

**CLARKE CENTRAL HIGH SCHOOL
ATHLETIC PARTICIPATION CONSENT FORM**

Last Name _____ First Name _____ Middle Initial _____

Age _____ Date of Birth _____ Sex _____ Year Entered Ninth Grade _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Name of Parent(s) with whom you live _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

Although participation in supervised interscholastic athletics may be one of the least hazardous activities in which students will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk or 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 school athletic programs, it is possible only to minimize, not eliminate the risk. Participants can and have the responsibility to help reduce the chance 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, and you give consent for your child to compete in athletics at Clarke Central High School in Georgia High School Association approved sports and to accompany any school team of which the student is a member on any of its local or out-of-town trips. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.

INSURANCE INFORMATION FOR ATHLETIC PARTICIPATION

My son/daughter 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 sub-varsity football) at Clarke Central High School.

STUDENT/PARENT CONCUSSION AWARENESS FOR ATHLETIC PARTICIPATION

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.

By signing this concussion form, I give Clarke Central 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 2015-2016 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Clarke County School System.

HEAT AND HUMIDITY PRACTICE POLICY FOR ATHLETIC PARTICIPATION

Clarke Central High School will follow the statewide policy for conducting practices and voluntary conditioning workouts in all sports during times of extremely high heat and/or humidity. The policy 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.

WBGT READING

(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).

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. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each

90.0 - 92.0

Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.

OVER 92

No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs

I understand and agree with the information and requirements listed in the Parental Consent, Insurance Coverage, Concussion Awareness, and Heat/Humidity sections of this form.

SIGNED: _____
(Student)

(Parent or Guardian)

DATE: _____

DATE: _____