you may request a copy in the athletic office or go to NKSD website.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent/Guardian Signature

Signing confirms that we have read and are aware of what concussions are, the signs and symptoms of a concussion, and what you should do if your student-athlete receives a concussion.

Student-athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following attached forms:  
Emergency Contact and Insurance Form  
Cheerleading Informed Consent  
Concussion and Cardiac Arrest Awareness Form



## Emergency Insurance Information & Consent 2017-18

Athlete's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact (other than a parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

**Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSD does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.**

### Family Health Accident Insurance

Carrier: \_\_\_\_\_  
Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Any serious medical conditions? \_\_\_\_\_  
Allergies? \_\_\_\_\_

I/We hereby grant consent to any and all health care providers designed by NKSD to provide my child (name) \_\_\_\_\_, any necessary medical care as a result of any injury/illness. My insurance \_\_\_\_\_ (does / does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel. **I will notify the school is writing of any changes or cancellation of my insurance.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# North Kitsap School District

## INFORMED CONSENT FORM RE: CHEERLEADING

*Student Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

We accept and understand that the sport of **cheerleading** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We accept and understand that certain activities such as tumbling and stunting carry with them a greater inherent risk of injury.

We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

We certify that (Student Name) \_\_\_\_\_ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial)\_\_\_\_\_

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial)\_\_\_\_\_ (Parent Initial)\_\_\_\_\_

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial)\_\_\_\_\_

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



# North Kitsap School District Concussion Fact Sheet for High School Sports Fact sheet for **STUDENT-ATHLETES**



## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

## How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets). In order for equipment to protect you, it must be:
  - Appropriate for the game, position, and activity
  - Well maintained
  - Properly fitted
  - Used every time you play

## What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion



## What should I do if I think I have a concussion?

- **Tell your athletic trainer, coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A licensed health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

## How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

**It's better to miss one game than the whole season.**

Information from:

Department of Health and Human Services- Center for Disease Control and Prevention  
[http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)





# North Kitsap School District Concussion Fact Sheet

## for High School Sports Fact Sheet for **Parents**

### What is a concussion?

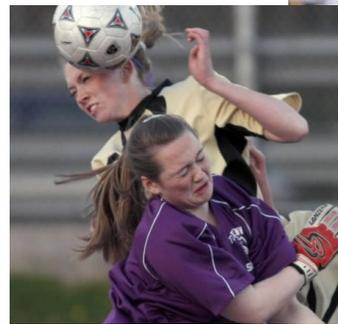
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

### What are the signs and symptoms of concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.



Signs observed by athletic trainer, coaches, parents or guardian	Symptom reported by athlete
<ul style="list-style-type: none"> <li>◆ Appearing dazed or stunned</li> <li>◆ Is confused about assignment</li> <li>◆ Forgets plays</li> <li>◆ Is unsure of game, score, or opponent</li> <li>◆ Moves clumsily</li> <li>◆ Answers questions slowly</li> <li>◆ Loses consciousness</li> <li>◆ Shows behavior or personality changes</li> <li>◆ Can't recall events prior to hit</li> <li>◆ Can't recall events after hit</li> </ul>	<ul style="list-style-type: none"> <li>◆ Headache</li> <li>◆ Nausea</li> <li>◆ Balance problems or dizziness</li> <li>◆ Double or fuzzy vision</li> <li>◆ Sensitivity to light or noise</li> <li>◆ Feeling sluggish</li> <li>◆ Feeling foggy or groggy</li> <li>◆ Concentration or memory problems</li> <li>◆ Confusion</li> </ul>



### What should you do if you think your teenage athlete has a concussion?

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- Keep your teen out of play. Concussions take time to heal. Don't let your teen return to play until a health care professional says it's OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.
- Tell your teen's athletic trainer and coaches about any recent concussion. Athletic Trainers and coaches should know if your teen had a recent concussion in ANY sport. Your teen's athletic trainer and coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the athletic trainer and coach to keep your teen from activities that could result in another concussion.
- Remind your teen: It's better to miss one game than the whole season.

**It's better to miss one game than the whole season.**

