

Athletics: Form A

School Travel Form

In order to provide the best possible medical care for your child, a medical record will be established for him/her. If your child should become injured while playing sports, this information will provide important information about him/her. Please complete and sign as indicated.

St. Andrews School:

Athlete's Name: _____ DOB: _____

Athlete's Address: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Primary Insurance Co. Name: _____

Policy Number: _____

_____ HMO Preferred Hospital: _____

_____ PPO Primary Care Physician: _____

Secondary Insurance Co. Name: _____

Policy Number: _____

_____ HMO Preferred Hospital: _____

_____ PPO Primary Care Physician: _____

MEDICAL CONSENT TO TREAT

The undersigned grants the representative from St. Joseph's/Candler Health System Sports Medicine Center and its employee's parental consent for your child's pre-participation screening and assessment/treatment of your child's injuries that he/she may suffer during the school year. I give permission for the school official, chaperone, or representative of the St. Joseph's/Candler System Sports Medicine Center involved in the activity with my child to seek medical aid, render first aid if such attention is necessary in the sole discretion of said person involved. In case of emergency and when I cannot immediately be reached by telephone or otherwise, I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, an order injections, anesthesia, or surgery for my child. I agree to be responsible for all medical expenses incurred in connection therewith. In the event the St. Andrew's School incurs expenses for medical treatment, then and in that event, I agree to reimburse said institution in full.

THE UNDERSIGNED CERTIFIES THAT HE/SHE READ AND UNDERSTANDS THE ABOVE.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Athletics: Form B

St. Joseph's/Candler
Authorization to Release Medical Information

Warning: Although participation in supervised inter-scholastic athletics and school activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS AND SCHOOL ACTIVITIES INCLUDES A RISK OF 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 or the school setting, it is possible only to minimize, not eliminate the risk.

Students can and have the responsibility to help reduce the chance of injury. **STUDENTS AND PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR TEACHERS/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 AND 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 my/our child, _____, to

1. Compete in athletics at St. Andrew's School in the South Carolina Independent School Association.
2. Accompany any school team/activity on any of its local or out-of-town trips.
3. 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.
4. Consent to internet storage and delivery of this information to medical providers as appropriate by DCATS, LLC.

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

Authorization to Release Medical Information

I, being of lawful age, do hereby authorize and consent to having St. Joseph's/Candler Health System, Inc. Athletic Trainers and/or their consulting physician(s) provide any requested medical information to other physicians, other healthcare providers, my high school coaches or school administration, intercollegiate teams, professional teams, their scouts, recruiters, or athletic trainers which directly pertain to my participation at St. Andrew's School. Said authorization to release medical information will include, but is not necessarily limited to, information concerning illnesses, injuries, treatments, hospitalizations, examinations, X-rays, or other forms of diagnostic testing occurring while participating in activities at said school or athletic organization.

I understand that I may revoke this authorization by providing written notice to St. Joseph's/Candler Health System, Inc. I also understand that I am waiving my right to privacy with regard to the medical records and patient identifiable information by authorizing the release of my information.

This authorization shall be valid for one (1) year commencing on the effective date executed below. I understand that the release of my medical information is being carried out with my consent and so assume full responsibility.

_____ Signature of Parent/Athlete	_____ Date
_____ Person authorized to consent for the patient (Parent/Guardian)	_____ Date
_____ Relationship to the patient/athlete	_____ Witness

Pre-Participation History & Health Assessment Form

This form is to be filled out by the parent(s) and student prior to seeing the physician and presented to the physician at the time of the student's physical examination. The physician should keep this form with the student's records. A copy of this form will be submitted with the student's completed physical examination form to the school.

Date that this form is being completed: _____

Name _____ Date of Birth: _____ Grade: _____

School: _____ Sex: F ___ M ___ Sports: _____

Address: _____ Phone: _____

Personal Physician: _____ Phone: _____

In Case of an Emergency Contact: _____ Relationship: _____

Home Phone #: _____ Cell #: _____ Other: _____

***Attention parent or guardian and athlete: answers to the following questions are very important!
Please take the time to answer each question to the best of your knowledge.***

Medicines and Allergies:

List all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are taking.

Do you have any allergies? Yes No

If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects Other _____

Please provide a description of cause and treatment: _____

Concussions:

Have you ever had a head injury or concussion? Yes No *If yes, when (date):* _____

Have you had more than one head injury or concussion? Yes No *If yes, how many?* _____

Provide the date of each concussion: _____

Have you ever had a blow to the head that caused confusion, prolonged headache, or memory loss? Yes No

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, coaches, doctors or those under their direction who are part of the athletic injury prevention or 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. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____

Pre-Participation Physical Evaluation Medical History Questionnaire

Note: This form is to be filled out by the parent(s) and student prior to seeing the physician.

Student's Name _____ Today's Date _____

Attention parent or guardian and athlete: answers to the following questions are very important! Please take the time to answer each question to the best of your knowledge. Explain "Yes" answers below. Circle question if you do not know the answer.

General Questions	Yes	No	25. Do you have any history of juvenile arthritis or connective tissue disease?	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?					
2. Do you have any ongoing medical conditions, If so Identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____					
3. Have you ever spent the night in the hospital?					
4. Have you ever had surgery?					
Heart Health Questions About You	Yes	No	Medical Questions		
5. Have you ever passed out or nearly passed out during or after exercise?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
6. Have you ever had pain, discomfort, tightness, or pressure in your chest during exercise?			27. Have you ever used an inhaler or taken asthma medicine?		
7. Does your heart ever race or skip a beat (irregular beats) during exercise?			28. Is there anyone in your family who has asthma?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
9. Has a doctor ever ordered a test for your heart?			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
10. Do you get lightheaded or feel more short of breath more than expected during exercise?			31. Have you had infectious mononucleosis (mono) in the last month?		
11. Have you ever had an unexplained seizure?			32. Do you have any rashes, pressure sores, or other skin problems?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			33. Have you had a herpes or MRSA skin infection?		
Health Questions About Your Family	Yes	No	34. Do you have a history of seizure disorder?		
13. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, sudden death syndrome)?			35. Do you have headaches with exercise?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic, polymorphic ventricular tachycardia?			36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			37. Have you ever been unable to move your arms or legs after being hit or falling?		
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			38. Have you ever become ill while exercising in the heat?		
Bone and Joint Questions	Yes	No	39. Do you get frequent muscle cramps when exercising?		
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a game or practice?			40. Do you or someone in your family have sickle cell trait or disease?		
18. Have you ever had any broken or fractured bones or dislocated joints?			41. Have you had any problems with your eyes or vision?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast, or crutches?			42. Have you had any eye injuries?		
20. Have you ever had a stress fracture?			43. Do you wear glasses or contact lenses?		
21. Do you regularly use a brace, orthotics, or other assistive device?			44. Do you wear protective eyewear, such as goggles or a face shield?		
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			45. Do you worry about your weight?		
23. Do you have a bone, muscle, or joint injury that bothers you?			46. Are you trying or has anyone recommended that you gain or lose weight?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			47. Are you on a special Diet or do you avoid certain types of foods?		
			48. Have you ever had an eating disorder?		
			49. Do you have any concerns that you would like to discuss with a doctor?		
			Females Only	Yes	No
			50. Have you ever had a menstrual period?		
			51. How old were you when you had your first menstrual period?		
			52. How many periods have you had in the past 12 months?		
Explain any "YES" answers on an additional page and attach to this questionnaire.					
I hereby state that, to best of my knowledge, my answers to the above questions are complete and correct.					
Athlete's Signature _____					
Parent/Guardian Signature _____					
Date _____					

SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Physical Examination Form

Please Print

 Last Name First Name Middle Initial Date of Birth

Gender: ___ M ___ F Age: _____ Grade: _____

PHYSICAL EXAM - To Be Completed By Physician or trained medical personnel under the supervision of a physician.

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Medical	Normal	Abnormal Findings	Initials
1. Eyes (vision)			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck / Lymph Nodes			
5. Cardiovascular			
6. Abdomen			
7. Chest & Lungs			
8. Skin			
9. Genitalia-Hernia (male)			
10. Heart (squatting to standing & supine)			
Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine/Back			
• Shoulders/Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Thighs			
• Knees			
• Leg/Ankles			

___ Cleared without restriction

___ Cleared, with recommendations for further evaluation or treatment for: _____

___ Not Cleared: ___ All Sports ___ Certain Sports: _____

I certify that I have examined this athlete on this date and found him/her medically qualified to participate in sports. I also certify that I am a licensed physician or work directly with a licensed physician.

Physician's Signature: _____ Date: _____

Physician's Address: _____

THE SOUTH CAROLINA INDEPENDENT SCHOOL ATHLETIC ASSOCIATION

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 SCISA.

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.
- By arguing with an official or going through motions indicating dislike or disdain for a decision.
- By using any foul, abusive, 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 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.

4. 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: Class A & AA: eligible students in grades 6-9 may participate in junior varsity football.

Class AAA: eligible students in grades 8-10 may participate in junior varsity football

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, 2014.
- **Junior Varsity:** In order to participate in junior varsity athletics a student must not have reached his/her sixteenth (16th) birthday before July 1, 2014.
- **B-Team:** In order to participate in B-Team athletics a student must not have reached his/her fifteenth (15th) birthday before July 1, 2014. 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, 2014.

TRANSFER RULES:

A student who transfers after having: A. attended one class or B. filed the Agreement for Participation during the defined sports season or practices with team on or after the first official practice date must wait sixty (60) days to become eligible. This may be waived for a *bono fide* change in residence. The Sixty Days may be waived following league/Committee review if all of the following conditions are met to the satisfaction of the Committee at its sole and absolute discretion for a non-member to member transfer: A. The student has completed a Transfer Form; B. The parents provide a statement detailing the reason for the transfer; C. The student enrolls in the SCISA member school on or before: 1. *September 15th for fall sports*; 2. *January 8th for winter sports*. D. If approved, a transfer must participate in ten (10) days of practice before he/she is allowed to participate in a game. Second semester transfers are subjected to the Sixty Day Rule (*transfers after January 8th/end of 1st semester*). *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.

RECRUITING:

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

GUARDIANSHIP:

A student must reside with his/her parent(s) to be eligible for athletic participation. Refer to the SCISA Blue Book for a clarification of a legally appointed guardian.

Medical Insurance Coverage Statement

It is important for a parent to understand his/her 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).

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.

Signature of Parent or Legal Guardian

Signature of Student

Name of School

Date

The South Carolina Independent School Association

**Warning of Inherent Risk
Minor Waiver/Release**

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

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. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child/ward's participation; and,
3. 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,
4. 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.
5. 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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, 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 SIGNATURE)

Date Signed

Warning about the Inherent Dangers of Football

Student athletes and parents should be aware that **Football**, like all sports, will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in this sport, and care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods and common sense.

Student athletes should report all injuries to his/her coach and parents. Players should also assist coaches and game officials by reporting any equipment or playing concerns.

SCISA encourages student athletes in all sports, and their parents, to discuss risks and risk minimization with coaches and school administrators.

FOOTBALL WARNING: HELMET, EQUIPMENT, AND TECHNIQUE

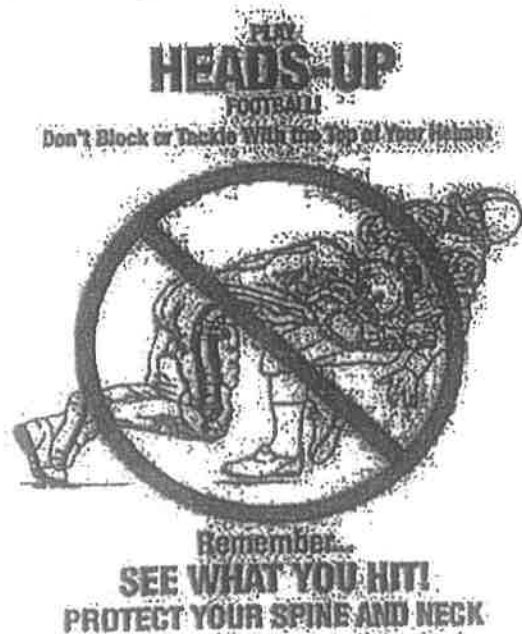
According to the National Federation (High School Rules) and NCAA Sports Medicine Handbook, "all players shall wear helmets that carry a warning label regarding the risk of injury". This warning label is secured to the exterior of the helmet shell and must be visible and legible at all times. The warning label states:

WARNING

Do not strike an opponent with any part of this helmet or facemask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

**NO HELMET CAN PREVENT ALL SUCH INJURIES.
YOU USE THIS HELMET AT YOUR OWN RISK.**

The National Federation (High School Rules) has identified specific guidelines against a player using their head as a weapon and as the initial point of contact for blocking and tackling.



The equipment issued to you should not be modified, by you, in any way. Any potential modifications to your protective equipment must be brought to the attention of the Athletic Training staff and/or Football coaching staff in advance, this includes adapting or exchanging helmets, shoulder pads, and adding or deleting neck rolls.

My signature below indicates that I have read this entire warning and understood it completely.

Student's/Participant's Signature

Date

Parent's Signature

Date