



CENTRAL HIGH SCHOOL

Ms Michelle Rawcliffe / ATHLETIC DIRECTOR

SPORTS INFORMATION PACKET

IMPORTANT NOTE: The following schools are eligible to participate for Central High:

- | | |
|---------------------------------------|--|
| 1. PCTA (Co-op) | 8. Village Green Virtual Academy (by address) |
| 2. The Met (by address) | 9. The Greene School (by address) |
| 3. Charette Charter HS (by address) | 10. Trinity Academy (TAPA) (by address) |
| 4. Beacon HS for Arts (by address) | 11. Blackstone Acad. (by address) |
| 5. RINI (by address) | 12. School One (by address) |
| 6. Nowell Leadership (by address) | 13. Jacqueline Walsh School For The Arts (by addr) |
| 7. NEL/CPS Constuction Acad (by addr) | 14. A Venture (Co-op) |

PRINT ALL INFORMATION AND RETURN THIS COMPLETED PACKET TO YOUR COACH

SCHOOL ATTENDING _____

NAME: _____

ADDRESS: _____ PROVIDENCE, RI ZIP _____

DATE OF BIRTH _____

GRADE as of Sept 2020-2021 _____ EMAIL ADDRESS _____

HOME PHONE _____ STUDENT CELL# _____

HAVE YOU PLAYED SPORTS FOR ANY OTHER HIGH SCHOOL? IF SO WHICH SPORT

NO YES – NAME OF SCHOOL _____ SPORT PLAYED _____

DID YOU PLAY A SPORT FOR CENTRAL HIGH SCHOOL THIS YEAR, OR ANY YEAR?

NO YES – SPORTS PLAYED _____

WHAT SPORT(S) WOULD YOU LIKE TO PLAY AT CENTRAL? (Select 1 sport per season)

WINTER

- FOOTBALL
- GIRLS VOLLEYBALL

SPRING

- GIRLS SOFTBALL
- GIRLS OUTDOOR TRACK
- BOYS OUTDOOR TRACK
- BOYS VOLLEYBALL
- BOYS TENNIS
- BASEBALL
- WRESTLING

CENTRAL STUDENT ATHLETE CONTRACT

IT IS A PRIVILEGE NOT A RIGHT TO REPRESENT CENTRAL HIGH SCHOOL IN ATHLETIC COMPETITION. WE EXPECT YOU TO FOLLOW ALL RULES AND REGULATIONS. YOU AND YOUR PARENT/GUARDIAN MUST SIGN THE PLAYER GUIDELINE CONTRACT BELOW TO BE ELIGIBLE TO PLAY.

REQUIREMENTS AND RULES:

1. MAINTAIN ACADEMIC ELIGIBILITY SET BY THE RI INTERSCHOLASTIC LEAGUE AND CENTRAL HIGH SCHOOL. **STUDENTS MUST EARN 67% OF THEIR CREDITS TAKEN.**
2. A COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN BEFORE PARTICIPATING IN A PRACTICE OR GAME AND GIVEN TO THE COACH. PHYSICALS ARE GOOD FOR 1 YEAR.
3. PROOF OF MEDICAL INSURANCE PRIOR TO PARTICIPATING IN A PRACTICE OR GAME.
4. REQUIRE THE PARENT'S TO SIGN THE RIIL ASSUMPTION OF RISK FORM.
5. PLAYERS MUST ATTEND SCHOOL REGULARLY. THEY MUST ATTEND A FULL DAY PRIOR TO THE DAY OF THE GAME. THE STUDENT MUST BE ***IN SCHOOL PRIOR TO 10:00 am TO BE CONSIDERED PRESENT FOR THE DAY.*** THE STUDENT MUST BE PRESENT ON FRIDAY TO BE ELIGIBLE TO PLAY OVER THE WEEKEND. STUDENTS THAT ARE ABSENT FROM SCHOOL WILL NOT BE ALLOWED TO PLAY. IF A STUDENT IS TO BE RELEASED FROM SCHOOL THE TIME IS AFTER **11:00 am.**
6. THE PLAYER MUST USE THE TRANSPORTATION PROVIDED BY THE SCHOOL.
7. ATHLETIC UNIFORMS ARE TO BE WORN FOR PRACTICE AND GAMES ONLY. THE PLAYER IS RESPONSIBLE FOR THE CARE AND CONDITION OF EACH UNIFORM. UNIFORMS MUST BE HANDED IN AT THE LAST GAME. A PLAYER WILL NOT BE ALLOWED TO COMPETE IN ANY OTHER ACTIVITY UNTIL RESTITUTION IS MADE.
8. ANY AND ALL INJURIES MUST BE REPORTED TO THE HEAD COACH IMMEDIATELY SO THAT TREATMENT CAN BE PROVIDED.
9. ANY PLAYER EJECTED FROM A GAME WILL BE SUBJECT TO A ONE GAME SUSPENSION AND BE REQUIRED TO SUBMIT AN 'UNSPORTSMANLIKE CONDUCT QUESTIONNAIRE' TO THE R.I.I.L. AND COMPLETE THE NFHS ONLINE COURSE "SPORTSMANSHIP-IT'S UP TO YOU" BEFORE THE PLAYER IS ELIGIBLE AGAIN.
10. THE USE OF ALCOHOL, DRUGS, OR STEROIDS WILL LEAD TO AN AUTOMATIC DISMISSAL FROM THE TEAM. IT WILL BE THE PARENTS/GUARDIANS RESPONSIBILITY TO PROVIDE MEDICAL TREATMENT.
11. PLAYERS NEED TO BE ON TIME TO PRACTICE AND NOTIFY THE COACHES WHEN THEY UNABLE TO ATTEND.
12. DETENTION AND SCHOOL WORK MUST BE DONE PRIOR TO ATTENDING PRACTICE OR A GAME. FAILURE TO DO SO WILL MAKE YOU INELIGIBLE FOR THE NEXT CONTEST.
13. DISREPECTFUL BEHAVIOR TO A TEACHER, COACH, ADMINISTRATOR, PARENT, OR OPPOSING PLAYERS AND FELLOW TEAMMATES WILL BE SUBJECT FOR DISMISSAL.
14. PLAYERS WHO ARE CAUGHT STEALING, DESTROYING SCHOOL, SOMEONE'S PROPERTY, BEING DISHONEST, OR FAILING TO REPRESENT CENTRAL HIGH SCHOOL IN AN HONORABLE WAY WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM ALL SPORTS.
15. ANY USE OF SOCIAL MEDIA IN AN INAPPROPRIATE OR OFFENSIVE WAY DIRECTED TOWARDS TEAMMATES, COACHES, OPPOSING TEAM, OR COACHING STAFF WILL NOT BE TOLERATED IN ANY WAY, AND ARE GROUNDS FOR DISMISSAL FROM SPORTS AT CENTRAL HIGH SCHOOL.

I HAVE READ THE STUDENT CONTRACT WITH MY PARENT/GUARDIAN. IF I HAVE ANY QUESTIONS REGARDING THIS CONTRACT, I CAN GET CLARIFICATION FROM MY COACH. I AGREE TO FOLLOW THE GUIDELINES ABOVE AS SET BY THE COACHING STAFF, CENTRAL HIGH SCHOOL AND THE R.I.I.L.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Endorsed by the RI Interscholastic League Sports Medicine Advisory Comm.

**Concussions National Federation of State High School Associations
School & Youth Programs
Concussion Act
Title 16-90-1**

Findings of fact—The Rhode Island General Assembly hereby finds and declares:

(1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.

(4) Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings schools are required to educate and inform parents and athletes and of the Nature & Risk of concussions and head injury including is-sues related to the continuation of play after a suspected concussion or head injury.

Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. **In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician.**

This information sheet must be reviewed, signed by all athletes and their parents and/or guardian and returned to the school at the beginning of each sport season and prior to the youth's return to practice or competition.

The law also requires the following:

* Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.

* Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.

For more information please visit the RIIL website (www.riil.org)

Parent/Guardian (**Print**) _____

Athlete's Name (**Print**) _____

Sport (**Print**) _____

School _____ Central High School

I have reviewed the contents of this pamphlet with my son/daughter.

Parent Signature _____

Athlete's Signature: _____ Date Signed: _____

CENTRAL HIGH SCHOOL

PROOF OF INSURANCE FORM & MEDIA RELEASE WAIVER

NAME OF STUDENT: _____

SPORT: _____ YEAR OF GRADUATION: _____

CHECK ONE:

(_____) ***I DO NOT*** HAVE INSURANCE COVERAGE OR MY CHILD/CHILDREN. **I WILL PURCHASE SCHOOL INSURANCE.**

(_____) ***I HAVE*** SUFFICIENT INSURANCE COVERAGE FOR ANY INJURIES OCCURING TO MY CHILD WHO IS PARTICIPATING IN ANY SPORTS AT CENTRAL HIGH SCHOOL. **I AM ENCLOSING A COPY OF MY INSURANCE CARD AS PROOF OF INSURANCE.**

I UNDERSTAND THAT I CAN NOT HOLD THE PROVIDENCE SCHOOL DEPARTMENT LIABLE FOR ANY COST THAT MAY OCCUR TO MY CHILD/CHILDREN AS A RESULT OF HIS/HER PARTICIPATION IN ANY SPORTS AT CENTRAL HIGH SCHOOL.

PARENT SIGNATURE: _____ **DATE:** _____

MEDIA WAIVER

I grant to the Providence Public School District, it's representatives and employees the right to take photographs/videos of me during sporting events and authorize the district, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Providence Public School District may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

ATHLETE'S FIRST & LAST NAME (print) _____

ATHLETE'S SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

THIS FORM AND ONLY THIS FORM IS TO BE USED COMMENCING SEPT 2020
RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNINGACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND ASSUMPTION OF RISK FORM

We/I, being an adult prospective student-athlete and/or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student-athlete seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). We/I specifically assert we/I have read, understand, and agree to fully comply with all rules and regulations of the RIIL; we/I hereby further authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student-athlete to the RIIL for the purpose of enforcing the rules and regulations of the RIIL; that we/I are aware, understand, and appreciate that athletic participation requires emotional/physical fitness; that we/I aver and agree the student-athlete possesses

such fitness; and further acknowledge that some risk of serious injury and even death is involved in sports participation. **For sports involving helmets, we/I acknowledge, appreciate, and agree to compliance with the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

We/I acknowledge that by entering any premises and participating in sports programs sanctioned by RIIL there are risks to the student-athlete and to those with whom the student-athlete interacts of exposure, directly or indirectly, to communicable disease(s) including, but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, “Covid-19”, and/or any mutation or variation thereof.

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 9-1-48, we/I, in consideration for participation in an RIIL-sanctioned sports program, herein grant to the RIIL, its officers, directors, trustees, volunteers, participants, event sponsors, agents (to include, but not be limited to, the local school committees or their parochial or private equivalent), servants, employees, and assigns (the “Releases”), a release, waiver, and discharge from all liability arising from practicing or participating in any sports program sanctioned by the RIIL. We/I specifically acknowledge that a risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RIIL. We/I further agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releases from any loss, liability, damage, or cost they may incur arising out of or related to the student athlete’s illness, injury, or death, whether caused by the negligence of the releases or otherwise.

In recognition of the Rhode Island General Laws § 9-1-28.1 and all other similar or applicable laws and regulations, we/I, in further consideration for participation in a RIIL sports program, herein grant to the release the absolute right, consent, and permission to at any time and by any method record the student athlete’s name, voice, and likeness and to utilize or assign the use of the student-athlete’s name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, announcement, action or advertising, of any kind without restriction. We/I release, waive, and discharge the Releases from all liability arising from the same.

This form must be completed by all students, regardless of grade, intending to participate in any Rhode Island Interscholastic League sport after 1 Aug. 2020. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible. © RIIL Aug 2020

MALE _____ FEMALE _____ YEAR OF GRADUATION: _____ DATE OF BIRTH OF STUDENT: _____

School (*print*): **Central High School**

City/town of School (*print*): **Providence**

Print Legal Name Of Student: FIRST _____ MI _____ LAST _____

Full address of Mother (*print*): _____

Name of Person, other than Mother, with whom student is living (*print*): _____

Full address at which student is living (*print*): _____

Signature of Student: _____

Signature of Parent/Guardian, if Student is underage of 18: _____ DATE: _____

Signature of Notary Public Commission Expires (NOTARY SEAL)

State of _____ County of _____ On this month _____ day of _____ 20 _____, before me, personally appeared _____ and proved through satisfactory evidence of identification to be the person whose name is signed on the attached document in my presence.

Notary Name: _____ ID# _____

Please note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility