

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS
STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF INSURANCE

Sport: _____ Date of first practice: _____, 2017/2018

Student Name: _____ Male ___ or Female ___
(Last name) (First name) (MI)

Date of Birth: _____ Age: _____ years old
(Month) (Day) (Year)

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Telephone #: _____	Emergency Telephone # _____
Cellular Telephone #: _____	

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that not meeting the standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: _____
(Signature) (School) (Date)

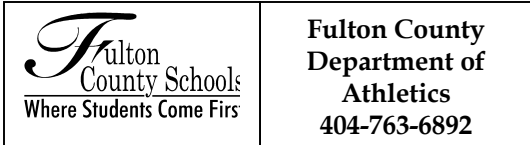
I hereby consent for the above student to represent his/her school in interscholastic activities. I have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities 2016-2017. I understand that I am responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 470-254-6892. If I, the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities. I give permission for the above student to participate in school-sponsored trips, including overnight trips, associated with Fulton County School's interscholastic athletic competitions. In the event that transportation is not provided by the Fulton County School System, transportation will be the student's or the parent's /guardian's responsibility. In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, arising out of, during, or in conjunction with the student's participation in the activity, any trip, or transportation associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

All parents and guardians must sign and date this form

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.



**STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF SUBSTITUTE INSURANCE**

This form is to be completed by the Parent/Guardian and Student prior to the first practice session. It contains vital information in case of injury or an emergency situation. Coaches are to ensure that this form accompany this athlete to all practices and contests. Please print all information. Parent(s) / Guardian(s) acknowledge that they have read and understand the Student / Parent/ Guardian Handbook for GHSA Sanctioned Interscholastic Activities 2004-2008 when they sign this form. Prior to participation in any conditioning, tryout, practice session, or play in any interscholastic athletic activity, the student-athlete **MUST SUBMIT** this form to the coach of the activity. Failure to submit this form will delay the eligibility of the student athlete to join the team. **Warning!** Although participation in supervised interscholastic athletic and activities may be one of the least hazardous in which students will engage in and out of school, by its nature participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down to death. Although serious injuries are not common in supervised athletic programs, it is possible only to minimize and not to eliminate the risk. Participants can and have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical problems to their coaches and the school's athletic trainer, 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 the permission form.

Date: _____ Sport / Activity: _____

Student Name: _____ Male _____ or Female _____
(Last Name) (First Name) (MI)

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Tel. #: _____ Emergency Tel. # _____ Cellular Tel. #: _____

Name(s) of parent(s) /guardian(s) you live with: _____

The student is domiciled at the above address located in the _____ High School District.
(Name of School)

Date of Birth: _____ Age: _____ years. Date entered 9th grade: _____
(Month) (Day) (Year)

Your grade level for this school year: 9 10 11 12 Your expected year of Graduation: _____

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that meeting the citizenship standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: _____
(Signature) (School) (Date)

I (We) hereby give our consent for _____ to represent his/her school in interscholastic activities. We have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities. I (We) understand that we are responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 404-763-6892. If I (we), the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I (we) do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities.

(1) I (We) give consent to participate the approved sports and activities except those that are CROSSED OUT below:

- | | | | | | |
|-----------------|------------|--------------|---------------|------------------|------------|
| Baseball | Basketball | Cheerleading | Cross Country | Debate/Forensics | Football |
| Golf | Gymnastics | Lacrosse | Literary | One-Act Play | Riflery |
| Soccer | Softball | Swimming | Tennis | Track and Field | Volleyball |
| Weight Training | | Wrestling | | | |

Continue to other side

- (2) I (We) give my consent to accompany any school team of which the student is a member on any of its local or out of town trips.
- (3) I (we) hereby verify that the information on this form is correct and understand that any false information may result in my son/ daughter being declared ineligible.
- (4) Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) calendar year.
- (5) Parent(s) / guardian(s) should contact the Head Coach for information regarding injuries to their son / daughter.
- (6) That this acknowledgement of risk and consent to allow to participate shall remain in effect until revoked in writing.

All parents and guardians must sign and date this form

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Student-Athlete: _____ Date: _____

Important: All student athletes must have medical / health insurance in order to participate in the Fulton County Schools GHSA Sanctioned Interscholastic Athletics and Activities Programs. Students must be enrolled in the medical / health insurance coverage that has been approved by the Fulton County School System or enrolled in substitute medical / health insurance through a bona fide insurance provider. Parent(s)/Guardian(s) must verify substitute insurance coverage.

VERIFICATION OF SUBSTITUTE INSURANCE COVERAGE

I (We) have waived the medical / health insurance coverage that has been approved by the Fulton County School System and offered to my child, _____ . Date of Birth: _____
 (Name of Child)

The medical/ health insurance that I am using for my child for the current school year at is provided by _____ and the insurance policy number is _____.
 (Name of Insurance Company) (Insurance Policy Number)

This insurance policy is in effect from: _____ to _____.
 (Date) (Date)

The above medical / health insurance coverage provides for the following interscholastic activities:

1. _____ 2. _____ 3. _____ 4. _____

I / We certify that the above information is accurate. I/We will submit notification to the school if there are any changes in the above policy.

ALL PARENTS/GUARDIANS/STUDENTS MUST SIGN BELOW AND DATE

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS

VERIFICATION OF INSURANCE COVERAGE

Effective for School Year 2017-2018

I have waived the medical/health insurance coverage that has been approved by the Fulton County School System and offered to my child, _____ Date of Birth: _____ (Name of Child)

The medical/ health insurance that I am using for my child for the current school year at _____ is provided by _____ and (School Name) (Name of Insurance Company) the insurance policy number is _____. This insurance policy (Insurance Policy Number) is in effect from: _____ to _____ (Date) (Date)

Attach a copy of Medical/Health Insurance Certificate to this form to verify information listed above. Thank you.

The above medical/health insurance coverage provides for the following interscholastic athletics activities:

- 1. _____ 2. _____ 3. _____ 4. _____

We/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 interscholastic athletic programs of the Fulton County School District. We/I understand that a basic medical screening (the required physical exam) is general in nature and limited in scope and does not indicate or assure me/us that my/our child is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my/our child then it is my/our responsibility to arrange and to pay for such an exam. If this more detailed exam is performed, it is my/our responsibility to notify the Fulton County School District, and it's appropriate employees, of any potential medical problems uncovered by any physical exam given to my/our child 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/our child, 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 all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees of the Fulton County Board of Education, their schools, their trustees, officers, Board of Education, agents, coaches, athletic trainers, physicians, volunteers, 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 Fulton County School District or indemnified party arising out of any injuries to my/our child 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 interscholastic athletic programs provided by the Fulton County School District.

My signature below attests that I have read, understood 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.

ALL PARENTS/GUARDIANS/ MUST SIGN BELOW AND DATE

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian : _____ Date: _____

Signature of student : _____ Date: _____

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM

_____		_____	
LAST NAME		FIRST NAME	
_____		_____	_____
SPORT or SPORTS		GRADE	SCHOOL

LAST NAME _____

FIRST NAME _____

MI _____

SPORT _____

GRADE _____

STUDENT/PARENT CONCUSSION AWARENESS FORM 2017-18

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 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 form for each sport is required**). 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.

- 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.
- 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.
- 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 at least every two years – beginning with the 2013-2014 school year.
- 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.

STUDENT NAME (PRINT) _____

DATE: ____/____/____

SIGNATURE: _____

(Student)

(Parent or Guardian)