



# WASHINGTON COUNTY SCHOOL SYSTEM PARENT/GUARDIAN CONSENT FORM

Student Name (Please Print): \_\_\_\_\_

Current Grade: \_\_\_\_\_

Check all sports in which you are interested in participating:

FALL	WINTER	SPRING
<input type="checkbox"/> Band	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Track
<input type="checkbox"/> Football	<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> Tennis
<input type="checkbox"/> Softball	<input type="checkbox"/> Competition Dance	<input type="checkbox"/> Soccer
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Volleyball		

### PARENT/GUARDIAN CONSENT

I authorize the use/disclosure of health (medical) information regarding my son/daughter to the following persons: Washington County High School administrators and the coaching staff of the above indicated sport(s). I understand that if I refuse to sign, my son or daughter will not be able to participate in athletics at Washington County High School.

In the event of an accident or emergency, I give my permission for the school authorities to transport my child to any available doctor or hospital and/or request their services.

I hereby certify that the above-named student is covered by health/accident insurance that provides protection for accidental bodily injury as required by Washington County High School for participation in approved school activity during the school year. I will notify Washington County High School of any change or lapse in the policy stated below.

I hereby certify that the above-named student was given a general physical examination and based on that examination, no illness or impairments were found to my knowledge which would prevent him/her from engaging in the Washington County High School athletic program. The physical examination form is on file at Washington County High School. I have read the above consent form and certify to the best of my knowledge that all the information that I have provided is correct.

\_\_\_\_\_

Signature of Parent/Guardian\*

\_\_\_\_\_

Date

Please attach insurance card or send a picture of insurance card (front and back):

WCHS Students: [cpoole@washington.k12.ga.us](mailto:cpoole@washington.k12.ga.us)

EMS Students: [twatts@washington.k12.ga.us](mailto:twatts@washington.k12.ga.us)

\*Indicates agreement with ALL the above items in Parent/Guardian Consent Form



# Washington County Public School System

GENERAL INFORMATION						
Student's Legal Name		Birthdate		Grade		Sex
Present Address		City		Zip		
Student's Email		Parent Email		Student Cell #		
Emergency Contact #1 Name & Phone		Emergency Contact #2 Name & Phone				
Father's Name & Cell						
Mother's Name & Cell						
MEDICAL/INSURANCE INFORMATION						
Insurance Provider		Policy #		Insured Employer		
Family Physician		Physician Phone #				
Existing Medical Conditions (meds – allergies – bee stings)						

MEDICAL HISTORY			
Yes	No	Don't Know	Questions
			1. Are you aware of any health problems?
			2. Does the athlete take any medication?
			3. Is the athlete currently under medical care?
			4. Does the athlete have any problems with vision (eyes)?
			5. Has the athlete ever suffered a heart related illness (heart stroke)?
			6. Does the athlete have a history of a concussion (getting knocked out)?
			7. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?
			8. Has the athlete ever broken a bone, had to wear a cast or had an injury to any joint?
			9. Has it ever been necessary to restrict athlete's activities for medical reasons?
			10. Does the athlete require special care for any reason?
			11. Has the athlete ever had any surgeries?
			12. Is the athlete diabetic?
Explain any YES answers below:			

### Parent/Guardian Statement

I hereby give my consent for the above-named student to compete in any sports, including regularly scheduled trips to other schools on supervised school transportation and I certify that the insurance information provided is accurate. It is understood that Washington County School District or any Washington County High School employee shares NO responsibility in the payment of medical fees incurred by injuries to participants in its athletic programs. **Emergency Treatment: In the event of an accident or emergency, I give my permission for the school authorities to transport my child to any available doctor or hospital or request their services.**

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

\_\_\_\_\_  
Date



# Washington County High School Athlete Contract

420 Riddleville Road, Sandersville, GA 31082

(478) 552 - 2324

[www.wacoathletics.org](http://www.wacoathletics.org)

## Washington County Athletic Mission Statement

*To instill responsibility, respect, and integrity to develop our athletes into individuals who display these values throughout their lives.*

As student athletes, you are bound by a stricter moral and behavioral code than non student-athletes. As such, you will be responsible for conducting yourself in a manner above and beyond non student athletes. If you choose to accept this responsibility, you and your guardian must sign this contract.

Every member of the Washington County Athletic Program has a duty to represent himself/herself, the team, and the school in the best manner possible. This applies to your behavior both in school and out of school. You are expected to avoid situations where you might be accused of wrong-doing. Being in the “wrong place at the wrong time” is not an excuse if you chose to be there in the first place. In-school discipline problems resulting in ISS or Suspension may result in dismissal from the team. Other reasons to be dismissed from the team or ineligible to play and/or practice include:

1. Possession of or use of illegal drugs, alcohol, or tobacco at any time.
2. Allowing yourself to be in a situation, in school or away from school, where you are accused of/arrested for an illegal activity.
3. Missing practice (unless excused by the Coach).
4. Skipping class or school (student must be PRESENT at school to compete in event that day)
5. Academics (includes failing grades and missing assignments)
6. Poor sportsmanship
7. Harassment (verbal/physical/sexual/etc...) of another student, team member, or staff.
8. Any act (in school or away from school) which in the opinion of the coaching and/or school administration, reflects the WCHS Athletic Program negatively (gang affiliation, use of profanity, disrespectful behavior, etc...)
9. Electronic communication (text, Facebook, Twitter, etc...) should be positive and should never negatively reflect on other teammates or coaching staff. If it is not positive don't post it.

I, (The Athlete) \_\_\_\_\_ have read and understand the policies, rules, regulations and the Student Athletic Contract of Washington County High School. I agree to abide by the terms that have been displayed. I also understand that this contract is in effect for the entire school year and applies to the current and subsequent athletic seasons. By signing the contract, I will be responsible for my actions in and out of the school. By signing, you are also stating that you understand that violations of the Washington County High School Athletic Program behavior policies could result in your being dismissed from the athletic program.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

I, (The Parent) \_\_\_\_\_ have read and understand the policies, rules, regulations and the Student Athletic Contract of Washington County High School and agree to abide by the standards that are set for both myself and that of my child. By signing this form, I will be responsible for the actions of myself and my child. I also understand that as an adult I am a role model for other individuals around me at sporting events and agree to conduct myself in a sportsman-like manner at both home and away events. I understand that it is a privilege to watch my child participate in athletic events and can be asked to remove myself from an event if I cannot abide by the expectations of the District.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# Washington County Public School System Student/Parent Sudden Cardiac Arrest Awareness Form

### 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 Washington County High School 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 \_\_\_\_\_ school year. This form will be stored with the athletic physical form and other accompanying forms required by the Washington County School District.***

***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***



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).

Head Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletes Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# Washington County Public School System Student/Parent Concussion Awareness Form

## 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 Awareness Form, I give Washington County High School 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 \_\_\_\_\_ school year. This form will be stored with the athletic physical form and other accompanying forms required by the Washington County 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***