

GAINESVILLE HIGH SCHOOL ATHLETIC REGISTRATION

PLEASE PRINT ALL INFORMATION:

Name of Student: _____ **Grade** _____

Name(s) of Parent or Guardian: _____

Home Phone Number: _____ **Emergency Number** _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics may be one of the least hazardous in which students will engage in or 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. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, the risk.

Participants have the responsibility to help reduce the risk of injury. **Players 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 interscholastic athletics at Gainesville High School in Georgia High School Association (GHSA) sports, **except those CROSSED OUT** below:

Baseball	Cross Country	Soccer	Track & Field	Lacrosse
Basketball	Football	Softball	Volleyball	
Cheerleading	Golf	Tennis	Wrestling	

- (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.

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: _____

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your student-athlete for the _____ school year, then sign below.

_____ My student-athlete is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics, including, but not limited to varsity and junior varsity football.

Company providing insurance: _____

Name of insured: _____

Policy Number: _____

_____ I wish to purchase the Benefit Plan provided by the Gainesville City School System. (A signed copy of this Benefit Plan should be stapled to this form.)

As a parent (guardian) of the above-named student-athlete, I understand that unless I have insurance, or purchased school insurance, there is no school district insurance which may cover any injuries, losses, or damages arising out of my child's participation in the activities previously indicated.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

DRUG-TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT FORM

The Gainesville City Board of Education has consented to mandatory random drug tests for all student-athletes who participate in Georgia High School Association (GHSA) interscholastic athletics. Any sports activity that requires an annual physical as a condition of participation is subject to this procedure.

1. The student-athlete must present to the head coach this signed consent form, which authorizes the school to administer drug testing and that allows the results of the test to be released to parents or guardians, administrative officials, and the head coach. **(Note: A signed consent form is a requirement for participation in any GHSA governed interscholastic activity that requires an annual physical examination for participation. Parents and students do not have the option of not participating in the drug-screen program.)**
2. Random testing will take place at any time during the season with the student-athletes chosen through lottery/random selection. Testing consists of providing a urine sample to those representatives of the firm administering the test. School personnel will supervise but will not administer the test. Privacy will be protected. Specimens will be processed for identity and secured to ensure against tampering. Test results will be reported to the school through the proper chain of command. In case of a positive result, the parent or guardian will be notified.

Testing will be done by the Northeast Georgia Forensic/Toxicology Lab under the supervision of the Toxicology Program Manager.

This acknowledgement of administration and consent to allow participation in the random drug-testing program shall remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____

DATE: _____

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

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 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: _____