

**VIRGINIA BEACH MIDDLE SCHOOL LEAGUE (VBMSL) PARENT ATHLETIC MANUAL**  
**PARENTAL STATEMENT OF UNDERSTANDING**

The VBMSL Parent Athletic Manual contains information concerning:

2.0 Mandate for Interscholastic Activities	Acknowledgement of Risk	Anti-Hazing Statement
Athletic Training	Collegiate Eligibility Requirements	Concussion Information
Individual Eligibility Rules	Insurance	Medical History
Out-Of-Season Practice Rule	Parent/Coach Communication	Participation Expectations
Permission for Emergency Care	Physical Examination	Social Media Position Statement
Sportsmanship Guide	Team Policy and Specific Sports	VBCPS Grade Scale

Parental Statement of Understanding:

I understand the policies governing interscholastic athletics in the Virginia Beach City Public Schools through the preseason meeting, the VBMSL Parent Athletic Manual, or some other means, and by my signature grant permission for the student's participation. I also understand that participation in school-sponsored activities is a privilege and not a property right; and therefore, the school's principal may suspend my son/daughter from participation by declaring him/her not in good standing if the student's character or conduct is such as to reflect discredit upon his/her school.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Student

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport(s)

Attended Preseason Meeting: Yes \_\_\_\_\_ No \_\_\_\_\_

**ImPACT CONCUSSION MANAGEMENT PROGRAM**  
**PERMISSION FORM**

The Virginia Beach City Public Schools is utilizing an innovative concussion management program for our student-athletes in certain sports having a greater risk for head injuries (cheerleading, field hockey, football, basketball, gymnastics, wrestling, baseball, soccer, softball, diving, high jump, pole vault). The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online computerized exam that each athlete takes prior to an athletic season. In order to participate in any of the sports listed above, student athletes must be tested in the ImPACT program during the preseason. If the athlete is believed to have suffered a concussion during participation, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return-to-play decisions. If an injury of this nature occurs, we will be in contact with you. Post-concussion tests will be taken under our supervision at school. Return-to-play decisions must be made by a physician. Founded by the University of Pittsburgh Medical Center's Sports Concussion Program, this software system is utilized throughout professional sports and at a number of colleges and high schools across the country. Additional information can be found at [www.impacttest.com](http://www.impacttest.com). The exam takes about 25-30 minutes and is non-invasive. The program is set up in a "video game" type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the test. One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. We understand the competitive nature of sports; however, our top priority is ALWAYS the health and safety of our athletes. Please sign and return this form indicating permission for your son/daughter to take this test. If you have any questions regarding this program, please contact your school's athletic trainer.

If you have questions regarding the ImPACT program, please contact:

Jim Long  
Coordinator of Student Activities  
1413 Laskin Rd, Virginia Beach, 23451  
757-263-2030

I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT Concussion Management Program. VBCPS may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as requested.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date