

ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM

\*Parents and students signature needed in four places

PLEASE PRINT

Name (Last) (First) (Middle) Male Female

Address: (Street) (City) (Zip)

The student is domiciled at the above address located in the High School District.

(School must be notified if student moves from the above address)

Have you attended this Bartow County school for at least one full school year? Yes No

You live with (Name of Parent/Parents/Guardian)

Date of Birth Telephone (Home) (Work) (Cell)

Date entered 9th grade Your grade level for the 2018 -2019 school year

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. It is not possible to eliminate this risk

Participants have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

In the event transportation related to the student's athletic/sports activities is not provided by the Bartow County School System or the student does not take advantage of the district - provided transportation, transportation will be the student's or the parents'/guardians' responsibility.

PERMISSION FORM.

I (We) hereby give consent for to:

(1) Compete in athletics at School of the Bartow County School System in Georgia High School Association approved sports EXCEPT THOSE CROSSED OUT below:

- Baseball Basketball Golf Volleyball Tennis
Cross Country Football Softball Wrestling Weight Training
Rifle Team Soccer Swimming Track & Field Cheerleading

- (2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;
(3) and, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
(4) Parents should contact Head Coach for information regarding injuries to their son/daughter.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

Signature lines for Parent(s) or Guardian(s), Student, and Date.

CONSENT

I hereby consent for (student's name) to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic competitions. I understand that transportation may or may not be provided by the Bartow County School System. In the event transportation is not provided by the Bartow County School System, transportation will be the student's responsibility. If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

## ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM

I release and waive, and further agree to indemnify, hold harmless or reimburse the Bartow County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, it any.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)	DATE
STUDENT SIGNATURE	DATE

### INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below:

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic Athletics (including, but not limited to, Varsity, Junior Varsity and 9th grade Football), and intra-scholastic clubs and activities.

Company Providing Insurance: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Bartow County School System. (A signed copy of this Benefit Plan should be stapled to this

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)	DATE
STUDENT SIGNATURE	DATE

### AUTHORIZATION

I understand that per The Georgia High School Association a **Pre-participation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs of the Bartow County School System I further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments. If I wish for a more detailed physical exam to be performed upon my child/ward then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify the Bartow County School System, and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my child/ward other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Bartow County School System, their schools, their trustees, officers, Board members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Bartow County School System or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the athletic programs provided by the Bartow County School System

**My signature below attest that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.**

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)	DATE
STUDENT SIGNATURE	DATE

# STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

## DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

## COMMON SIGNS AND SYMPTOMS OF CONCUSSION

Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness

Nausea or vomiting

Blurred vision, sensitivity to light and sounds

Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments

Unexplained changes in behavior and personality

Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) at least every two years – beginning with the 2013-2014 school year.

d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

***I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.***

SIGNED: \_\_\_\_\_

(Student)

\_\_\_\_\_

(Parent or Guardian)

DATE: \_\_\_\_\_