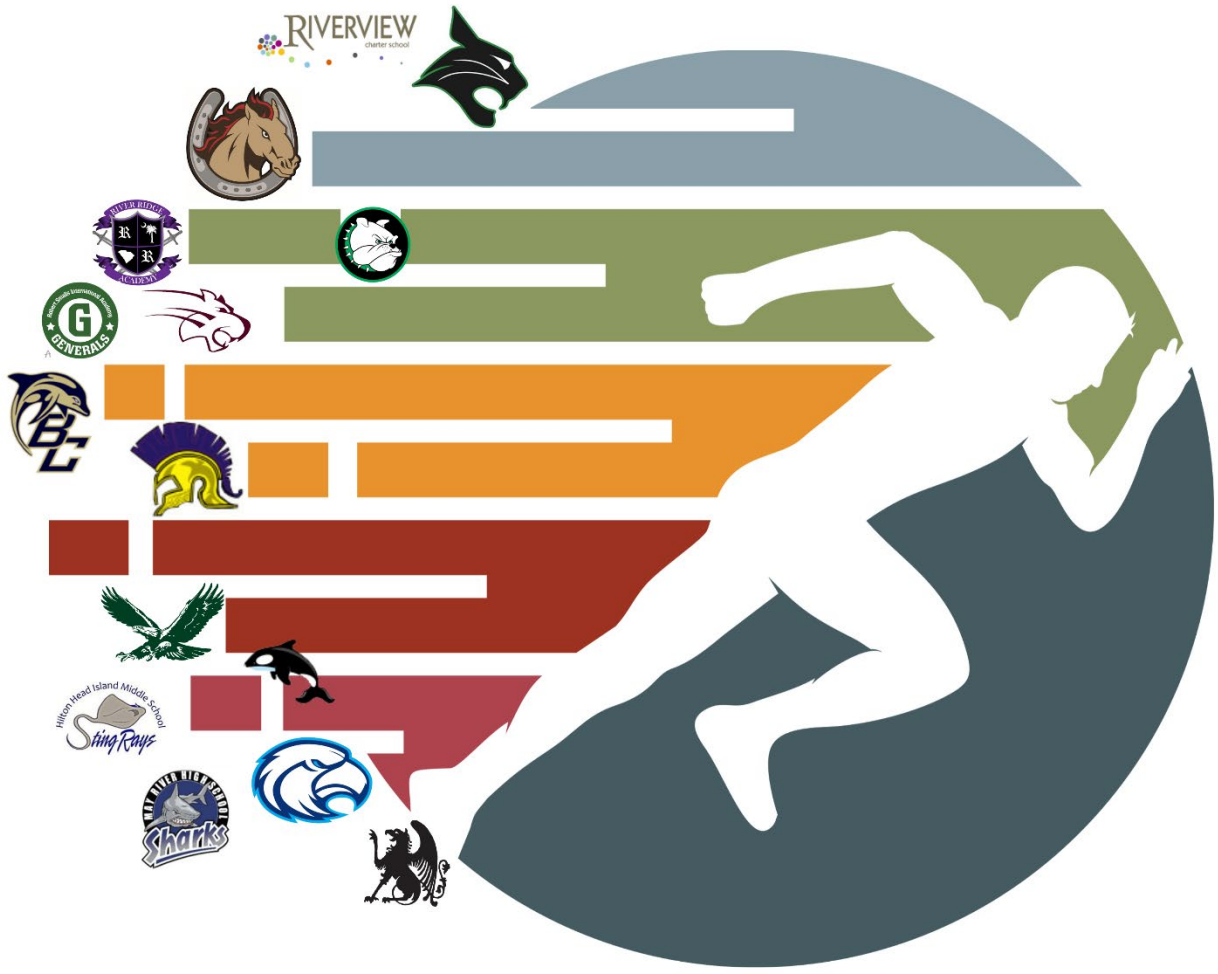


Beaufort County School District

2026-2027 Student Athletics Packet

BEAUFORT COUNTY SCHOOL DISTRICT

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Acknowledgement Statement

Student Name: _____

NOTE: Visit the Beaufort County School District website to read the Athletic Guidelines.

By signing this statement, I acknowledge that I have read the BCSD Athletic Guidelines and agree to abide by the policies contained herein. I further understand that BCSD reserves the right to modify, amend or eliminate policies and procedures at any time. I further understand that policies in this handbook may be updated from time to time with or without prior notice. I acknowledge and agree that this BCSD Athletic Guidelines replaces all prior handbooks.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

A copy of this statement is signed and retained in the student-athletes athletic file.

2026-2027 Parent Permission for Interscholastic Athletics

Parent/Guardian Information

Name of Parent/Guardian:	
Street Address:	
Parent/Custodian Phone:	Home: Work: Cell:
Parent/Custodian Email:	

Student Information

Student Name:	
School:	
Date of Birth:	
Gender:	
Last School Attended:	
School Address:	
Last Grade Completed:	

If your student attended a school outside the BCSD at the conclusion of the 2023-2024 school year, a grade report from that school must accompany this athletic packet.

Emergency Contact Information

#	Emergency Contact Name	Emergency Phone	Relationship
1			
2			
3			

Physician Information

Physician Name	Physician Phone

Request for Permission: I, as the student's parent/guardian, would like to apply for permission for the above-named student to participate in interscholastic athletics in the following sports during the 2026-2027 school year:

Check All That Apply:

	Basketball		Dance		Lacrosse		Tennis
	Baseball		Field Hockey		Soccer		Track
	Cheer		Football		Softball		Volleyball
	Cross Country		Golf		Swimming		Wrestling

Parent's Permission & Acknowledgment of Risk for Student to Participate in Athletics

Student Name: _____

As a parent or legal guardian of the above-named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Media Release

Media Release: As a parent of a student-athlete in Beaufort County School District (BCSD), I understand the student-athlete may be photographed, videotaped, or interviewed by the school district to promote BCSD. This includes the live streaming of sporting events to the general public. I understand that pictures, videos and interviews may be used on the BCSD website, in school district publications, external publications and electronic media.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (PRINT): _____

Student Signature: _____ Date: _____

Parent Pledge

Parent Pledge: As a parent, I understand that I am a role model. My signature below indicates my agreement to each of the following:

- I will remember that school athletics are an extension of the classroom, offering learning experiences for students, whether participating or spectating.
- I will show respect for the opposing teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that the BCSD, its schools, the athletic conferences in which our schools participate and the SCHSL expects of its members.
- I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete.
- I agree to encourage and support my student by attending parent meetings as required by the school/coach. Lending support to the school/activity booster club, ensuring that my student follows all SCHSL, BCSD, school, and team conduct, rules, interacting with classroom teachers, counselors, and school administrators on a regular basis to monitor the academic success/progress of my student, demonstrating good sportsmanship at all times towards coaches, officials, competitors, and personnel, submitting all fees and forms as required for participation, following the established methods to address program/individual concerns by first contacting my student's coach, attending contests in which my students will be involved as often as possible, and ensuring my student has the necessary transportation to/from practices and events.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (PRINT): _____

Student Signature: _____ Date: _____

Parental Permission Agreement Form

Student Name: _____ Activity: _____

School: _____ Grade: _____

As the parent/guardian of a Beaufort County School District student, choosing to participate in co-curricular activities, I agree to encourage and support my son/daughter and his/her activity by:

1. Attending parent meetings as required by the school/coach.
2. Lending support to the school/activity Booster Club
3. Ensure that my son/daughter follows all state, district, student code of conduct and all discipline codes at all times.
4. Interacting with classroom teachers, counselors, and school administration on a regular basis to monitor the academic success/progress of my student.
5. Always demonstrating good sportsmanship towards coaches, officials, home team/visitors, competitors and personnel
6. Submitting all fees and forms as required for participants.
7. Following the established methods to address program/individual concerns by making the initial contact for a scheduled conference by using the Chain of Command:

   A. Assistant Coach B. Head Coach C. Athletic Director
   D. Assistant Principal E. Principal F. District Office

8. Attending contest in which my student will be involved as much as possible.
9. Ensuring my student has the necessary transportation to/from practices and events.

As a parent/guardian, I understand that my direct involvement and support is necessary for this to be a valuable experience for my son/daughter. My signature below indicates that I have agreed to the above terms of this agreement.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Drug Testing Consent Form

I desire _____, (student) be able to participate in some or all the following voluntary activities or privileges offered by the Beaufort County School District which includes interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

- I have read and understand the Beaufort County School District's administrative regulation governing random student drug testing.
- The student named above shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.
- Drug tests of students under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, parent/guardian, the contracted Test Administrator for the Beaufort County School District, Medical Review Officer, the Superintendent designee, and the student's School Principal.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (PRINT): _____

Student Signature: _____ Date: _____

Student Athlete Concussion Acknowledgment Statement

I _____, (student) understand that it is my responsibility to report all injuries and illnesses, including concussions, to my athletic trainer and/or head coach.

I have read and understand the CDC concussion fact sheet, A Concussion Fact Sheet for Athletes, and am aware of the following information:

1. A concussion is a brain injury, which I am responsible for reporting to the head coach or athletic trainer.
2. A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
3. I cannot see a concussion, but I might notice some of the symptoms right away. I understand other symptoms can show up hours or days after the injury.
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer.
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
6. Following concussion, I understand that the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play before symptoms resolve.
7. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

I acknowledge that I have read and understand the CDC's A Fact Sheet for Athletes and the Beaufort County Student Athlete Insurance Coverage policy and accept these responsibilities to protect my well- being. If I have any questions, it is my responsibility to ask the athletic training staff or my coach.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (PRINT): _____

Student Signature: _____ Date: _____

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 had surgery? If yes, list all past surgical procedures.	
Medicines and supplements: List all current prescriptions, over-the-counter medicines, supplements (herbal & nutritional):	
Do you have any allergies? If yes, please list all your allergies (ie; medicines, pollens, food, stinging insects, etc.):	

General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	**Yes**	**No**
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
Heart Heath Questions About You	**Yes**	**No**
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
Health Questions About Your Family	**Yes**	**No**
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*)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QTsyndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?		
Bone and Joint Questions	**Yes**	**No**
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?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

Medical Questions	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
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?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special Diet or do you avoid certain types of foods?		
28. Have you ever had an eating disorder?		
Females Only	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

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: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

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Preparticipation Physical Evaluation – Physical Form

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

Examination		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected ___Yes ___No

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 (Check all that apply)

	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): _____ Address: _____Phone: _____

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

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Parent and Student Eligibility Waiver

Student Name: _____

I understand and agree to abide by the procedures in the South Carolina High School League (SCHSL) By-Laws. To enable the SCHSL to determine the herein-named student's eligibility to participate in interscholastic athletics in the SCHSL member school, I consent to the release of any and all portions of school record files to SCHSL, of the herein-named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work in progress and/or completed, grades received, and attendance data.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____