Cross Country
Information & Permission Packet

Important information:

● Season dates: Aug. 30th - Oct. 9th
● Practices are Mon. and Wed. from 2:50-3:45. Meet in the courtyard between 1300 & 1400 halls.
● What do you need for practices?
  ○ 1st practice - signed “Assumption of Risk form”
  ○ Running clothes and shoes
  ○ Water bottle
  ○ Drink water throughout the day to help with hydration
  ○ Eat a good lunch for energy; can also bring a snack
● 1st Meet (all runners): Sept. 21st @ 3:45 at Indian Hills MS
● 2nd Meet (invitational): Oct. 7th @ 9am at Jordan High School

Questions? Contact the coach:
Natalie Cull (natalie.cull@canyonsdistrict.org)
Head Injury Flowchart for Utah Schools (Including a Head ‘Bump’)

Many head injuries that happen at school are minor. A head wound may bleed easily and form a large “knot” or “goose egg.” Head injuries or bumps may not be serious but should be monitored for worsening signs and symptoms.

**Mild Symptoms:**
Students with these symptoms may return to class after 30 minutes (minimum) observation if symptoms resolve.

- Mild pain
- Bruise
- Answers questions (age/developmentally appropriate)
- Oriented to person/place/time (age/developmentally appropriate).

**Action:**
- Notify parent/guardian
- Complete CDC “Concussion Signs and Symptoms Checklist”
- Document care provided
- Apply ice (optional)

**Moderate Symptoms:**
Any of these symptoms may indicate a concussion, and should be evaluated by a qualified, healthcare provider. Students with these symptoms should not remain in school.

- Swelling or ‘goose egg’
- Vomiting once or twice
- Listlessness
- Irritability, crankiness
- Balance Loss, unsteady walking
- Confusion
- Stares blankly
- Repeats questions
- Blurry or double vision
- Headache or pressure in head
- Appears dazed or stunned
- Answers questions slowly
- Behavior/personality changes
- Can’t recall events prior/after injury

**Action:**
- Notify parent/guardian to dismiss from class
- Complete CDC “Concussion Signs and Symptoms Checklist”
  - **Urge medical care**
- Document care provided
- Apply ice (optional)

**Severe Symptoms:**
Any of these symptoms are serious and MUST be evaluated by a qualified, healthcare provider. Students with these symptoms must not remain in school.

- Vomiting more than twice
- Loss of consciousness even briefly
- Neck pain
- Unresponsive to simple commands
- Blood or watery fluid in the ears
- Unable to move or feel arms/legs
- Severe agitation/can’t be calmed
- Severe headache
- Difference in pupillary response
- Slurred speech
- Convulsions or seizures
- Trouble recognizing people/places
- Increasing confusion, restlessness, or agitation

**Action:**
- Call EMS/911
- Notify parent/guardian
- Complete CDC “Concussion Signs and Symptoms Checklist”
- Document care provided

ADA Compliant: 7/16/2021
ASSUMPTION OF RISK

INFORMED CONSENT FOR PARTICIPATION IN INTRAMURAL SPORTING EVENTS 2022-2023

The following form is to be completed and signed, and submitted by every student and parent/legal guardian prior to student participation.

Name of Student __________________________ School __________________________ Sport/Activity __________________________

Statement of Consent and Acknowledgement

By signing below I hereby consent to the above named student participating in intramural sports.

By signing, I hereby acknowledge that I have reviewed and understand the information contained in the Head Injury Policy Guidelines, and that I have been advised, cautioned, and warned by school officials about the risk of injuries associated with participation in intramurals sporting events, as that term is defined in under Utah law, and which includes but is not limited to: intramurals, tryouts, practices, and competitions or other activities where injuries are likely to occur.

I am fully aware that participation in such activities and sporting events exposes students to the risk of injury, ranging from, minor, to severe, including but not limited to: sprains, fractures, partial or complete impairment of limbs, brain injury, paralysis, and even death.

I have addressed any questions or concerns with school officials. Having been so cautioned and warned, it is still my desire to allow the above named student to participate in intramurals and sporting events, and I do so with full knowledge and understanding of the risks involved.

Signature of intramural participant __________________________ Date ____________

Signature of parent/legal guardian __________________________ Date ____________