



CHEROKEE COUNTY SCHOOL DISTRICT
Athletic Parental Consent, Insurance, Authorization and Waiver and Release Form
2020-21 School Year



Signature(s) Parent(s)/Guardian(s)

Date

Signature of Student

Date

MEDICAL COVERAGE INFORMATION

Please **INITIAL** one of the following statements regarding medical coverage for your student for the current school year, then sign below.

____ My student is adequately and currently covered by accident insurance/medical coverage that will cover injuries sustained while participating in any school authorized activity (including, but not limited to Varsity or JV Football).

Insurance Company/Medical Coverage
Provider

Name of Insured

Policy Number

____ I have purchased the Benefit Plan provided by CCSD. I understand this is a supplemental policy. (A copy of this Benefit Plan should be attached)

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Date

AUTHORIZATION AND WAIVER

I/We certify that the medical history on this form is complete and accurate. I/We understand that this will serve as the basis for determining that my student may compete in middle/high school athletics within CCSD. I/We also understand this medical evaluation is general in nature and only performed to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on/off school grounds during any school activity or athletic event, which in the opinion of school authorities present requires immediate medical or surgical attention, I/we hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed necessary) unless I am present and request otherwise or until I later request otherwise.

I/We understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for CCSD, including tryouts, practice, conditioning, meetings, games, and/or travel. I/We also understand that reasonable efforts will be made to contact parent(s) or legal guardian(s) before any serious or involved medical treatment.

I/We understand that per GHSA, a **Pre-Participation Physical Evaluation** must be performed by a physician to medically screen each student who participates in the athletic program(s) of CCSD. I/We 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 student is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my student, 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 CCSD and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my student other than the general physical required by the school system for athletic participation.

I/We assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from Student's participation in inter-scholastic athletics, sports teams/clubs and events. I/We represent and warrant that I/we know of no mental or physical condition that would make it unsafe for Student to participate in inter-scholastic athletics, sports teams/clubs and events. I/We understand, acknowledge and agree that CCSD shall not be liable for any injury/illness suffered by the Student which arises out of and/or is associated with preparing for and/or participating in inter-scholastic athletics, sports teams/clubs and events.

I/We hereby release, discharge, indemnify, and agree to hold harmless CCSD, Members of the CCSD Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter "CCSD Releasees", from any and all liability arising out of or in connection with Student's participation in inter-scholastic athletics, sports team/clubs and events. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgements of any kind that Student or Student's parents, guardians, heirs, executors, administrators, and assigns have or may have against the CCSD Releasees because of Student's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or his or her property including Student's participation in inter-scholastic athletics, sports teams/clubs and events due to acts of passive or active negligence by CCSD Releasees other than actions involving fraud or actual malice.



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By signing below, I/we acknowledge that I/we have carefully read this voluntary Waiver and understand the potential dangers incident to engaging in inter-scholastic athletics, sports teams/clubs and events, and are fully aware of the legal consequences of this agreement.

| | |
|------------------------------------|------|
| Signature(s) Parent(s)/Guardian(s) | Date |
| Signature of Student | Date |

THIS ACKNOWLEDGEMENT OF AUTHORIZATION AND WAIVER SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

| | |
|------------------------------------|------|
| Signature(s) Parent(s)/Guardian(s) | Date |
|------------------------------------|------|

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While CCSD provides transportation through the utilization of the District bus fleet for many extracurricular events, in some cases school sponsored transportation is not available. In those instances, it is necessary for the parent/guardian to make arrangements for transportation. CCSD **discourages** students from riding with other students to and from extracurricular events.

I/We, _____, parent/guardian of _____(student) hereby give my/our permission for my student to provide his/her own transportation to/from extracurricular events, and I/we, parent/guardian of the student listed above, hereby give my permission for my/our student to ride with another parent.

I/We hereby consent on behalf of the student named to participate in school-sponsored trips. I/We understand that transportation may or may not be provided by CCSD. In the event transportation is not provided by CCSD, transportation will be the student's and parent(s)/guardian(s) responsibility.

| | |
|------------------------------------|------|
| Signature(s) Parent(s)/Guardian(s) | Date |
|------------------------------------|------|

RELEASE OF INFORMATION TO MEDIA AND COLLEGES

I/We hereby authorize the release of any and all information relating to the athletic participation of the above-named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the athletic participation, including ability, attitude and conduct.

| | |
|------------------------------------|------|
| Signature(s) Parent(s)/Guardian(s) | Date |
|------------------------------------|------|

GUIDELINES FOR OUTDOOR EXTRACURRICULAR ACTIVITIES DURING EXTREME HOT AND HUMID WEATHER

I/We hereby verify that I/we have received and reviewed the CCSD Guidelines for Outdoor Extracurricular Activities During Extreme Hot and Humid Weather.

| | |
|------------------------------------|------|
| Signature(s) Parent(s)/Guardian(s) | Date |
|------------------------------------|------|

STUDENT ATHLETE CONCUSSION AWARENESS, DIAGNOSIS AND MANAGEMENT PROGRAM

(GHSA 02.18)

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



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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.

COMMONS 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.

By signing this concussion form, I/we give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by CCSD.

I/We have read the information concerning usage of the Immediate Post-Concussion Assessment and Cognitive Test (ImPACT™) and understand its contents. I/We have been given an opportunity to ask questions and all have been answered to my satisfaction. I/We understand that participation in the ImPACT™ concussion baseline testing is highly recommended but not required for athletes in Cherokee County schools. I/We also understand that the ImPACT™ testing is merely a tool to assist Medical Professionals in the diagnosis and subsequent treatment of potentially serious injuries, the ImPACT™ testing IS NOT a substitute for treatment by a Medical Professional.

I/We acknowledge that if my/our child is suspected of receiving a concussion causing injury, my/our child WILL NOT be allowed to participate in athletics until cleared by an appropriate health care provider. (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.)

Please INITIAL one of the choices below, sign and date:

_____ YES, I give permission for my child, _____, to participate in baseline training with the ImPACT™ program.

_____ NO, I do not give permission for my child, _____, to participate in baseline testing.

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Date

Signature of Student

Date



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