SCHOOL___________________________________ STUDENT ID#______________________

CHEROKEE COUNTY SCHOOL DISTRICT ATHLETIC INFORMATION AND CONSENT FORMS

(PLEASE PRINT)

Name_____________________________ ___________________ _________________ Male ____ Female ____
LAST FIRST MIDDLE

Address____ ________________________ ________________ __________
STREET CITY STATE ZIP

Telephone (home)_________________________ Date of Birth__________________________

Date entered 9th grade______________________ Your grade level for the current school year________________________

Father's Name _____________________________ Father's Work Number ____________________ Cell________________

Mother's Name_____________________________ Mother's Work Number____________________ Cell________________

Student resides with (Names of Parent(s)/Guardian) ____
(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the ___________________________ high school district (school must be notified if student moves from the above address).

Have you attended this Cherokee County School for at least one full school year? Yes______ No ______

EMERGENCY CONTACT INFORMATION
In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Cherokee County School District finds to be an emergency situation involving the student

____
Name Relationship Home Phone Work Phone

____
Name Relationship Home Phone Work Phone

PARENTAL CONSENT FOR PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities and intra-scholastic athletic clubs and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND INTRA-SCHOLASTIC SPORTS CLUBS INCLUDE A RISK OF 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 OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand the warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM AND MAY NOT PARTICIPATE IN THE ACTIVITY.

I/We hereby consent for ____ to:

1. Compete in athletics at ______________________________________School of the Cherokee County School District in Georgia High School Association approved sports except those CROSSED out below:

   Baseball Basketball Cheerleading Cross Country Football Golf Gymnastics
   Soccer Softball Swimming Tennis Track Weight Training Wrestling Volleyball

2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. I hereby verify that the information contained within this form is correct and understand that any false information may result in my son/daughter being declared ineligible for participation in sports.
4. Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

____________________________________ ____________________________________
Signature(s) of Parent(s) or Guardians(s) Date

____________________________________ ____________________________________
Signature of Student – Athlete 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 any school authorized activity (including, but not limited to Varsity or Junior Varsity Football).

Company Providing Insurance | Name of Insured | Policy Number

_____I have purchased the Benefit Plan provided by the Cherokee County School District, I understand this is a supplemental policy. My signed copy of this Benefit Plan is on file at ____school

Signature(s) of Parent(s) or Guardian(s) | Date

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child may compete in middle/high school athletics within the Cherokee County Schools. I also understand this medical evaluation is only to determine fitness for athletics and is not to take place of regular medical examinations. In case of an emergency or accident on school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport my child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I request otherwise.

I also hereby grant permission for qualified athletic trainers retained by the Cherokee County School District to render any preventative medical treatment, first aid, emergency medical care, or rehabilitative medical treatment deemed reasonably necessary to protect the health and well-being of the above named student.

I 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 Cherokee County Schools, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

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

Signature(s) of Parent(s) or Guardian(s) | Relation to Student | Date

STUDENT TRANSPORTATION RELEASE AND CONSENT FORM

While the Cherokee County School District 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. The Cherokee County School District strongly discourages students from riding with other students to and from extracurricular events.

I, ____, parent or guardian of __________________________________(student) hereby give my permission for my student to provide his/her own transportation to/from extracurricular events, and I, parent/guardian of the student listed above, hereby give my permission for my student to ride with another parent, including coach/sponsor to/from extracurricular events.

CONSENT AND RELEASE:

I hereby consent on behalf of the student named above to participate in school-sponsored trips. I understand that transportation may or may not be provided by the Cherokee County School District. In the event transportation is not provided by the Cherokee County School District, transportation will be the student's and parent's/guardian's responsibility. If any emergency medical procedure or treatments are required by the student during the trip, I consent to the trip's supervisor taking, arranging for or consenting to the procedures or treatment in his or her discretion. I further release and waive and further agree to indemnify and hold harmless and reimburse the Cherokee County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the trip supervisor from and against any claim which I, any other person, firm, corporation, or entity 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 or emergency medical procedures or treatment, if any.

Signature(s) of Parent(s) or Guardian(s) | Date

RELEASE OF INFORMATION

I 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 of Student | Signature of Parent/Guardian | Date

Revised 2/19/04

Student Name ______________________________________

***************MEDICAL HISTORY (TO BE FILLED OUT BY PARENT OR GUARDIAN)***************

EXPLAIN ANY "YES" ANSWERS BELOW. Circle questions you don't know the answer to.

1. Have you had a medical illness or injury since your last check up or sports physical? ◻ YES ◻ NO
   Do you have an ongoing or chronic illness? ◻ YES ◻ NO
2. Have you ever been hospitalized overnight? ◻ YES ◻ NO
   Have you ever had surgery? ◻ YES ◻ NO
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? ◻ YES ◻ NO
   Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? ◻ YES ◻ NO
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)? ◻ YES ◻ NO
   Have you ever had a rash or hives develop during or after exercise? ◻ YES ◻ NO
5. Have you ever passed out during or after exercise? ◻ YES ◻ NO
   Have you ever been dizzy during or after exercise? ◻ YES ◻ NO
   Have you ever had chest pain during or after exercise? ◻ YES ◻ NO
   Do you get tired more quickly than your friends do during exercise? ◻ YES ◻ NO
   Have you ever had racing of your heart or skipped heartbeats? ◻ YES ◻ NO
   Have you had high blood pressure or high cholesterol? ◻ YES ◻ NO
   Have you ever been told you have a heart murmur? ◻ YES ◻ NO
   Has any family member or relative died of a heart problem or of sudden death before age 50? ◻ YES ◻ NO
   Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the the last month? ◻ YES ◻ NO
   Has a physician ever denied or restricted your participation in sports for any heart problems? ◻ YES ◻ NO
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? ◻ YES ◻ NO
7. Have you ever had a head injury or concussion? ◻ YES ◻ NO
   Have you ever been knocked out, become unconscious, or lost your memory? ◻ YES ◻ NO
   Have you ever had a seizure? ◻ YES ◻ NO
   Do you have frequent or severe headaches? ◻ YES ◻ NO
   Have you ever had numbness or tingling in your arms, hands, legs, or feet? ◻ YES ◻ NO
   Have you ever had a stinger, burner, or pinched nerve? ◻ YES ◻ NO
8. Have you ever become ill from exercising in the heat? ◻ YES ◻ NO
9. Do you cough, wheeze, or have trouble breathing during or after activity? ◻ YES ◻ NO
   Do you have asthma? ◻ YES ◻ NO
   Do you have seasonal allergies that require medical treatment? ◻ YES ◻ NO
10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics retainer on your teeth, hearing aid)? ◻ YES ◻ NO
11. Have you had any problems with your eyes or vision? ◻ YES ◻ NO
    Do you wear glasses, contacts, or protective eyewear? ◻ YES ◻ NO
12. Have you ever had a sprain, strain, or swelling after injury? ◻ YES ◻ NO
    Have you broken or fractured any bones or dislocated any joints? ◻ YES ◻ NO
    Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? ◻ YES ◻ NO

If yes, check appropriate box and explain below.

◻ Head	◻ Elbow	◻ Hip	◻ Neck
◻ Forearm	◻ Thigh	◻ Back	◻ Wrist
◻ Knee	◻ Chest	◻ Hand	◻ Shin/Calf
◻ Shoulder	◻ Finger	◻ Ankle	◻ Upper arm
◻ Foot			

13. Do you want to weigh more or less than you do now? ◻ YES ◻ NO
    Do you lose weight regularly to meet weight requirements for you sport? ◻ YES ◻ NO
14. Do you feel stressed out? ◻ YES ◻ NO
15. Record the dates of your most recent immunizations (Shots) for:
    Tetanus __________________ Measles __________________________
    Hepatitis B ________________ Chickenpox _______________________

FEMALES ONLY

16. When was you first menstrual period? ___________________________
    When was your most recent menstrual period? ___________________________
    How much time do you usually have from the start of one period to the start of another? ___________________________
    How many periods have you had in the last year? ___________________________
    What was the longest time between periods in the last year? ___________________________

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________

Student Name____ Date of Birth_______________________________________

Personal Physician____

Height______ Weight _______ % Body Fat (optional)________ Pulse _______ BP_____/_____ (_____/_____, _____/_____)

Vision R 20/_____ L 20/_____ Corrected Y N Pupils: Equal _______ Unequal_______

	Normal	Abnormal Findings	Initials*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

☐ CLEARED

☐ Cleared after completing evaluation/rehabilitation for:____
____
____
____
____

☐ NOT CLEARED for:_________________________________ Reason:____
____
____
____
____
____

Name of Physician (print/type)____ Date______________________

Address____ Phone ____________________

Signature of Physician____,MD or DO

LPN's/Physician Assistants/Doctors of Chiropractic are NOT ACCEPTED

Notice of General Physical

I understand that a physician must medically screen each student who participates in the athletic programs of the Cherokee 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 exam is performed then it is my responsibility to notify the Cherokee 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. If for any reason I do not have any further physical examinations performed upon my child/ward, or refuse to report the results of any further physical exams performed upon my child/ward to the Cherokee County School District, and its appropriate employees, I 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 successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named school district, school, their trustees, officers, agents, coaches, athletic trainers, physicians, and other practitioners of the healing arts from any and all liability, claims, causes of action or demand 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 Cherokee County School District, and which could not have been reasonably detected by the general medical screening required by the Cherokee County School District.

My signature below attests 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 of Parent/Guardian Date