

Name: _____

Preparticipation Forms Checklist

The following forms are required for your daughter/son to participate with any Piedmont Academy athletic team. The handbook can be found on Piedmont's website. Please sign and date each form, and return all to the Athletic Director. These forms only need to be completed once each academic year.

_____ **Preparticipation Physical Evaluation**

- _____ History Form
- _____ Supplemental History Form
- _____ Physical Examination Form
- _____ Clearance Form

_____ **Consent for Athletic Participation, First Aid and Athletic Training Treatment, and Return to Play Acknowledgement**

This form gives your son/daughter permission to participate in our athlete program. Within that, you voluntarily and knowingly assume the risk inherent in all athletic activities. This form also states that you understand that a Faculty member of Piedmont Academy (including Coaches and the Certified Athletic Trainer) can treat your child for sports injuries. It also includes the acknowledgment for return to play guidelines at Piedmont Academy.

_____ **Student and Parent Code of Conduct**

_____ **Sudden Cardiac Arrest, Concussion, and Communicable Disease Awareness Waiver**

_____ **Emergency Medical Contact and Transportation Form**

This form allows our athletic trainer and/or coaches to make the decision to transport your son/daughter and allow hospital staff to treat your son/daughter in the event you cannot be contacted. This form will be available to coaches at every game and practice, so please put any information you believe would be necessary for the emergency treatment of your student-athlete.

Consent for Athletic Participation, First Aid and Athletic Training Treatment, and Return to Play Acknowledgement

WARNING: By its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long-term or catastrophic, including permanent paralysis from the neck down, or death. Although serious injuries are not common in supervised school athletic programs, it is possible to only minimize, not eliminate the risk.

Participants can, and have the responsibility to, reduce the chance of injury. **Players must obey all safety rules, report all physical problems to their coaches and certified athletic trainer follow a proper conditioning program, and inspect their equipment daily.**

By signing this permission form, you acknowledge that you have read and understood this warning. **Parents or students who do not wish to accept the risks in this warning should not sign this permission form.**

I (We) hereby give consent for _____ to:
Athlete's Name

- Compete in athletics at Piedmont Academy in Georgia Independent School Association-approved sports. • Accompany any school team of which the student is a member, on any of its local or out-of-town trips. • Be photographed, videotaped, or voice recorded and for his/her name, image, likeness, and voice to be used in videos, publications, news media, and web pages for publicity purposes. My child reserves the right to refuse to answer questions or participate in any discussions that make them feel uncomfortable or embarrassed, and Piedmont Academy will not be held responsible for anything said in the interview.
- Be treated with any necessary primary and secondary First Aid. In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible.
- Receive any necessary evaluation, minor medical treatment, therapeutic rehabilitation, therapeutic modality (i.e. electrical stimulation, therapeutic ultrasound, massage, manual therapy, ice, and heat), or over-the-counter medications and ointments by the Piedmont Academy Sports Medicine Staff. It is understood that all treatment and procedures are done to promote the healing process of injuries and to provide for the health and well-being of the student-athlete.

Should at any time I desire said student to discontinue participating; I will notify the Athletic Director in writing. This acknowledgment of risk, consent for participation, and consent for treatment will remain in effect until revoked in writing.

Parent or Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Return to Play and Medical Clearance Acknowledgement:

I understand that a note must be returned to the Piedmont Academy after any visit to a physician, dentist, physical therapist, chiropractor, or other medical provider before being allowed to participate that same day.

I understand that no athlete will be allowed to return to participation, even when cleared by a physician, without written notice or clearance.

I understand that all "injury" related doctor notes must include the following: diagnosis, recommended treatment, specification that the certified and licensed athletic trainer can administer treatment, and a possible return to sport.

I understand that Piedmont Academy's certified and licensed Athletic Trainer can withhold a student-athlete from participation if deemed necessary.

Parent or Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Piedmont Academy Athletics- Student Code

1. I will work daily during the season of the sport to improve my skills and to be an asset to my team. 2. I understand that my participation is a season-long commitment. If I am dismissed from the team after the first scheduled contest, I may be penalized as outlined in the student-athlete handbook.
3. I understand that any unsportsmanlike conduct or other violation of this code or the rules determined by the coach may result in disciplinary action not only by the coach but also by the Athletic Director or the administration in the form of possible suspension or dismissal from the sport or the school, in the case of a serious infraction.
4. I will conduct myself in such a manner as to bring respect to my team, Piedmont Academy, and other schools. I understand that my behavior is a reflection upon my team, my coach, my school, and me.
5. I understand that my decision to compete in interscholastic athletics for Piedmont Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules or regulations of the GISA. 6. I understand that all practices and competitions are MANDATORY. If for some very important reason I cannot participate, I will contact my coach by the morning before the practice or competition.
7. I will organize my time so that my academic responsibilities do not conflict with practices or games. I understand that my team commitment does not excuse me from maintaining academic excellence and that my presence at school is required on days of competition and practice.
8. I am aware that smoking, drinking, and the use of narcotics and other illegal, chemical substances are harmful to my body, not condoned by the members of the Piedmont Academy coaching staff, and are serious violations of Piedmont Academy's Honor Code that can result in my dismissal from Piedmont Academy. I have read the substance abuse guidelines in the student-athlete handbook and both acknowledge and understand the receipt of the policies, guidelines, and penalties.
9. I will be personally responsible for all school athletic or medical equipment checked out to me and will return it in good condition immediately following the last contest, or I will pay for the replacement of the equipment.
10. I understand that the coach has the sole responsibility to decide who will play in a game, match, or contest.
11. I understand that the fieldhouse is under video surveillance for the safety of both myself and others.

Piedmont Academy Athletics- Parent Code

1. I will refrain from coaching my child or other players during games and practices.
2. I understand that my child's participation is a season-long commitment. If my child is dismissed from the team after the first scheduled contest, my child may not be eligible for any other sport until the next school year.
3. I will respect the officials and their authority during games, and I will not engage in any kind of unsportsmanlike conduct with any official, coach, or parent, such as booing or taunting, refusing to shake hands, or using profane language or gestures. 4. I will NEVER QUESTION, DISCUSS, OR CONFRONT coaches at the athletic venue, and I will take time to speak to coaches at an agreed-upon time and place.
5. I will remember that student-athletes participate to have fun and that the game is for youth, not adults. 6. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance, and I will promote the emotional and physical well-being of the student-athletes ahead of any personal desire I may have for my child to win.
7. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex, or ability.
8. I will not encourage any behaviors or practices that could endanger the health or well-being of the student-athletes. 9. I will be a positive support for all players, coaches, officials, and spectators at every game, practice, or sporting event. 10. I understand that any violation of this Code will be cause for dismissal, suspension, or permanent expulsion from future athletic contests. I read, understand, and agree to abide by the student and parent athletic codes of conduct at Piedmont Academy athletic events.

Parent or Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Emergency Medical Contact and Treatment Form

Part I- Athlete Medical Information

Athlete's Name: _____ DOB: _____

Athlete's Phone (Cell/Home): _____

Primary Care Physician: _____ Office Number: _____

List any medical condition/allergy that you believe is necessary in the treatment of the student-athlete in an emergency situation:

Part II- Emergency Contact Information

Parent/Guardian's Name (1): Relation: _____

Phone (Cell/Home/Work): _____

Parent/Guardian's Name (2): Relation: _____

Phone (Cell/Home/Work): _____

Additional Emergency Contact: Relation: _____

Phone (Cell/Home/Work): _____

Part III- Emergency Medical Treatment

I, (parent or guardian), hereby give consent for my child to receive emergency medical treatment or hospitalization in the event of injury and/or illness during all periods of time in which the student is away from his/her legal residence and the parent and/or guardian cannot be reached. Every effort will be made to reach the parent/guardian, and I hereby waive on behalf of myself and the above-named child any liability of Piedmont Academy and any of its agents or employees arising out of such medical treatment.

Part IV- Insurance Verification

I hereby certify that the student-athlete has medical coverage provided by the family and that policy covers the named child for injuries incurred while participating in athletics while at Piedmont Academy.

Parent signature: _____ Date: _____



GEORGIA INDEPENDENT ATHLETIC ASSOCIATION
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 GIAA 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.
- Foggiess 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.)

GIAA Concussion Policy: If a Coach observes a Student-Athlete exhibit any sign, symptom, or behavior consistent with a concussion or head injury, the Coach must immediately remove that Student-Athlete from practice, conditioning, or game. The Student-Athlete may not return to practice, conditioning, or game until a Health Care Provider has determined that the Student-Athlete has not suffered a concussion. In the case where a Health Care Provider has determined that the Student-Athlete has suffered a concussion, the Student-Athlete may not resume practice, conditioning, or participation in games until medically determined capable of doing so for full or graduated return. In no circumstance may a Student-Athlete return to practice, conditioning, or a game on the same day that a concussion has been diagnosed by a Health Care Provider or cannot be ruled out

By signing this Concussion Awareness Form, we give permission to the school to transfer this Form to all sports that this child may play. We are aware of the dangers of concussions and this signed Form will represent myself and this child during the current school year _____. This form will be stored with the Athlete's Physical Form and any other accompanying forms required by the Georgia Independent Athletic Association (GIAA).

WE HAVE READ THIS FORM AND UNDERSTAND THE FACTS REPRESENTED IN IT.

SCHOOL NAME: _____

STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____
(PRINTED)

PARENT'S NAME: _____ PARENT'S SIGNATURE: _____
(PRINTED)

DATE SIGNED: _____



GEORGIA INDEPENDENT ATHLETIC ASSOCIATION
STUDENT / PARENT SUDDEN CARDIAC ARREST AWARENESS FORM

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.

LEARN TO RECOGNIZE SUDDEN CARDIAC ARREST

If you see someone collapse, assume they have 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). Call for help and start CPR. You cannot hurt them.

LEARN HANDS-ON 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 is 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, we give permission to the school to transfer this Form to all sports that this child may play. We are aware of the dangers of sudden cardiac arrest and this signed Sudden Cardiac Arrest Form will represent myself and this child during the current school year _____. This form will be stored with the Athlete's Physical Form and any other accompanying forms required by the Georgia Independent Athletic Association (GIAA).

WE HAVE READ THIS FORM AND UNDERSTAND THE FACTS REPRESENTED IN IT.

SCHOOL NAME: _____

STUDENT'S NAME: _____ STUDENT'S SIGNATURE: _____
(PRINTED)

PARENT'S NAME: _____ PARENT'S SIGNATURE: _____
(PRINTED)

DATE SIGNED: _____



GEORGIA INDEPENDENT ATHLETIC ASSOCIATION

HEAT POLICY AWARENESS FORM

Definitions:

- A. **"Practice"** means the period of time that a student engages in coach-supervised, school-approved preparation for sport whether indoors or outdoors, including Acclimation Activities, conditioning, weight training, distance running, and scrimmages, but not including a Walk Through.
- B. **"Walk Through"** means the period of time, not exceeding one hour per day, that a student engages in coach-supervised, school-approved sessions, whether indoors or outdoors, to work on formations, schemes, and techniques without physical contact. No protective equipment is worn during a Walk Through. No conditioning activities are held during a Walk Through. A Walk Through may not be held on a day when two practices are being held.
- C. **"Acclimation Activities"** in football means practicing in shorts, shoulder pads, and helmets for five consecutive weekdays prior to practicing in full pads. No contact will be allowed during this period. Starting Date for Acclimation is July 22.
- D. **"WBGT"** stands for the Wet Bulb Globe Temperature reading, which is a composite temperature used to estimate the effect of air temperature, humidity, and solar radiation on the human body, expressed in degrees. It is not equated with the "Heat Index."

Policy: All Member Schools will utilize at each Practice a scientifically approved instrument that measures WBGT. At the following WBGT readings the corresponding activity, hydration, and rest break guidelines apply:

Under 82.0

Normal activities. Provide at least three separate rest breaks each hour of a minimum duration of 3 minutes each during Practice.

82.0 - 86.9

Use discretion for intense or prolonged exercise. Watch at-risk students carefully. Provide at least three separate rest breaks each hour of a minimum of four-minute duration each during Practice.

87.0 - 89.9

Maximum outdoor Practice time is two hours. For football, students are restricted to helmets, shoulder pads, and shorts during Practice. All protective equipment must be removed for conditioning activities. For all sports, provide at least four separate rest breaks each hour of a minimum of four minutes each during Practice.

90.0 - 92.0

Maximum outdoor Practice time is one hour. No protective equipment may be worn during outdoor Practice and there may be no outdoor conditioning activities. There must be twenty minutes of rest breaks provided during the hour of outdoor Practice.

Over 92

No outdoor activities or exercise. Delay outdoor Practice until a lower WBGT reading occurs.

The following guidelines apply to **hydration and rest breaks**:

- Rest time should involve both unlimited hydrations (water or electrolyte drinks) and rest without any activity involved.
- For football, helmets should be removed during rest time.
- The site of the rest time should be a cooling zone not in direct sunlight, such as indoors, under a tent, or under a shade tree.
- When the WBGT is over 86, ice towels and spray bottles filled with ice water should be available in the cooling zone and cold immersion tubs will be available for a student showing signs of heat illness. A cold immersion tub may be anything, including a shower or wading pool that can be adapted to immerse a student in cold water and ice which is available within two-minutes travel from an outdoor Practice facility.

The following guidelines apply to **Practice**:

- All Member Schools must hold Acclimation Activities.
- No two-a-day Practices may exceed four hours for both sessions; no single Practice during two-a-days may exceed two hours. A three-hour rest period must be observed between the two sessions.
- No single Practice may last more than three hours.

Restrictions based on outdoor WBGT readings do not apply to indoor Practice where indoor air temperature is 85 degrees or less.

Penalties

Member Schools violating this policy will be fined a minimum of \$500 and a maximum of \$1,000 for the first offense. A Member School may be removed from membership for repeat violations.

By signing this Heat Policy Form, we give permission to the school to transfer this Form to all sports that this child may play. We are aware of the dangers of heat and this signed Form will represent myself and this child during the current school year _____. This form will be stored with the Athlete's Physical Form and any other accompanying forms required by the Georgia Independent Athletic Association (GIAA).

SCHOOL: _____

ATHLETIC DIRECTOR'S SIGNATURE: _____ DATE: _____

STUDENT ATHLETE'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Sudden Cardiac Arrest Awareness

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.

Learn Hands-Only CPR

- Call 911 (or ask bystanders to call 911 and get an Automated External Defibrillator “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. • If an AED is available, open it and follow the voice prompts. It will lead you step by step and will never shock a victim that does not need a shock.

Concussion Awareness

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. Common signs and symptoms can be found in the student-athlete handbook.

GEORGIA 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 a 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.

Communicable Disease Assumption of Risk and Awareness

Participation in athletics includes possible exposure to and illness from infectious diseases including, but not limited to: MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist. Athletic activities will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in athletic activity will be required to adhere to safety protocols and are subject to immediate removal from the activity if they don’t comply. Additionally, COVID-19 (Coronavirus) is considered to be extremely contagious and can result in a range of symptoms, which include, but are not limited to, fever, shortness of breath, fatigue, loss of taste or smell, and nausea or vomiting. These symptoms can be mild or severe, sometimes resulting in death. For additional information on the spread of COVID-19, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

By signing below, I confirm that I am aware of the dangers of sudden cardiac arrest, concussion, and communicable diseases, and freely assume all such risks, both known and unknown. I hereby release and hold harmless Piedmont Academy and other participants of any responsibility with respect to any and all disease, illness, death, or loss or damage to person or property. I understand that this form will represent both myself and my child during the 2021-2022 school year.

Parent or Guardian Signature: _____ Date: _____

Student-Athlete Signature: _____ Date: _____