Handbook for Sandy Springs Middle School PTO Foundation Sports Activities

2026-2027

SSCMS PTO Foundation sports questions: george@sandyspringspto.org

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Introduction

The purpose of this Handbook is to provide guidance to the members of the Board of Trustees (the "Board") of Sandy Springs Charter Middle School PTO Foundation, Inc. (the "PTO Foundation"), the administration of Sandy Springs Charter Middle School ("SSCMS"), teachers, coaches and parents/guardians in regard to PTO Foundation sports activities. The PTO Foundation believes that participation in sports provides a wealth of opportunities and experiences that will assist young men and women in personal growth and development. It is the PTO Foundation's goal to maintain a sports program that is sound in purpose and that will further each student's educational maturity.

Sports Competition Philosophy. PTO Foundation sports activities should provide a variety of experiences to aid in the development of favorable habits and attitudes that will prepare young people for adult life, including learning:

- To work with others and to develop self-discipline, respect for authority, a spirit of hard work and sacrifice, and to place the team and its objectives above personal desires.
- To be successful and to continually strive to do your best.
- To develop sportsmanship, and to accept defeat like a true sportsman, knowing you have done your best.
- To enjoy participation, and to acknowledge the personal rewards to be derived from participation.
- To develop desirable personal health habits through exercise, and to develop the desire to maintain this level of physical fitness after formal competition has been completed.

PTO Foundation Sports. During the 2026-2027 school year the PTO Foundation sports will be:

- Fall: Cheerleading, Cross Country, Softball, Soccer, Volleyball, & tentatively Golf
- Winter: Cheerleading (technically an FCS sport)
- Spring: Girls Soccer

The grade levels that are eligible to play on each team will be determined by the head coach of that team and the SSCMS Administration, with any disagreements to be resolved by the Board.

There may be a registration fee to play a PTO Foundation sport; in addition, all parents/guardians of the student-athletes will be asked to participate in fundraising efforts for their student-athlete's PTO Foundation sports team. It is the PTO Foundation's goal to keep all costs to a minimum. Also, if the parents/guardians of a student-athlete cannot pay the registration fee due to financial hardship, the Board in its discretion may waive the payment of such costs and allow the student-athlete to play on the team. Participation in team fundraising efforts will still be required.

Coaching Staff. Each PTO Foundation sports team must have at least one coach who is an employee of Fulton County (a "Fulton County Coach"), and the compensation for the Fulton County Coach generally will be based on one-half (1/2) of the "Annual Supplemental Pay" for an assistant coach for the same sport pursuant to the Fulton County High School Supplemented Duty schedule, unless otherwise determined by the Board. Such compensation will be paid by the PTO Foundation to SSCMS, along with an additional amount to cover the employer's share of employment taxes, etc., and such compensation will be included in the Fulton County Coach's regular paycheck from SSCMS. Unless otherwise agreed to by the Board, each PTO Foundation sports team will have no more than one paid Fulton County Coach. A Fulton County Coach or other Fulton County employee must be present at every practice and game of each PTO Foundation sports team. In addition, each PTO Foundation sports team may have one or more unpaid coaches who are not Fulton County employees (i.e., community coaches); provided, that each community coach must be approved by the Board. The head coach of each team, who can be a Fulton County Coach or a community coach, will be appointed by the Board.

Sports activities are exciting and often involve forceful contact with the ground, playing surface, or another player. Because of these conditions inherent to the sport, participation in a PTO Foundation sports activity exposes a student-athlete to many risks of injury. In an effort to make the PTO Foundation's sports activities as safe as they can be, the coaching staff will instruct players in the rules and correct mechanics of skills. It is vital that athletes follow the coaches' skill instructions, training rules, and team rules to decrease the possibility of serious injury.

Making the Team. It is the PTO Foundation's philosophy and desire to see as many student-athletes as possible participate in the PTO Foundation sports activities program, and the PTO Foundation encourages coaches to involve as many student-athletes as reasonably possible without compromising the integrity of the program or the team. Time, space, facilities, equipment, and other factors will place limitations on the most effective team size for any of the PTO Foundation sports team.

Student-athletes trying out for some of the PTO Foundation's sports teams in which the level of interest is high risk being cut. During the tryout period the head coach will provide an explanation of his/her expectations, including how many players will be on the team and how many will dress out for each game. It is each student-athlete's responsibility to demonstrate to the coaching staff that he/she can meet the head coach's expectations. No student-athlete is guaranteed a place on the team simply because of his or her grade level or past participation. A student-athlete cut from a team may request a meeting with the head coach during which he or she will be informed as to the reason for the cut.

Playing Time. One of the most emotional issues surrounding involvement in sports activities is playing time. There are many factors that determine playing time in addition to athletic ability, such as practice attendance, attitude, commitment, effort, grades, and behavior in and out of school. It is the coaching staff's responsibility to decide which athletes should start a contest, who should play what position, and how long each athlete should play. These decisions, often difficult to make, are made only by the coaching staff and are approached very seriously after having observed the student-athlete in practice sessions, scrimmages, and games. The foregoing notwithstanding, it is the PTO Foundation's policy that every player who dresses out for a game will play in that game, with the amount of playing time to be determined by the coaching staff.

Conflict Resolution. Sports involvement is highly emotional and very time consuming. Sometimes conflicts or issues arise between student-athletes, coaches, and occasionally parents/guardians. When conflicts or issues arise, it is important that they be addressed promptly, and as directly as possible, so they can be resolved as soon as reasonably possible. Student-athletes and their parents/guardians should use the following process when seeking resolution to such conflicts or issues:

The First and Only Step: Contacting the Head Coach. The student-athlete or parent/guardian should present the conflict/issue to the head coach as soon as possible. In order for the contact to be as productive as possible, times that should be avoided are:

- prior to, during or immediately following a contest.
- during an active practice session.
- when other students or parents/guardians are present or when it would be readily visible to others that the discussion is taking place; and
- when it is apparent that there is not sufficient time to allow for a complete discussion, which includes the time immediately before leaving for an away contest.

Often the best solution is for the student-athlete or parent/guardian to contact the head coach via email, over the phone or in person, to make an appointment to discuss the issue.

Governance

The Board is the ruling agency for the PTO Foundation sports activities program. Its responsibilities include:

- Interpreting the needs of the SSCMS community for youth sports activities.
- Evaluating the PTO Foundation sports activities program in terms of its value to the SSCMS community.
- Providing financial and personnel support for the PTO Foundation sports activities program through sponsors, donations and volunteers.

Requirements for Student-Athlete Participation

Pre-participation Physical Evaluation. A yearly physical examination of each student-athlete participating in PTO Foundation sports activities is required to be performed by a licensed health care professional, and a completed Pre-participation Physical Evaluation form that is signed by a physician must be submitted to the coaching staff before a student-athlete can participate in a PTO Foundation sports activity, including tryouts. The Pre-participation Physical Evaluation form will be the same form that is used by North Springs Charter High School, and the completed forms will be kept on file with the Board. The Pre-participation Physical Evaluation form covers all PTO Foundation sports for one calendar year, and no other form is acceptable.

Parental Consent for Athletic Participation, Verification of Insurance, Student Conduct, Release of Liability, and Transportation. All student-athletes and parents/guardians must realize the risk of serious injury that may result from participation in a PTO Foundation sports activity. The PTO Foundation requires that the following documents be completed, signed, and submitted to the coaching staff before a student-athlete can participate in a PTO Foundation sports activity: (1) Student's Application for Participation in SSCMS PTO Foundation Sports Activities and Verification of Insurance and Conduct Agreement, (2) Amateur Athletic Waiver and Release of Liability and (3) Travel Release. Parents/guardians acknowledge that they have read or will read this Handbook when they sign these documents. The completed documents will be kept on file with the Board. Copies of these documents are at the end of this Handbook.

Handling of Student-Athlete Records. The forms described above, along with the Pre-participation Physical Evaluation, Concussion Awareness, and Sudden Cardiac Arrest Awareness forms, contain sensitive personal and medical information about the student-athlete. These forms will be kept on file with the Board and will be accessible only to the Board, the SSCMS Administration, and the coaching staff of the applicable team, as reasonably necessary to administer the PTO Foundation sports activities program. These forms will be retained only for as long as reasonably necessary for that purpose and to satisfy applicable recordkeeping obligations, after which they will be securely destroyed.

Student-Athlete Eligibility. The eligibility requirements to practice or compete in a PTO Foundation sports activity are the same as the eligibility requirements to participate in SSCMS's extramural program for middle schoolers, which follows GHSA rules:

To be eligible to participate and/or try-out for a sport or activity, a student must be enrolled full time in grades 6-8 inclusive at the school seeking eligibility for that student. (a) Enrollment is defined as follows: (1) Fall Semester: when the student participates in a practice or contest before classes begin, or the student attends classes. (2) Spring Semester: when the student attends classes. (3) A student may be enrolled in only one (1) middle school at a time. (b) The student must be in regular attendance.

All coaches will make every effort to field a team comprised of students enrolled at SSCMS. However, if after a tryout the sport is unable to fill its roster due to low participation, students who reside within the SSCMS catchment area (zone) but who are home schooled, in 5th grade, or in a private school that does not offer said sport, can be eligible to play pending a hardship application and approval by the SSCMS principal and the PTO Foundation board. Approval must also be received from the league (MAAC league for all PTO Foundation sports).

Non-Discrimination and Reasonable Accommodations. The PTO Foundation is committed to providing student-athletes an equal opportunity to try out for and participate in PTO Foundation sports activities without regard to race, color, national origin, sex, disability, or religion. A student-athlete or parent/guardian who believes a reasonable accommodation is needed for a disability in order to try out for or participate in a PTO Foundation sports activity should contact the SSCMS Administration as early as possible so that the request can be considered.

Student-Athlete Conduct

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of Fulton County and SSCMS. The PTO Foundation, the Board, school administrators and coaches feel strongly that high standards of conduct and citizenship are essential in maintaining a sound sports activities program. The welfare of the student-athlete is the PTO Foundation's major consideration and transcends any other consideration. Any conduct that results in dishonor to the student-athlete, the team, the PTO Foundation, SSCMS, or the community will not be tolerated. Acts of unacceptable conduct such as, but not limited to, disruption of school, theft, vandalism, disrespect, immorality, or violations of the law tarnish the reputation of everyone associated with the PTO Foundation sports

activities program and will not be tolerated. In addition, all student-athletes fall under the jurisdiction of local school rules and policies and the Fulton County Discipline Cycle for Middle School Students, which is handed out to each student at the beginning of each school year.

Basic Participation Policies

Participation. A student may participate in only one PTO Foundation sport per season unless the head coach of each sport agrees to the student participating in both sports.

Dropping or Transferring Sports.

- On occasion a student may decide to drop a PTO Foundation sport. If this is the case, the following procedure should be followed:
    a. The student-athlete will inform his/her head coach.
    b. The head coach will report the situation to the SSCMS Administration.
    c. The student-athlete will return all equipment issued to him or her to the head coach.
- Without the consent of the SSCMS Administration, the student-athlete cannot begin a new PTO Foundation sport until the regular season of the PTO Foundation sport which he/she dropped has completed its season.

Equipment. Equipment issued to the student-athlete for use in a PTO Foundation sport is the student's responsibility. Loss of any equipment is the student-athlete's financial obligation and failing to meet that obligation can result in the denial of participation in other PTO Foundation sports.

Practices. Practices for PTO Foundation sports will normally take place between 4:00 p.m. and 6:00 p.m., unless otherwise approved by the SSCMS Administration.

Missing Practice. A student-athlete should always inform his/her head coach before missing practice. Missing practice or a game without good reason will be dealt with at the discretion of the head coach.

Conflicts in Extracurricular Activities. A student-athlete who participates in more than one extracurricular activity will likely face a conflict of obligations.

- The PTO Foundation recognizes that each student should have the opportunity for a broad range of experiences regarding extracurricular activities, and to this end, the PTO Foundation encourages the scheduling of events in a manner to minimize conflicts.
- Students have the responsibility to promptly notify the faculty sponsors/coaches involved when he/she becomes aware of a conflict or potential conflict.
- When a conflict arises, the sponsors/coaches will work out a solution, so the student does not feel caught in the middle. If a solution cannot be found, the SSCMS Principal will make the decision based on the following:
    a. The relative importance of each event (e.g., game vs. practice).
    b. The importance of each event to the student.
    c. The relative contribution the student can make.
    d. How long each event has been scheduled.
    e. Input from the parents/guardians.
- Once the decision has been made and the student has followed that decision, he/she will not be penalized in any way by either sponsor/coach. If it becomes obvious that a student cannot fulfill the obligations of a SSCMS or PTO Foundation activity, he/she should consider withdrawing from that activity.

Attendance. Students who miss over half of a school day due to illness will not be able to participate in PTO Foundation sports activities on that day. Students missing school for reasons other than illness must have an excused absence to participate in a PTO Foundation sports activity that day. Final authority for infractions of this rule will

rest with the SSCMS Principal. Students-athletes absent from school on the day prior to a non-school day will be eligible to participate in a PTO Foundation sports activity the day after the absence.

In-School and Out-Of-School Suspension. A student-athlete will not be allowed to participate in a PTO Foundation sports activity on any day that he/she has been assigned to in-school or out-of-school suspension. There should be no adjustments made in the assignment of suspension days to allow a student to participate in a PTO Foundation sports activity.

Release from Class. It is the responsibility of the student-athlete to inform each of his/her teachers that he/she is to be released early to participate in a PTO Foundation sports activity. All work will be made up by the student-athlete at the convenience of each teacher.

Reporting of Injury. All injuries that occur while participating in a PTO Foundation sports activity should be reported promptly to the head coach and the SSCMS Administration. If the injury requires medical attention, it will be necessary to have an accident report form completed by the Fulton County Coach and signed by the SSCMS Principal.

Dismissal of a Student-Athlete from a PTO Foundation Sports Team

- Only the Fulton County Coach can dismiss a student-athlete from a PTO Foundation sports team. When a Fulton County Coach makes such a decision, the student-athlete must be informed verbally by the Fulton County Coach in a private setting. It is the responsibility of the Fulton County Coach to discuss the situation with the student-athlete and his/her parents/guardians.
- The student-athlete or his/her parents/guardians may appeal the Fulton County Coach's decision for dismissal from the team to the SSCMS Administration. This appeal must be made within two (2) school days following the notification of dismissal and the appeal must be made in writing by the student-athlete or his parents/guardians to the SSCMS Administration.
- The student-athlete will not be allowed to participate on the team during the appeal process.
- The SSCMS Administration will review the appeal and make a decision whether to uphold the dismissal from the team or to restore the student-athlete's membership on the team, which decision will be promptly communicated to the student-athlete and his/her parents/guardians. The SSCMS Administration's decision must be made within three (3) school days following receipt of the written appeal from the student-athlete or his parents/guardians.
- The SSCMS Administration's decision concerning the student-athlete's appeal is the final decision and represents the conclusion of the appeal process. There is no appeal beyond the appeal to the SSCMS Administration.

Transportation

The PTO Foundation does not provide transportation for student-athletes to PTO Foundation sports activities that are scheduled away from SSCMS (an "away contest"). Such transportation will be arranged and coordinated by the parents/guardians of the players and will be provided by the parents/guardians (and in some cases the coaches and/or Fulton County employees who are not coaches). No transportation of student-athletes to an away contest will be provided by SSCMS, nor will any authorized school vehicles be used for transportation of student-athletes to away contests. No student-athlete will be provided transportation by parents/guardians, coaches, or Fulton County employees unless the student-athlete's parents/guardians have signed and submitted a Travel Release to a member of the coaching staff or the SSCMS Administration.

STUDENT'S APPLICATION FOR PARTICIPATION IN

SANDY SPRINGS CHARTER MIDDLE SCHOOL PTO FOUNDATION SPORTS ACTIVITIES

VERIFICATION OF INSURANCE

STUDENT ATHLETE CONDUCT AGREEMENT

This form is to be completed by the parents/guardians and student-athlete prior to the first practice session. It contains vital information in case of injury or an emergency, and coaches are to ensure that this form accompany the student-athlete to all practices and contests. Please print all information. Parents/guardians acknowledge when they sign this form that they have read or will read the Handbook for Sandy Springs Charter Middle School PTO Foundation Sports Activities (the "Handbook"), a copy of which will be provided upon request. PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY SANDY SPRINGS CHARTER MIDDLE SCHOOL PTO FOUNDATION SPORTS ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM (COMPLETED AND SIGNED) TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.

Effective for School Year 2026-2027

Student Name: _____ Male ___ Female ___

(Last name) (First name) (MI)

Date of Birth: _____ Age: _____ Grade _____

(Month) (Day) (Year)

Address:_____

(# and Street Name) (City) (State) (Zip Code)

Parent Name: _____ Email: _____

Parent Name: _____ Email: _____

Home Telephone No.: _____ Mother's Cellular No.:_____

Father's Cellular No.:_____Emergency Contact No.:_____

Student Signature:_____

(Signature) (Date)

We are the parents/guardians of the above-named student-athlete, and we hereby give our consent for him/her to participate in all Sandy Springs Charter Middle School PTO Foundation Sports Activities during the school year specified above, with the exception of _____. We understand that we are responsible for reading the contents of the Handbook, and that questions related to the Handbook can be addressed to SSCMS PTO Foundation Board at george@sandyspringspto.org.

If we cannot be reached in the event of a medical emergency, we hereby give our consent for one or more of the team coaches or Fulton County employees to obtain emergency transportation to the physician or hospital of their choice, and to obtain such medical care as is reasonably necessary for the welfare of the student-athlete if he/she is injured in the course of participation in a Sandy Springs Charter Middle School PTO Foundation Sports Activity. The following list represents all previous injuries or additional conditions (including allergies) known to us which may affect such student-athlete's performance or treatment:

_____

ALL PARENTS/GUARDIANS MUST SIGN AND DATE THIS FORM

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

VERIFICATION OF INSURANCE COVERAGE

Effective for School Year 2026-2027

The medical/ health insurance that I/we are using for the student-athlete named above is provided by _____, and the

(Name of Insurance Company)

insurance policy number is _____.

(Insurance Policy Number)

The insurance policy is in effect from: _____ to _____.

(Date) (Date)

The above medical/health insurance provides coverage for the student-athlete's participation in all Sandy Springs Charter Middle School PTO Foundation Sports Activities in which he/she will participate.

I/we certify that the above information is accurate and agree to notify the SSCMS Sports Director if there are any changes in the above policy.

ALL PARENTS/GUARDIANS MUST SIGN AND DATE BELOW

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

SSCMS PTO Foundation Student Athlete Conduct Agreement

You are being asked to read these rules and sign your name at the bottom of the page stating that you, the player, and you, a parent or guardian of the player, acknowledge that the player meets these eligibility requirements and agrees to these items listed below:

Students who meet all SSCMS PTO Foundation eligibility requirements are eligible to play in SSCMS PTO Foundation-sponsored games.

I understand and agree that my education is my first and foremost responsibility and that I must meet the expectations of my parents and my school, and I must do my schoolwork.

I will play any position assigned to me and will do my best at all times, using good sportsmanship with never any intent to harm an opposing player or one of my teammates.

I understand that I am participating in a team sport and that my attendance is required at all practices, games, and social gatherings. I will make the commitment to my coaches and teammates to be in attendance and to notify my coach if, for any reason, I am unable to attend any scheduled event.

I will inform my coach of any injuries I may sustain, on or off the field.

I will abide by the decisions of the game officials and will not display any unsportsmanlike behavior or gestures.

Regarding my behavior both on and off the playing field:

- I will treat my coaches, teammates, parents, officials, and other individuals I may encounter, with respect at all times, on or off of the playing field.
- I will not, in any way, damage or deface any property, buildings or equipment.
- I will always act as a gentleman/lady/person and treat others like I would like to be treated.
- I will not use drugs, alcohol, or tobacco, and understand that any violation of this agreement can and will result in suspension or expulsion from the participation in any SSCMS PTO Foundation sponsored team or event.
- I will not trash talk, use profanity (aka cuss words) or slang words (words that have been altered but essentially mean the same as the original profanity or cuss words).
- Bullying of any kind will not be tolerated. I will not become involved in bullying and understand that I must report any incidents of bullying to my coach or a parent. Spreading negative rumors is unacceptable and is a form of bullying. I will not repeat something negative that I hear about someone else.
- Hazing of any kind will not be tolerated. I will not participate in, encourage, or condone any initiation activity or ritual, whether or not I believe it to be harmless, that could cause physical or emotional harm or embarrassment to another student-athlete, and I understand that I must report any such incidents to my coach or a parent.
- I have read the Handbook for SSCMS PTO Foundation Sports Activities and will abide by its rules.

_____ _____

Player Printed Name Date Parent or Guardian Printed Name Date

_____ _____

Player Signature Parent or Guardian Signature

Waiver/Release

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

Read before signing

In consideration of being allowed to participate in any athletic team sponsored by the SSCMS PTO Foundation in any related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for minor, major and life-threatening injuries, while particular rules, equipment, and personal discipline may aid in reducing the risk, the potential risk of serious and life-threatening injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF RISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the SSCMS PTO Foundation, SSCMS, any coach, team member or team volunteer as well as _____ [MUST BE COMPLETED: name and location of playing field or practice field], their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct any event or practice, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, LIFE THREAT, or the loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ DATE SIGNED _____

(Participant's Signature)

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to his /her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release, agree to indemnify and hold harmless the above Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

_____ DATE SIGNED_____

(Parent/Guardian Signature)

Emergency Phone Number (_____)_____

TRAVEL RELEASE

Effective for School Year 2026-2027

Parents/Guardians:

If your Sandy Springs Charter Middle School ("SSCMS") student named below will be participating in one or more Sandy Springs Charter Middle School PTO Foundation, Inc. (the "PTO Foundation") sports activities, please complete and sign this Travel Release and return it to a member of the coaching staff of your student's PTO Foundation sports team.

_____ (my "Student") has my/our permission to

[Print Student's Name]

be driven to and from sites during and after the school day in connection with PTO Foundation sports activities by a parent or guardian of one of the other players, one of the coaches, or a Fulton County employee who is not a coach (each a "Designated Driver"). I/we agree to hold SSCMS, the PTO Foundation and its Board of Trustees (the "Releasees") harmless in the event of injury to my student, including any property damage, while my student is being driven to or from a site in connection with a PTO Foundation sports activity by a Designated Driver. In addition, I agree not to assert against any of the Releasees or their heirs, executors, administrators, successors or assigns, in any court of law, any claim or claims that my Student or I/we had, now have, or may have in the future, whether known or unknown, based on any injuries sustained by my Student while being so transported.

I/we have read the above and I/we voluntarily sign this Travel Release, and agree that no oral representations, statements, or inducements apart from the foregoing have been made to me/us. In addition, I/we acknowledge that I/we have read or will read the Handbook for Sandy Springs Charter Middle School PTO Foundation Sports Activities, a copy of which will be provided upon request.

ALL PARENTS/GUARDIANS MUST SIGN AND DATE THIS TRAVEL RELEASE

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

(FOR SCHOOL USE ONLY)

Received by: _____ on _____

[Print Full Name] [Print Date]

Signature of receiving party: _____

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL:_____SPORT: _____

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 longterm). 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 worsen 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 SSCMS PTO Foundation 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.

- 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.

PRINT NAME: _____ _____

(Student) (Parent or Guardian Signature)

SIGNED: _____ DATE: _____

(Student)

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

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 sudden cardiac arrest form, I give _____ (School Name) 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 2026-2027 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____School 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

SSCMS PTO FOUNDATION WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of SSCMS PTO FOUNDATION in their events and activities, the undersigned acknowledges, understands, and agrees that:

- Participant understands and acknowledges that the virus (or other pathogen) that causes the condition generally referred to as COVID-19 (or similar infectious pathogen or infectious diseases) is likely to be present and Participant acknowledges the contagious nature of the SARS-CoV-2 Virus that causes COVID-19. Participant also acknowledges the risk of contracting the virus that causes COVID-19 associated with this event or activity. Participant hereby acknowledges that his or her participation is done with full knowledge and disclosure of these risks and dangers associated with such participation.

- 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; and,

- I willingly agree to comply with the stated and customary terms and conditions for participation as it regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SSCMS PTO FOUNDATION their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: _____

Parent Guardian/Signature: _____

Date Signed: _____