

May 25, 2022

Dear Erin 2022-2023 5th – 8th grade parents,

Another school year passes! I hope your family has survived it in all respects. I hope you and your child(ren) had a great school year. I'd like to thank all of you for your support and positive encouragement toward our athletes and coaches at Erin School again this year. Athletics provide so many life lessons to each of us. It is those lessons that make this role enjoyable. I want to do the best job I can to facilitate a successful and enjoyable athletic experience for your child here at Erin. Making things easy for you as parents is part of that goal. In that spirit, I have included dates of next year's athletics in this letter. Below are many important deadlines and events to be aware of.

Athletic Dates for 2022 – 2023

- *****September 2 = final day to register for Girls Basketball – number of teams must be submitted and finalized! Be sure if you are or aren't going to play by then – as it impacts many people and decisions for the entire conference!*** NO CHANGES AFTER 9/2!**
- **September 16 = ALL ERIN ELIGIBILITY CARDS AND ATHLETIC FEES ARE DUE! *(\$50 per sport) This is for ALL students (BOYS and GIRLS!) planning on playing basketball and/or volleyball anytime next year!!!**
- October 3 = 1st day of girls basketball practice
- October 12 = 1st potential day of girls basketball games
- *****October 19 = final day to register for Boys Basketball – number of teams must be submitted and finalized! Be sure if you are or aren't going to play by then – as it impacts many people and decisions for the entire conference!*** NO CHANGES AFTER 10/19!**
- Week of November 28 = 5th and 6th grade girls BB conference tournaments
- Week of December 5 = 7th and 8th grade girls BB conference tournaments – (ERIN hosts the 8th grade Girls Tourney)
- December 12 = Girls 5 - 8 Basketball team recognition night 6:00 – 7:00p.m. ***UNIFORMS MUST BE RETURNED BY THIS DATE (12/12)!**
- January 3 = 1st day of boys basketball practice
- January 11 = 1st potential day of boys basketball games
- ****January 13 = final day to register for Boys & Girls Volleyball – number of teams must be submitted & finalized! Be sure if you are or aren't going to play by then – as it impacts many people and decisions for the entire conference!** NO CHANGES AFTER 1/13!**
- Week of February 27 = 5th and 6th grade boys BB conference tournaments
- Week of March 6 = 7th and 8th grade boys BB conference tournaments
- March 13 = 1st potential day of Volleyball practice
- March 13 = Boys 5 - 8 Basketball team recognition night 6:00 – 7:00p.m. ***UNIFORMS MUST BE RETURNED BY THIS DATE (3/13)!**
- March 20 = 1st potential day of Volleyball games
- April 26 & 27 = Boys Volleyball Conference Tournament at Arrowhead High School
- May 8 – 13 = Girls Volleyball Conference Tournament at Arrowhead High School

For the upcoming school year there are only **2** pieces of paperwork you need to fill out to have your child eligible for basketball (grades 5-8 and / or volleyball (grades 6-8). They are 1) a full page Eligibility & Physical form and 2) a separate Concussion form. These forms grant permission for your child to play and has the medical / emergency contact information. You will still need to visit the doctor every other year (and should do so ASAP to avoid the August rush). This form is for both the physical or alternate year card, it's all the same, just every other year it will or won't have the doctor's signature, but **ALL OTHER INFORMATION MUST BE FILLED OUT COMPLETELY!** These forms will be available in the office, on the website, and emailed to you and must be completed and returned by **September 16th!**

**ALL ATHLETIC PARTICIPANTS MUST HAVE
THESE TWO FORMS TURNED IN EVERY YEAR!**

***** Your child MUST sign up with me by the basketball and volleyball deadlines – this is to confirm their participation and numbers. All students will be asked in class at least twice prior to the deadlines. This is the only way they sign up.*****

Please feel free to contact me through e – mail (andress@erinschool.org) or by phone 262-673-3720 ext. 4148 with any questions, comments or concerns regarding Erin Athletics. You may also visit the Athletics Link on the Erin Website throughout the year for information and updates. I try very hard to keep the information there pertinent, accurate and current. Have a safe, enjoyable summer, see you in the fall! Go Roadrunners!

Sincerely,

Andrew Andress

Andrew Andress

Athletic Director

Concussion and Head Injury Information

[Wis. Stat. § 118.293 Concussion and Head Injury](#)

What Is a Concussion? A concussion is a type of head (brain) injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes.

What are the signs and symptoms of a concussion? You cannot see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just “don’t feel right.” Most concussions occur without loss of consciousness.

If the child or teen reports one or more of the symptoms of concussion listed below, or if you notice the signs or symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

These are some SIGNS of concussion (what others can see in an injured athlete):

- Dazed or stunned appearance
- Unsure of score, game, opponent
- Clumsy
- Answers more slowly than usual
- Shows behavior or personality changes
- Loss of consciousness (even briefly)
- Repeats questions
- Forgets class schedule or assignments

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- Headache
- Nausea or vomiting
- Dizzy or unsteady
- Sensitive to light or noise or blurry vision
- Difficulty thinking clearly, concentrating, or remembering
- Irritable, sad, or feeling more emotional than usual
- Sleeps *more* or *less* than usual

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred.

They should delay returning to their activities until a healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class
- Sports practices or games
- Physical activity at recess

If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities).

After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Information adapted from the [Centers for Disease Control and Prevention’s \(CDC\) Heads Up Safe Brain. Stronger Future.](#)

For more information view the [CDC’s Heads Up to Youth Sports webpages for athletes, parents, and coaches.](#)

Sudden Cardiac Arrest Information

[Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities](#)

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family's heart history.**

What is Sudden Cardiac Arrest? Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain/tightness with exertion
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

Speak up and tell a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

What are ways to screen for Sudden Cardiac Arrest (SCA)?

[WIAA Pre-Participation Physical Evaluation](#) – the Medical History form includes important heart related questions and is required every other year. Additional screening using an electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

What is an electrocardiogram, its risks, and benefits? An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it

is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, [view the Johns Hopkins Medicine - Electrocardiogram website.](#)

How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.



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PARENT & ATHLETE CONCUSSION AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

For more information regarding concussions, visit the WIAA website at

<http://www.wiaawi.org/Health/Concussions.aspx> a link can also be found on the Athletics page of our website.

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Sport participating in _____

1. Have you ever had a concussion? _____, if yes, how many? _____

List Concussion Dates (Est) _____

2. Have you ever experienced concussion symptoms? _____ Did you report them _____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F, M or intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) _____

SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* PHYSICIANS may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Medications _____

Other Information _____

Immunizations Up to date (see attached documentation) Not up to date - specify _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____