

Student Name (print) _____

HENRY COUNTY ATHLETICS
FORMS REQUIRING COMPLETION AND PARENTAL/GUARDIAN SIGNATURE
PRIOR TO STUDENT PARTICIPATION

CONTENTS OF FOLDER:

("blank" is for AD to check off that form inside is signed)

___ GHSA PPE-4 (Pre-Participation Physical Evaluation Forms)

___ GHSA By-Law 2.67: Practice Policy for Heat/Humidity Awareness

___ Henry County Schools' NCAA Initial Eligibility Core Course Requirements Acknowledgment

___ Concussion Form

___ Henry Co. School District Athletic/Extra Curricular Information and Consent form

___ Parents' Code of Ethics and Parent/Volunteer Transporting Students Forms

Please Note:

- **No pages are to be removed from this booklet**
- **Each of the above-listed forms must be signed by the student-athlete's parent or legal guardian**
- **Booklet must be uploaded to the VNN website in which the student athlete will register for each sport in which they wish to participate.**

(scan QR code for registration)



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 _____

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PLEASE READ INSTRUCTIONS:

1. Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/	L 20/
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION
THE ATHLETE WITH SPECIAL NEEDS:
SUPPLEMENTAL HISTORY FORM

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

GHS Heat Policy

lete Name: _____ Sport: _____

st Day Football Acclimatization: July 25, 2015 (5 days acclimatization required)

First Day of Practice: August 1, 2015

1. BY-LAW 2.67 – "Practice Policy for Heat and Humidity"

(a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:

1. The scheduling of practices at various heat/humidity levels
2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
3. The heat/humidity level that will result in practice being terminated

(b) A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

WBGT ACTIVITY GUIDELINES AND REST BREAK GUIDELINES

UNDER 82.0	Normal activities –Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0 -86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; Provide at least three separate rest breaks each hour of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For all sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of four minutes each
90.0–92.0	Maximum length of practice is one hour. <u>For Football</u> , no protective equipment may be worn during practice and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 minutes of rest breaks distributed during the hour of practice.
OVER 92	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT level is reached.

(c) **Practices are defined as:** the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave. If a practice is interrupted for a weather –related reason, the "clock" on that practice will stop and will begin again when the practice resumes.

(d) Conditioning activities include such things as weight training, wind sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."

(e) **A WALK THROUGH** is not part of the practice time regulation, and may last no longer than one hour. This activity may not involve conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.

(f) Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

PENALTIES: Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

Parent Signature: _____ Date: _____



Department of Leadership Services-Athletics

NCAA Initial Eligibility Core Course Requirements Student-Athlete/Parent/Guardian Acknowledgment Form

Date: _____

I _____ Student/Athlete have received and am aware of the documents (*NCAA Initial-Eligibility Core-Course Requirements General Guidelines and Important New Changes for Division 1 & 2*) defining the Guidelines for the NCAA Initial Eligibility Core Course Requirements effective August 1, 2010.

I further attest that I have been provided the guidelines for the NCAA Core Course Requirements specifically discussing what the NCAA considers non-traditional courses and how I can find an appropriate program if my high school or school district does not provide one. Furthermore, I have been provided the appropriate contact information for the NCAA Eligibility Center (1-800-262-1492) if I have questions or seek further information.

Finally, I understand that non-traditional educational opportunities are available to me for Credit Recovery, Acceleration, etc. However, I have received and had explained the guidelines from the NCAA so that I am knowledgeable about this information as well. I have received a copy of this document for my records and one will be placed in my cumulative folder.

Student-Athlete Name (Print)

Student-Athlete Name (Signature)

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

School Rep./Official/Admin. (Print)
(Signature)

School Rep./Official/Admin

Please see reverse side for a chart of NCAA-approved Non-Traditional courses available in Henry County

Chart of Sample Non-Traditional Educational Opportunities

NCAA approves these:	NCAA does NOT approve these
HCOA Virtual Courses	Intersession classes
HC Summer School	3-week unit classes
GAVS Courses	GAVS Credit Recovery
HC Impact Academy Courses	

Parent Signature: _____ **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: _____

**Dutchtown High School
Parents' Code of Ethics**

I hereby pledge to provide support, care and encouragement for my son/daughter participating in athletics by following this Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other athletic event.
- I will place the emotional and physical well being of my son/daughter ahead of any personal desire to win.
- I will insist that my son/daughter compete in a safe and healthy environment.
- I will provide support for coaches and officials working with my son/daughter to provide a positive and enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco-free sports environment for my son/daughter and agree to assist by refraining from their use at all youth athletic events.
- I will remember that the game is for Dutchtown High School students and not for adults.
- I will do my very best to make athletics fun for my son/daughter.
- I will demand that my son/daughter treat other players, coaches, fans and officials with respect regardless of race, creed, or ability.
- I will promise to help my son/daughter enjoy their sports experience within my personal constraints by assisting with finances, being a respectful fan, providing transportation or whatever I am capable of doing.

Parent (Print)

Parent (Signature)

Date

The National Youth Sports Coaches Association developed this code of ethics and credit is given them for its use and adoption.



**LIABILITY NOTICE FOR EMPLOYEE OR PARENT VOLUNTEER TRANSPORTING STUDENTS
FORM B**

Employee or Volunteer Name _____

Work location _____ (HCBOE Employee only)

Activity for which Transportation is necessary (provide specific details for entire trip)

I understand that transporting students to any school activity in my personal vehicle places me in a situation of personal liability. I acknowledge that I will not be covered by a Henry County BOE insurance policy. My signature below affirms that I fully understand the above risk of personal liability and still agree to transport students in my personal vehicle.

Employee or Volunteer signature _____

Employee or Volunteer printed name _____

Date _____

School checklist for parent volunteer (Not applicable for HCBOE Employee)

____ background check completed and approved by Henry County Board of Education (HCBOE)

____ volunteer form completed and filed

____ notification to Henry County School System Volunteer Form

LAX TEAM RULES

RULE 1: ALL PRACTICES ARE MANDATORY

- CONSEQUENCE FOR MISSING: 1ST OFFENSE: LAPS 2ND OFFENSE: SIT OUT HALF GAME 3RD: SIT OUT WHOLE GAME
- CONSEQUENCE FOR BEING LATE: LAPS, SPRINTS, AND GAME TIME TAKEN AWAY

RULE 2: MUST BE PASSING 6 OUT OF 7 CLASSES

- CONSEQUENCE: WILL DO SCHOOL WORK FOR THAT CLASS BEFORE GOING TO PRACTICE UNTIL GRADE IS SATISFACTORY (WILL AFFECT GAME TIME PRIVILEGES)

RULE 3: NO CELL PHONES OR HEAD PHONES WILL BE ALLOWED DURING PRACTICE

- CONSEQUENCE: COACH'S DISCRETION

RULE 4: ATHLETES ARE EXPECTED TO BE WITH THE TEAM WHILE AT GAMES AND TOURNAMENTS NOT IN THE STANDS WITH FAMILY AND FRIENDS.

- CONSEQUENCE: COACH'S DISCRETION

RULE 5: ATHLETES ARE EXPECTED TO RIDE THE BUS TO AND FROM ALL GAMES AND TOURNAMENTS. EXCEPTIONS CAN BE MADE FOR EMERGENCIES AND TIME.

- CONSEQUENCE: COACH'S DISCRETION

RULE 6: ANY ATHLETE WHO IS GIVEN ISS, OSS OR A HEARING WILL BE SUSPENDED FROM GAMES.

ISS (FIRST OFFENSE) = 1 GAME

- ISS (SECOND OFFENSE) = COACH'S DISCRETION
- ISS (THIRD OFFENSE) = SUSPENDED FROM TEAM
- OSS = REMOVAL FROM TEAM

RULE 7: ATHLETES ARE NOT ALLOWED TO LEAVE PRACTICE UNTIL ALL EQUIPMENT IS PUT AWAY.

- CONSEQUENCE: RIN NEXT PRACTICE

RULE 8: ATHLETES WILL NOT USE PROFANITY.

- CONSEQUENCE: 25 PUSH-UPS PER LETTER IN PROFANITY

RULE 9: PARTICIPATION FEES ARE FINAL (NON-REFUNDABLE)

RULE 10: NO BULLYING AND NO SOCIAL MEDIA THAT GIVES DUTCHTOWN A BAD REPUTATION.

- CONSEQUENCE: COACH'S DISCRETION

I HAVE READ THE FOLLOWING TERMS AND I UNDERSTAND THE RULES AND CONSEQUENCES FOR THE DHS LACROSSE TEAM.

ATHLETE _____ DATE: _____

PARENT _____ DATE: _____