

**SAVANNAH-CHATHAM COUNTY PUBLIC SCHOOLS
ATHLETIC PARTICIPATION FORM**

SAVANNAH-CHATHAM COUNTY ATHLETICS			PERMISSION FORM	
Student - Athlete: (Please Print)			Name of Parent/Guardian: (Please Print)	
Street Address:			School:	Grade:
City:	State:	Zip:	Date of Birth:	Phone: Home - Work -

In the event of emergency, please give the best person and method to contact in the box provided.

Name:	Relationship:	Phone #	Alt #:
Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:			
<input type="checkbox"/> Baseball / Softball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling

General Requirements- We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, athletic director or principal.

Risk of Injury- We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a SCCPSS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor SCCPSS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Release- In consideration of SCCPSS allowing the student-athlete to participate in athletics, we agree to release and hold SCCPSS, its athletic coaches and other employees free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

Insurance- SCCPSS board policy EGB states that health insurance is the responsibility of the parent or guardian of each student. The Savannah Chatham County Public School System does provide limited accident insurance to students participating in a school sponsored team sports and while on field trips authorized by the District.

Check One: <input type="checkbox"/> School Accident Insurance <input type="checkbox"/> Name of Other Insurance Company:	Policy No:
Address:	Group No:

CERTIFICATION AND MEDICAL AUTHORIZATION. We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and SCCPSS is unable to contact the parent, we grant SCCPSS permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.

Student:	Date:
Parent/Guardian:	Date:

Savannah-Chatham County Public School System Heat Guidelines for Outdoor Athletics

The following are guidelines for coaches and administrators to help protect student-athletes from having heat related illnesses or problems. This guide is to be used and referred to when making decisions or modifying and/or suspending athletic practices. At 3:00 p.m. each day in July, August and continuing into the warmer days in September, a designated person will determine the **heat index**. The heat index combines air temperature and relative humidity to determine an apparent temperature - how hot it actually feels. Administrators, coaches, and the athletic trainer will then make a decision using the guide below on whether to make modifications for all athletic practices to be held that afternoon. Coaches will then make the necessary modifications and notify the administrators and students.

GUIDELINES FOR PRACTICE/MODIFICATIONS

1. If the **heat index** is **80-94°**, athletes should be watched closely for any heat distress and frequent water breaks should be taken.
2. If the **heat index** is **95-100°**, 10 minute rest breaks should be taken every hour, water breaks every 10 minutes, and athletes should be under careful supervision from coaches and trainers. Practice time must be kept to 120 minutes or less.
3. If the **heat index** is **101-105°**, athletic practices should be modified such as football practice in shorts, shoulder pads and helmets only. Frequent water every 10 minutes and rest breaks must be held, athletes should be able to get water at any time, and athletes should be under extreme supervision from coaches and trainers. Practice time must be kept to 120 minutes or less.
4. If the **heat index** is **106-110°**, further modifications must be made, such as football practice in shorts, T-shirts and helmets only. Water breaks should be taken every 10 minutes and athletes should be allowed to get water at any time, frequent rest breaks must be taken and athletes should be monitored at all times for heat distress. Practice time must be kept to 90 minutes or less.
5. If the **heat index** is **111° or greater**, then practice **will be suspended, postponed until later in the evening, or held indoors** at the coach's discretion, with suggestions made by the athletic trainer. Practice could also be rescheduled or postponed, when the heat index has reached an acceptable level. When a practice or event is "**BLACK FLAGGED**" (which means the heat index is at the 111° level or higher that day), no outdoor practice may begin until the athletic director or athletic trainer communicates to the head coach that the conditions are acceptable, the heat index is below 111°. Practice may be postponed to a later time the same day if the heat index lowers. All appropriate guidelines should be followed based on the reading at the time.

It is the responsibility of all coaches in the Savannah Chatham County Public School System to provide ample supplies of water and appropriate care to our athletes. It is recommended that all guidelines be followed in such a way that the best interests of our students be made our number one priority. It is also recommended that coaches constantly teach our students about proper hydration throughout each day. It is important that student-athletes be allowed to carry water with them during the day and hydrate themselves, on days of practice and games, while the weather has the possibility of reaching critical levels in relation to the heat and humidity.

To Check the Heat Index: <http://www.weatherunderground.com/US/GA/Savannah.html>

Re: See Board Policy JGFB and JGFB-R

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT & INSURANCE INFORMATION

Student's Name (Legal) _____, _____, _____
LAST FIRST MI

Social Security # ____-____-____ D.O.B ____/____/____ Class Level: _____

Address: _____, GA. _____
Street City Zip

Father's Name: _____ Home Phone # (____) ____-____

Father's Employer: _____ Work Phone # (____) ____-____ ext _____

Father's Cell Phone # (____) ____-____

Mother's Name: _____ Home Phone# (____) ____-____

Mother's Employer: _____ Work Phone# (____) ____-____ ext _____

Mother's Cell Phone # (____) ____-____

Emergency Contact & Relationship (must be 21 or older): _____

Contact Home Phone # (____) ____-____ Contact Cell Phone # (____) ____-____

Primary Physician: _____ Office Phone # (____) ____-____ ext _____

INSURANCE INFORMATION

Primary Insurance Co: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____

Insurance Co. Phone # (____) ____-____ ext _____

Secondary Insurance Co: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____

Insurance Co. Phone # (____) ____-____ ext _____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****

Medical Conditions: _____

Allergies: _____

Medications & Condition: _____

PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT ABSENCE

*I give permission for representatives of Savannah-Chatham County Public Schools to authorize medical treatment for my child in my absence. This may include, but is not limited to, activation of emergency services, emergency room procedures, and injury/illness evaluation and treatment by certified athletic trainers at away competitions.

Print Parent Name: _____ Parent Signature: _____

PERMISSION AND MEDICAL FORM RELEASE

Student's Name: _____
Last First M.I.

ASSUMPTION OF RISK AND PERMISSION TO TREAT

I am aware playing or practicing to play/participate in any sport or sport related activity could be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in sports or sport related activity include, but are not limited to: death; serious neck and spinal injuries that may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, other aspects of the musculoskeletal system and vital organs; and serious impairment to other aspects of the body, general health, and well-being. I understand the dangers and risks of playing or practicing to play/participate in any sport or sport related activity may result not only in serious injury, but in a serious impairment of my (the participant's) future abilities to earn a living; to engage in other business, social, and recreational activities; and generally enjoy life. Because of the dangers of playing or practicing to play/participate in any sport or sport related activity, I recognize the importance of following the coach's, official's and medical staff's instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.

As the parent / legal guardian of the above named participant, I have read the above warnings and release, and understand its terms. I hereby agree to hold the Savannah-Chatham County Public Schools, its direct and contracted employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever that may arise by or in connection with participation of my child in any activities related to Savannah-Chatham County Public School activities. The terms hereof will serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family. Whenever injury and/or sickness occur to the participant listed above, and the participant is under the supervision of Savannah-Chatham County Public Schools, and the participant's parent / legal guardian is unavailable to give his/her permission for treatment, the participant and others whose signatures are attached below do hereby give permission to Memorial Health and SportsOne to authorize any emergency action necessary to ensure the safety of the child. The intention hereof being to grant authority to administer and perform all and singularly any examinations, pre-participation physical examinations, treatments, anesthetics, operations, and diagnostic procedures which may now, or during the course of this participant's care, be deemed advisable or necessary. This does not hold Memorial Health and/or the Savannah-Chatham County Public Schools financially responsible for any medical care given. An insurance policy may be available through the school for an additional cost.

I specifically acknowledge that **Football** and **Wrestling** are collision sports that involve an even greater risk of injury than contact sports: Basketball, Baseball, Cheerleading, Soccer, Softball, and Volleyball which involve greater risk of injury than non-contact sports: Track & Field, Tennis, Cross Country, Rowing, and Golf.

Student's Signature Date ____/____/____ Parent /Guardian Signature Date ____/____/____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

General Disclosure:

I hereby authorize Memorial Health and/or Memorial SportsOne Medical Personnel to release information from my medical records for the purpose of payment, treatment or operations to their Business Associate Partner (which includes; the Attending School's Coaching Staff and Administrators) and any Hospital in case of an Emergency Situation. This authorization shall be valid for the duration of the school year. It is subject to revocation by the patient, or the parent / guardian at any time except to the extent that action has been taken in reliance thereon. I am aware that once Memorial Health and/or Memorial SportsOne discloses this information per my instructions, the information is subject to re-disclosure and may no longer be protected by the HIPAA (Health Insurance Portability and Accountability Act) of 1996. I understand that a photocopy of this authorization shall be as valid as the original. I know that I or my authorized representative may receive a copy of this authorization upon request.

Student's Signature Date ____/____/____ Parent/Guardian Signature Date ____/____/____

FOOTBALL HELMET WARNING FORM

This form is required by all students in the football program and must be provided to the coach prior to any practice.

Football is a contact sport and injuries will occur.

The coaches working in our program will teach the proper techniques on and off the field in order to provide maximum safety.

Each player has read and been instructed as follows:

1. The helmet cannot prevent all head or neck injuries.
2. The helmet is protective equipment only.
3. The dangers of butt blocking, ramming, or spearing are serious, and players are not to use these illegal techniques at any time.
4. The techniques are illegal because of the serious injuries that can be sustained. Players are not to use the helmet in making initial contact.
5. Each player is to check his helmet constantly and report any deficiencies to the coaches immediately.
6. Each player will be fitted with proper equipment.

Date

Signature (Head Football Coach)

I, a football player, have read and understand the above information. I realize that in playing football I could sustain injuries. I will not use any of the above illegal techniques.

Date

Signature (Player)

I, the parent or guardian of _____ (Player's Name), have read and understand the above information and realize that football is a contact sport and injuries can occur while participating. I understand the coaches will not teach illegal techniques that could cause serious injuries.

I hereby appoint The Board of Education as my Agent for the purposes of obtaining medical treatment in the event of injury. I agree to be responsible for all medical expenses incurred in connection therewith. In the event The Board of Education incurs expenses for medical treatment, then and in that event, I agree to reimburse said Board of Education in full.

_____ (Player's Name) has permission to participate in football.

Date

Signature (Parent or Guardian)

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____
