

Grade \_\_\_\_\_  
MI \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_



JASPER COUNTY CHARTER SYSTEM

ATHLETIC FORMS

2022-2023

Packet Contains:

Consent to Participate

Concussion Awareness

Sudden Cardiac Arrest Awareness

Extra-Curricular Transportation Release Form

Practice Policy for Heat and Humidity

Injury Release

**Sport(s)** \_\_\_\_\_



**JCCS CONSENT, INSURANCE, AND ATHLETIC PHYSICAL FORM**

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous 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. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for \_\_\_\_\_ to:

- (1) Compete in athletics for the Jasper County Charter System;
- (2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;
- (3) And, I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student lives at an address in the Jasper County Charter System district. Yes \_\_\_ No \_\_\_

Have you attended the Jasper County Charter System for at least one full school year? Yes \_\_\_ No \_\_\_

You live with (name of parent/guardian) \_\_\_\_\_

Date of birth \_\_\_\_\_ Telephone \_\_\_\_\_

Student athlete's grade level this year \_\_\_\_\_

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

**INSURANCE INFORMATION** - It is strongly recommended that Parent(s)/Guardian(s) have medical insurance for their student athlete. If a student athlete does not have insurance coverage, the school district provides an opportunity to purchase insurance to cover student athletic injuries. Where possible, a scholarship fund should be set up to assist students who are in financial need as determined by the principal or his/her designee. Parent(s)/Guardian(s) should contact the athletic director if they need financial assistance acquiring insurance. If you wish to purchase the Benefit Plan offered through JCCS, there is a link on the system athletic website.

**PLEASE SIGN HERE:**

**THIS SIGNATURE CONSENTS TO ATHLETIC PARTICIPATION, MEDICAL AUTHORIZATION, VERIFICATION OF INSURANCE COVERAGE AND PERMISSION TO USE THE ATHLETICS PICTURES AND/OR VIDEO ON OUR SYSTEM WEB SITE AND ALL OTHER FORMS OF MEDIA AVAILABLE TO JCCS ATHLETICS.**

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

Date \_\_\_\_\_



# Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: Jasper County Charter Schools

### 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 the Jasper County Charter System 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 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by Jasper County Charter System.

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

_____	_____	_____
Student Name (Printed)	Student Name (Signed)	Date
_____	_____	_____
Parent Name (Printed)	Parent Name (Signed)	Date



# Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: Jasper County Charter Schools

## 1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

## 2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

## 3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this form, I give the Jasper County Charter System permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2022-2023 school year. This form will be stored with the athletic physical form and other accompanying forms required by Jasper County Charter System.

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date



## Jasper County Charter System

### Transportation Policy for Athletics

Students involved in all extracurricular activities at Jasper County Schools will be provided transportation to and from all away games/meets/matches. However, there will be instances where a student-athlete will be required to drive to a different location for practice. In these cases, a release for this travel must be on file with the Head Coach of that sport as well as the Athletic Director's office. A student-athlete may NOT transport another student-athlete unless he or she is a member of the same immediate family. Recent accidents and litigation have made this necessary. The student-athletes at Jasper County Schools will have a bus provided by the Jasper County Schools Board of Education and a trained driver to drive this bus to all away games/meets/matches. This is the safest way for all persons to get to and from events. Student-athletes at Jasper County Schools will not be released to any individual to ride private transportation following contests except the student-athletes parent(s) or legal guardian, and a release must be signed by the parent/guardian after the contest; no pre-approvals for being released to someone other than a parent/guardian will be allowed.

### Jasper County Schools Extra-Curricular Transportation Release Form

I understand that my child \_\_\_\_\_, age \_\_\_\_\_, will be a passenger in a personally owned vehicle neither owned nor operated by Jasper County Schools. This personal vehicle will be used to transport my child from \_\_\_\_\_ (school) for extra-curricular activities related to \_\_\_\_\_ (name of activity). I request that my son/daughter be allowed to travel in this fashion.

The undersigned agrees to release, discharge, defend, hold harmless, and indemnify Jasper County Schools, its agents, employees, officers, trustees, representatives, insurers and others acting on behalf of Jasper County Schools, of and from all claims, demands, causes of actions and legal liabilities for injuries or death to my child. I agree not to bring any claims, demands, legal actions and causes of action for any economic and non-economic losses due to bodily injury, death, or property damage sustained by my child while in the aforementioned privately owned vehicle.

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date





# PRACTICE POLICY FOR HEAT AND HUMIDITY

## 2.67 Practice Policy for Heat and Humidity:

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (this policy is year-round, 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 levels that will result in practice being terminated.
- (b) A scientifically-approved instrument that measures the Wet Bulb Globe Temperature 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 with a minimum duration of 3 minutes each during the 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 with a minimum duration of 4 minutes each.
- 87.0 - 89.9 Maximum practice time is 2 hours. For Football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level **during** practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
- 90.0 - 92.0 Maximum practice time is 1 hour. For Football: no protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.
- Over 92.0 No outdoor workouts. Delay practice 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 practice or workout area until players leave that area. 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 a part of the practice time regulation, and may last no longer than one hour. This activity may not include 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.
- (g) When the WBGT reading is over 86, ice towels and spray bottles filled with ice water should be available at the "cool zone" to aid the cooling process AND cold immersion tubs must be available for the benefit of any player showing early signs of heat illness. In the event of a serious EHI, the principle of "Cool First, Transport Second" should be utilized and implemented by the first medical provider onsite until cooling is completed (core temperature of 103 or less).

By signing below, I (please print parent/guardian name) \_\_\_\_\_,  
parent of (print child's name) \_\_\_\_\_

acknowledge that I have reviewed the practice policy for heat and humidity. I understand that I may contact the Head Coach or the Athletic Director if I have any questions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## INJURY RELEASE FORM

This form gives the Jasper County Charter System and its agents authorization to have emergency medical treatment administered by a licensed medical physician for **any situation occurring on school property or at a school event to:**

Print Student's full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

EMERGENCY CONTACTS (please print):

1: \_\_\_\_\_ Phone: \_\_\_\_\_

2: \_\_\_\_\_ Phone: \_\_\_\_\_

3: \_\_\_\_\_ Phone: \_\_\_\_\_

4: \_\_\_\_\_ Phone: \_\_\_\_\_

5: \_\_\_\_\_ Phone: \_\_\_\_\_

INSURANCE INFORMATION (is used only if required):

Name of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Medication Taken Regularly (name and dosage):

\_\_\_\_\_

\_\_\_\_\_

**I HEREBY AUTHORIZE THE JASPER COUNTY CHARTER SYSTEM AND ITS AGENTS TO HAVE EMERGENCY MEDICAL TREATMENT ADMINISTERED BY A LICENSED MEDICAL PHYSICIAN.**

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Parent/Guardian (sign)

Date \_\_\_\_\_