

To Be Filed
In The
Principal's Office

HUNTSVILLE CITY SCHOOLS
HUNTSVILLE, ALABAMA

See Policy # 105-1
Page 2, Section D.
Insurance

ATHLETICS PERMISSION FORM FOR ALL SPORTS

I hereby give permission for my child _____ to participate in the following sports during the _____ year:

Please use an X to mark the sport.

Baseball_____	Football_____	Swimming_____	Track_____
Basketball_____	Golf_____	Soccer <u>X</u> _____	Volleyball_____
Cross Country_____	Softball_____	Tennis_____	Wrestling_____

I also give my permission for the adult representative to sign for emergency medical treatment my son/daughter may need while participating in this sport.

I fully understand that neither Virgil I. Grissom High School nor the Huntsville City School System furnishes an accident and/or disability insurance for athletes; however, we feel a responsibility to make available to you information on the best, most inexpensive insurance you can purchase. Each athlete must take out this insurance, or the parents must sign that they will assume responsibility for all medical bills.

By signing this document, I hereby release the Huntsville City School System and all its employees from any liabilities whatsoever and waive any claims for compensation in case of injury to my son/daughter.

PLEASE MARK PREFERENCE DESIRED IN BLANK SPACE

- _____ 1) Regular school insurance, to be purchased by parents, will cover all sports and school accidents, except football.
- _____ 2) Special school insurance, to be purchased by parents, to cover football.
- _____ 3) Parents will assume responsibility for all medical bills.

Signature of Parent

Date

Work Number

Home Number

Doctor's Name

Emergency Number

List any medication your child is allergic to:

IN CASE OF EMERGENCIES
COACHES SHOULD HAVE A COPY OF THIS INFORMATION
AVAILABLE AT ALL TIMES

PARENT/ATHLETE CONFERENCE FORM

We, the undersigned, agree that we have been given the following information and understand it fully.

I. The school agrees to provide:

- A. Supervision
- B. Instruction
- C. Proper Equipment (This excludes equipment or uniforms provided by the participant.)
- D. Measures that promote safety

II. To abide by all written rules regarding behavior and safety.

III. That participating in soccer may cause serious injury or death.

IV. That the school carries a supplemental, scheduled payment accident insurance plan. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent or guardian.

V. I was given an opportunity to attend a seminar that addressed the following areas:

- A. Coaching techniques
- B. Hazards and dangers associated with athletics
- C. Promoting safety in athletics
- D. School's insurance plan
- E. Maintenance of equipment
- F. Conditioning
- G. Transportation

VI. A question-answer session was held to address any areas of concern.

Participant's Signature

Parent's Signature

Parent's Signature

NAME _____

GHS SOCCER FORM 2 of 8

GRISSOM SOCCER TRAVEL POLICIES

My son/daughter, _____, has my permission to leave Grissom High School during 7th period on game days. If a player is not in 7th period athletics, he/she will make arrangements with his/her 7th period teacher ahead of time should school time be missed in order to get to a game at the designated time. All games are considered field trips and have been approved by the front office and the school board.

Parent/Guardian Signature _____ Date _____

My son/daughter, _____, has my permission to leave 7th period every day at 2:45 (when there is not a game) in order to be able to make it to practice at the designated location on time. If my son/daughter is in a 7th period class, he/she will have to stay in class and get to practice as soon as possible.

Parent/Guardian Signature _____ Date _____

TRAVEL PERMISSION FORM WITH AN ADULT DRIVER

I, _____ (parent/guardian) give my permission for my son/daughter, _____, to travel with a Grissom High School parent to an athletic/school related event.

Parent/Guardian Signature _____ Date _____

TRAVEL PERMISSION FORM WITH A STUDENT DRIVER

I, _____ (parent/guardian) give permission for my son/daughter, _____, to travel with a Grissom High School student to an athletic/school related event which is inside Madison County.

Parent/Guardian Signature _____ Date _____

NAME _____

GHS SOCCER FORM 3 of 8

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year from the date of the exam.**

Physical Examination

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision Contact Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

GRISSOM HIGH SCHOOL (GHS) SOCCER SUBSTANCE ABUSE POLICY

(Effective 2010-2011)

It is the policy of Grissom High School that student-athletes must remain substance free. Coaches and Administrators retain the right to dismiss any athlete, at any time, due to discipline issues including substance abuse. Student-athletes represent our school, and their actions are a reflection upon Grissom High School. Please note that this policy is not limited to one sport, but extends to all sports and encompasses the entire career of the student while

they attend Grissom High School.

- I. All student-athletes are prohibited from using, possessing or distributing controlled substances. Improper use of medications, over the counter drugs, or illegal drugs is strictly prohibited.
- II. All student-athletes are prohibited from possessing, drinking, or being impaired by alcohol.
- III. Student-athletes should realize that these regulations prohibit all illicit Drug, tobacco, and alcohol use during and away from school.

- 1st Violation:**
- A. Student-athlete is suspended from 25% of remaining contests.
 - B. Student and parent must attend mandatory alcohol/drug counseling. The student must complete alcohol/drug counseling and provide a certificate of Completion.
 - C. Student-athlete must test negative before being readmitted to competition.
 - D. All steps(A-C) in the First Violation must be complete before an athlete can return to competition.

- 2nd Violation:**
- A. Student-athlete will be dismissed from the team for the remainder of the season.
 - B. Student and parent attend complete mandatory alcohol/drug counseling. The student must complete alcohol/drug counseling and provide a certificate of completion.
 - C. Student-athlete must test negative before being readmitted to competition.
 - D. All steps (A-C) in the Second Violation must be complete before an athlete can return to competition.

3rd Violation: Student will no longer be allowed to participate in any athletics at Grissom High School.

Grissom High School Drug and Alcohol Testing Program

The above program will offer drug and alcohol testing, periodically and randomly, throughout the school year, by certified personnel, for all student athletes. All test results will be confidential. Parents may request positive specimens to be confirmed by gas chromatography/mass spectrometry (gc/ms) at the expense of the parents. Parents will be notified of positive results. Programs will conduct unannounced screening for all participating team members in season and/or out of season. This policy is for the benefit and protection of our student-athletes.

- I have read and understand the Grissom High School drug and alcohol use policy.
- Refusal to take the drug test is a violation of the Drug Policy.
- Cheating on a drug test is considered an automatic failure and a violation of policy.
- I give consent for _____ to provide samples and participate in the drug/alcohol testing program. I understand that positive test results will affect participation in athletics at Grissom High School.

Parent: _____ Date: _____

Student: _____ Date: _____

NAME _____

GHS SOCCER FORM 5 of 8

APPENDIX A (105-12)

**HUNTSVILLE CITY SCHOOLS
OUT-OF-TOWN FIELD TRIP MEDICAL RELEASE FORM**

Student's Name: _____	Date of Birth: _____
Street Address: _____	City: _____ Zip Code: _____
Parent/Guardian # 1 Name: _____	Parent/Guardian # 2 Name: _____
Address: _____	Address: _____
Home Ph #: _____	Home Ph #: _____
Phone # @ work: _____	Phone # @ work: _____
Employer: _____	Employer: _____
Cell Ph # or Pager: _____	Cell Ph # or Pager: _____
If unable to reach parent/guardian, please notify:	
Name: _____	Relationship: _____
Home Ph #: _____	Cell Ph # or Pager: _____

Student's General Health Information:

- Does your child take medication? YES NO
(A completed and signed *School Medication Prescriber/Parent Authorization Form* is required for each medication, prescription or over-the-counter, medication to be administered during the field trip.)
- Does your child have any allergies? YES NO If yes, please list: _____
Does your child require medication to treat severe allergic reactions to insect stings/bites, foot, etc.? _____
(If yes, a copy of the completed and signed *Emergency Plan for Severe Allergy* form and the form(s) for the related medication(s) must accompany this form.)
- Does your child have asthma? YES NO
(If yes, a copy of the *Student Asthma Action Plan Form* and related medication authorization forms must accompany this form.)
- Does your child wear contact lenses? YES NO
- Date of your child's last Tetanus Booster shot: _____
- Is there any health history that may assist the person in charge if this student should become ill? _____

Family Physician: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical or surgical treatment of _____ if any emergency should arise. I give permission for decisions to be made by the certified teacher in charge and/or Huntsville City Schools representative.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian Date

Signature of Notary Date

State County Date Commission Expires

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form
(Required by AHSAA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea and vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays for example)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays a lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to being hit
- Can't recall events after being hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

(Continued on page 2)

AHSAA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor. Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AHSAA Concussion Policy in effect since 2009.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date

AHSAA Form adapted in 2011 from the CDC and the 3rd International Conference on Concussion in Sport

NAME _____

GHS SOCCER FORM 7B of 8

PHOTOCOPY OF CURRENT INSURANCE CARD

NAME _____

GHS SOCCER FORM 8 of 8