

GRADE _____

MIDDLE NAME _____

FIRST NAME _____

LAST NAME _____

ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM

****Parents signature needed in four places***

PLEASE PRINT

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

Address _____
(Street) (City) (Zip)

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

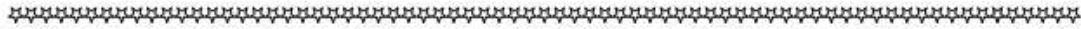
(School must be notified if student moves from the above address)

Have you attended this Paulding 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) _____

Date entered 9th grade _____ Grade level for this school year _____



PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and intra-scholastic athletic clubs may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS 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.**

Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, 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.**

I (We) hereby give consent for _____ to:

(1) **Compete in athletics at _____ School of the Paulding County School District 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 | 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(S) OF PARENT(S) OR GUARDIAN(S)	DATE
_____	_____
SIGNATURE OF STUDENT-ATHLETE	DATE

**PAULDING COUNTY SCHOOL DISTRICT PERMISSION TO PARTICIPATE
IN ATHLETIC TEAM ONE-DAY SCHOOL-SPONSORED TRIPS**

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 Paulding County School District. In the event transportation is not provided by the Paulding County School District, 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.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Paulding County School District, 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 of emergency medical procedures or treatment, if any.

Signatures of Parents(s) or guardian(s) _____ **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 inter-scholastic 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 Paulding County School System. (A signed copy of this Benefit Plan should be stapled to this form.)

***SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)** _____
Date _____

AUTHORIZATION

I understand that per The Georgia High School Association a **Preparticipation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic programs of the Paulding County School District. 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 Paulding County School District, 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 Paulding County School District, 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 Paulding County School District 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 Paulding County School District.

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)** _____
Relation to Student: (Please check one) **Date** _____
Mother _____
Father _____
Other _____ **Phone (W)** _____ **(H)** _____

PAULDING COUNTY SCHOOL DISTRICT

Athletic Responsibility Acknowledgment

Athlete's Name _____ High School _____ Sport(s) _____ Year _____

Prior to participating in any practice or tryout session for any interscholastic sport, each athlete must:

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the athletic directors' office. One current physical examination per year is sufficient for all sports during that school year.
2. Return to his/her coach the Athletic Responsibility Acknowledgment Form properly signed.

As a student athlete participating voluntarily in interscholastic athletics in The Paulding County School District, I understand that:

1. I will abide by the Paulding County Schools student code of conduct, the school's athletic handbook, the coaches team rules, and the rules of GHSA.
2. *I will conduct myself in an exemplary social manner at all times and understand that I may be suspended and/or dismissed based on violations occurring in or away from school.*
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of the substances, I will be subject to disciplinary actions as outlined in the athletic handbook.
5. I acknowledge that I have been properly advised, cautioned and warned by administrative and aching personnel *of my high school* that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parents, certify that I have read and understand all of the Paulding County School District athletic policies in the student/parent athletic handbook and in order to be eligible for participation I must comply with all requirements listed.

Student signature _____

Date _____

Parent signature _____

Date _____

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 _____