

## **COLQUITT COUNTY HIGH SCHOOL PERMISSION TO PARTICIPATE FORM**

### **INHERENT RISK**

We would like to take this opportunity to further inform you the risk of injuries while participating in athletics. There is an inherent risk of injury for all sports. You need to be aware of the fact that even the best coaching, the use of the most advanced protective equipment, and strict observance of the rules, injuries can be so severe as to result in total disability, paralysis, or even death. In summary, we take every precaution possible to prevent athletic injuries, but we also realize that using the best prevention methods can not eliminate all injuries. We always hope for an injury free season for all our athletes at Colquitt County High School. We assure you that in an event of an injury your son/daughter will be given the best possible treatment, care and rehabilitation of that injury.

### **EXPLANATION OF INSURANCE COVERAGE**

We would like to take this opportunity to explain our Athletic Department's policy on the payment of expenses due to athletic injuries. Should an athlete become injured, he/she should notify the Athletic Trainer as soon as possible. He/She will recommend treatment of the injury, and if other professional care is needed and will recommend physicians who are familiar with the care of athletic injuries. When medical attention is needed, the parents' insurance is primary coverage. The Colquitt County School System has school insurance, this is considered a secondary policy only.

### **EARLY RELEASE**

From time to time, we must leave school with athletic teams before the school day is completed. When these situations arise, your child's name will appear on a roster that will be given to the attendance office and their teachers so as to inform them of the absence. Athletes on trips with their team will not be counted absent; rather they will be coded for a field trip. The athlete is responsible for any and all work missed. The athletic department is aware of the importance of education so these occasions are kept to the bare minimum.

### **ARREST POLICY**

Students are expected to abide by a behavior above and beyond that of the average student as they serve in an ambassadorial role in our community. Those athletes that are arrested will be suspended from athletic participation until the case is dispensed. If a misdemeanor conviction follows, a committee to determine the length of suspension if any will hear the athlete's case. If a felony conviction follows, the athlete will be suspended for one year and then be heard before a committee for reinstatement.

### **DRUG TEST PROCEDURE**

All student-athletes at CCHS must agree to make themselves available for random drug testing. The test used will be a urinalysis. An outside party is responsible for all parts of the drug testing. For a first violation, the student athlete shall be suspended for the next 4 consecutive interscholastic events or the next 4 weeks of the season, whichever is greater. If the student athlete successfully enrolls in a drug-counseling program provided by Colquitt County Schools, the suspension would be reduced by 50%. A student testing positive for a second violation will be suspended from participation in interscholastic events for the next 9 consecutive interscholastic events or the next 9 weeks of the season, whichever is greater. The full policy and procedure is on file in the Athletic Director's office.

**COLQUITT COUNTY HIGH SCHOOL**  
**Parental Consent for Emergency Medical Treatment**

The purpose of this document is to give my consent for emergency medical treatment and transportation of my minor child.

**Students Athlete's name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I UNDERSTAND THAT IN THE EVENT OF SERIOUS INJURY OR SUDDEN ILLNESS OCCURRING TO MY CHILD, EVERY PRUDENT EFFORT WILL BE MADE BY THE SCHOOL AND/OR MEDICAL OFFICIAL TO CONTACT ME. IF I CANNOT BE CONTACTED, THIS DOCUMENT (OR PHOTOCOPY) WILL SERVE AS MY PARENTAL OR GUARDIANSHIP CONSENT.

I give my permission to the health care providers of the CCHS Sports Medicine team (Physicians, ATC's, and Nurses, medical personnel, Vereen Rehab and hospital staff) to perform physical examinations and treatments of sports related injuries. I understand by signing this form, I am authorizing them to treat my child for as long as they deem necessary and appropriate or until I withdraw my consent in writing.

**In Case of Emergency Please Call:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**General Information about Student Athlete**

**Name (Please Print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Daily Medications and reason for being taken

\_\_\_\_\_  
\_\_\_\_\_

**Relevant Medical Information:** Diabetes, major injuries, surgeries, contact lenses, epilepsy, heart murmurs, etc.

\_\_\_\_\_  
\_\_\_\_\_

I, as guardian of \_\_\_\_\_, understand all of the above policies. I agree to allow him/her to participate in interscholastic sports at Colquitt County High School. I understand that sports have an inherent risk of injury and that my insurance will be "First Dollar Insurance" in the event of an injury. I know that my child may on occasions have to leave school early and he/she will be responsible for all work missed. I also understand and agree that my child should be held to a higher standard of behavior because of the role in the community. I will make every effort to encourage my child to behave in a manner that represents the school and the community well. I understand the policy regarding arrest and will abide by all decisions and policies of the Athletic department. I also give my consent for my child to participate in the random drug testing required to be a part of the CCHS Athletic Department.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_