

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination						
Height:		Weight:				
BP:	/	(/)	Pulse:	Corrected ___ Yes ___ No
Vision:			R 20/	L 20/		

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

- Medically eligible for all sports without restriction.
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
 Medically eligible for certain sports: _____
 Not medically eligible pending further evaluation.
 Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

 Have you ever had surgery? If yes, list all past surgical procedures: _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions	Yes	No	Medical Questions	Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
1. Do you have any concerns that you would like to discuss with your provider?			17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
3. Do you have any ongoing medical issues or recent illness?			19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
Heart Health Questions About You	Yes	No	20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			22. Have you ever become ill while exercising in the heat?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			23. Do you or someone in your family have sickle cell trait or disease?		
7. Has a doctor ever told you that you have any heart problems?			24. Have you ever had or do you have any problems with your eyes or vision?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			25. Do you worry about your weight?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
10. Have you ever had a seizure?			27. Are you on a special Diet or do you avoid certain types of foods?		
Health Questions About Your Family	Yes	No	28. Have you ever had an eating disorder?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			Females Only	Yes	No
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			29. Have you ever had a menstrual period?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			30. How old were you when you had your first menstrual period?		
Bone and Joint Questions	Yes	No	31. When was your most recent menstrual period?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			32. How many periods have you had in the past 12 months?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			Explain a "Yes" answer here: _____		

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

The South Carolina Independent School Association 2023-24 Agreement for Participation

1. Statement of Philosophy

The primary purpose of school is education. The participation in athletics is a privilege for those students who are eligible according to rules and policies of The South Carolina Independent School Association.

2. Summary of The Code of Conduct:

All fans, spectators, coaches, and student-athletes are encouraged to enthusiastically support his/her school and team. We all must realize that the athletic arena is an extension of the classroom. Valuable lessons other than winning and losing are taught. The safety and well-being of students, coaches, and officials is of utmost importance to us all. Athletic events shall be conducted in accordance with the policies, rules, and regulations of the South Carolina Independent School Association. Participants, coaches, and spectators shall at all times conduct themselves in a reasonable and sportsmanlike manner.

A participant, coach or fan will be in violation of the Code of Conduct upon any one or more of the following actions:

- By making any degrading remark about any fan, official, coach, or athlete during or after a game, either on or off the field/floor of play. School officials, coaches and players shall not criticize other schools, coaches, players or officials in the media or on social media.
- By arguing with an official or going through motions indicating dislike or disdain for a decision.
- By using any foul, abusive, inappropriate, or profane language at any time.
- By entering the playing area or field to protest, question, or object to a call or play.
- By hitting, shoving, grabbing or striking any official, coach, athlete or fan at any time (or attempting to do so).
- By being ejected/removed from any contest.
- By detaining an official following the contest to request a ruling or explanation. By following/chasing after the official after a game to express your displeasure or opinion with a call or result of a play or game.
- By the use or display of alcohol, tobacco or an unauthorized drug.

Violations of the Code of Conduct could result in a school, player or fan being fined, suspended or placed on probation. The school shall be notified of the action taken by SCISA and will be responsible for the enforcement of the action.

3. Warning of Inherent Risk/Dangers of Athletic Participation

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

We understand that Participation in athletics and by attending public events (such as sporting events) includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.

4. Guardianship:

A student must reside with his/her parent(s) to be eligible for athletic participation. Refer to the SCISA Blue Book for the complete guardianship requirements.

5. Summary of Student Eligibility Rules

Eight Semester Rule: A student has Eight (8) Consecutive Semesters of eligibility from the time he/she first enters the ninth (9th) grade.

Academic Requirements:

- A student in grades 9-12 must take and pass at least four (4), one unit CORE courses or any five (5), one unit courses each grading period/semester. Students below the 9th grade must pass four (4) subjects each grading period/semester. A senior who has met or is meeting all requirements for graduation must pass four (4), one credit courses each marking period/semester. Note: a student must have earned at least four (4) core units or any five (5) units of credit to be declared eligible at the start of a school year. Also, credits or courses taken by the "Home School" method during the school year are not eligible for athletic eligibility determination.
- Any student who did not receive credit for at least 50% (one-half) of all courses taken the previous school year cannot be declared eligible for athletic participation until the successful completion of the first semester.
- A student who is academically ineligible to participate is also prohibited from practicing with the team until the time he/she is academically eligible to participate.

Grade Level Requirements/Restrictions:

Varsity Teams: Eligible students in grades 8-12 may participate on varsity teams in baseball, basketball, soccer, football, lacrosse and softball. Eligible students in grades 6-12 may participate on all other varsity teams. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any varsity team. Specialty sport programs may have additional restrictions.*

Junior Varsity Teams: Sport specific grade restrictions exists for junior varsity teams. Eligible students in grades 5-10 may participate on junior varsity teams in track, cross country, swimming, volleyball, golf, and tennis. Eligible students in grades 6-10 may participate on junior varsity teams in basketball, baseball, softball, soccer, and wrestling.

Junior Varsity Football: Eligible students in grades 6-9 may participate in junior varsity football. (**Agreement Exception*)
Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any junior varsity team.

Grade Level Requirements/Restrictions:

- B-Teams: Eligible students in the 5th-8th grades may participate on B-Teams in all sports except football.
- B-Team Football: Eligible students in the 5th-7th grades may participate on B-Team football.

Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 6th grade before permitting participation on any B-Team.

Age Requirements/Restrictions: *Note: There are no exceptions to the age standards.*

- A student is **INELIGIBLE** to participate in athletics if his/her 19th birthday is before July 1, 2023.
- **Junior Varsity:** In order to participate in junior varsity athletics a student must not have reached his/her sixteenth (16th) birthday before July 1, 2023.
- **B-Team:** In order to participate in B-Team athletics a student must not have reached his/her fifteenth (15th) birthday before July 1, 2023. *Exception:* B-Team Football: In order to participate in B-Team football, a student must not have reached his/her fourteenth (14th) birthday before July 1, 2023.

Transfer Rules:

Member School-to-Member School Transfer.

Sixty (60) Day Rule: A student who transfers after either having: *A.* attended one class during the school year or *B.* practices with team on or after the first official practice date must wait sixty (60) days to become eligible to participate (game or scrimmage).
Note: This may be waived for a bono fide change in residence.

Non-Member School-to-Member School Transfer.

A student who transfers from a non-member school, if approved, must participate in ten (10) days of practice before he/she is allowed to participate in a game.

Transfer Procedure

- The student shall file a completed Transfer Form, including a statement detailing the reason for the transfer.

Deadlines for Non-member-to-Member Transfers:

Fall Sports: Enrolled and attending classes by September 21st - Winter Sports: January 8th (or the ends of the student's 1st semester)

All Second Semester transfers (member-to-member or non-member-to-member) are subjected to the Sixty Day Rule.

The following additional policies are also in effect:

- A transfer must have attended classes for thirty days prior to the start of the play-offs to be eligible to participate in the play-offs.
- An academically eligible transfer student (school year transfer as defined above) must have been eligible to represent his/her former school under any school, student, or athletic policy that was in place when the student transferred or the student must wait for ninety (90) calendar days to become eligible. The Committee reserves the right to extend this period if conditions so warrant.
- A student who transfers before the start of the school year (has not attended one class and has not practiced with the team on or after the first official practice date) and has met all eligibility standards is eligible for athletic participation.
- *The stated wait period for a transfer student shall begin on the first day the student attends a class.*

Medical Insurance Coverage Statement

It is important for a parent to understand the school's medical insurance coverage policy. SCISA requires that each school participate in the associational catastrophic plan which provides coverage in the event of a catastrophic injury.

New Student / Transfer Student

Any new student to your school or transfer student who plays a varsity sport must complete a New Student/Transfer Student Form (Parent Form and School form).

Recruiting:

A student must not have transferred as a result of recruiting or undue influence. Refer to SCISA Blue Book for clarification of recruiting.

All-Star Participation: If selected, you also give permission for your son or daughter to participate in SCISA All-Star Games. You also agree not to hold the South Carolina Independent School Association, the host school or any of its agents, members, employees, or affiliate organizations responsible in the event of an accident or injury. By your allowing your son and daughter to participate you authorize any and all emergency medical treatment for the player named and understand that you will be responsible for any and all such cost.

Participant and Parent/Legal Guardian Permission

_____ (student's name) has my permission to participate in athletics. We have read and understand the philosophy of the SCISA, the Code of Conduct, and the Summary of Eligibility Rules. We understand that there are inherent risks in all athletics and that injuries do occur. The South Carolina Independent School Association may examine school records of the student whose name appears above in order to verify eligibility. I understand that this form is considered to be a binding contract. The student whose name appears above may only participate in athletics for the school named below. Transfer to another school after this form has been filed will subject the student to the Sixty Day Rule. I also agree not to hold the South Carolina Independent School Association or any of its agents, members, employees or affiliate Organizations responsible in the event of an accident or injury. I further authorize any and all emergency medical treatment for the student named and will be responsible for any and all such cost while participating in a SCISA.

Signature of Parent or Legal Guardian

Signature of Student

Name of School

Date

The South Carolina Independent School Association

Warning of Inherent Risk

Assumption of Risk / Waiver of Liability / Indemnification Agreement

Release of Liability for minor Participants: Read before signing

Participation in athletics includes the **risk of injury** which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

Waiver/Release for Communicable Diseases including COVID-19

In consideration of being allowed to participate in my school's athletic program in SCISA and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

IN CONSIDERATION OF (name of student participant) _____, my child/ward, being allowed to participate in any way in the related events and activities of the **SCISA Athletic Association and this school's athletic program**, the undersigned acknowledges, appreciates, and agrees that:

1. The **risk of injury** to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist
3. I for myself, spouse, and child/ward, knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child/ward's participation and we also assume all risks as a spectator at athletic events where we may also be exposed to an illness from infectious diseases; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
5. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The South Carolina Independent School Association, this school (_____) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
6. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.
7. I understand that the physical evaluation for participation is simply a screening evaluation and not a substitute for regular health care.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms,

(PARENT/GUARDIAN SIGNATURE)

Date Signed

Student Participant Understanding of Risk

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(Participant's Signature)

Date Signed

The South Carolina Independent School Association

Warning of Inherent Risk

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of our school's overall student-safety program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that participation in athletics involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We accept and understand that participation in athletics and by attending public events as spectators includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

We understand that the inherent risks of participation in athletics cannot be eliminated. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) _____ (Parent Initial) _____

We understand that Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) _____ (Parent Initial) _____

We understand that attending public events (including sporting events) includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) _____ (Parent Initial) _____

We certify that (Student Name) _____ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) _____ (Parent Initial) _____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) _____

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) _____ (Parent Initial) _____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) _____

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below I certify that I have read the above, understand its content and wish to participate.

Student name (please print)

Student signature

Date

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below I certify that I have read the above, understand its content and give my permission for my student to participate.

Parent/guardian name (please print)

Parent/guardian signature

Date

The South Carolina Independent School Association Student / Parent Concussion Awareness Form

Information for Student-Athletes and Parents / Legal Guardians (Keep This Page)

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.

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

Student-Athlete & Parent/Legal Custodian Concussion Statement

If there is anything on this sheet that you do not understand, please ask a coach/staff member to explain or read it to you.

Student-Athlete Name: _____

Parent/Legal Custodian Names _____

___ Yes. We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.

Student-Athlete Check/Initials		Parent/Legal Custodian initials/checks
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

SCISA CONCUSSION POLICY: In accordance with South Carolina/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).

- 1) 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.
- 2) 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.
- 3) It is mandatory that every coach in each SCISA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com every year
- 4) 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.

Student's Signature _____ Parent/Legal Custodian Signature _____

Date: _____

Date _____

Lee Academy

Athletic Transportation Permission

I, or we, the undersigned Parents and/or Guardians of _____ do hereby grant permission for my child to ride in a school bus and/or with a parent volunteer to and from athletic events. The staff and parent volunteers will exercise reasonable precautions to prevent accident or injury; however, realizing that such events do occasionally occur, I grant permission for any Lee Academy faculty/staff member and/or parent volunteer to attend to and/or obtain necessary medical treatment for my child.

I further release Lee Academy, its Board of Directors, faculty/staff and the parent volunteers of responsibility either imposed or implied, which may occur as a result of my child's transportation to and from athletic events.

Parent's Signature

Parent's Printed Name

Date

Parent's Signature

Parent's Printed Name

Date

Insurance Coverage

I, we, the undersigned Parents and/or Guardians of _____, do fully understand that Lee Academy does not carry insurance coverage on its athletes and will not be responsible for any injury sustained by the above participant. I, or we, will assume full responsibility for the insurance needs of the individual.

Parent's Signature

Parent's Printed Name

Date

Daytime Phone Number

Evening Phone Number

Parent's Signature

Parent's Printed Name

Date

Daytime Phone Number

Evening Phone Number