



# **Student-Parent Athletic Handbook**

**(High School)**

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# Paulding County School District

3236 Atlanta Highway

Dallas, Georgia 30132

(770) 443-8000

[www.paulding.k12.ga.us](http://www.paulding.k12.ga.us)

Dr. Brian Otott, Superintendent

Mr. Erick Hofstetter, Chief Operations Officer

Mr. Jason Freeman, Director of Local School Administration & Athletics

## **East Paulding High School (Raiders)**

3320 East Paulding Drive

Dallas, Georgia 30157

(770) 445-5100

Mr. Brad Thomason, Principal

Mr. Andy Dorsey, Athletic Director

## **Hiram High School (Hornets)**

702 Virgie Ballentine Dr.

Hiram, Georgia 30141

(770) 443-1182

Mrs. Misty Cooksey, Principal

Mr. Jeff Wallace, Athletic Director

## **North Paulding High School (Wolfpack)**

300 North Paulding Drive

Dallas, Georgia

(770) 443-9400

Mr. Gabe Carmona, Principal

Dr. Ryan Dyer, Athletic Director

## **Paulding County High School (Patriots)**

1297 Villa Rica Highway

Dallas, Georgia 30157

(770) 443-8008

Mr. Craig Wilcox, Principal

Mr. Dustin Skelton, Athletic Director

## **South Paulding High School (Spartans)**

1364 Winn Rd.

Douglasville, Georgia 30134

(770) 949-9221

Dr. Keith Rowland, Principal

Mr. Lamarr Glenn, Athletic Director

# I. Introductions

## A. To the Parent

This material is presented to you because your son or daughter has indicated a desire to participate in interscholastic activities. The Paulding County School District believes that participation in sports and other interscholastic activities provides a wealth of opportunities and experiences which will assist students in personal growth and development.

We feel that a properly controlled, well-organized interscholastic activity program meets with the students' needs for self-expression, mental alertness, and physical growth. It is our hope to maintain a program that is sound in purpose and will further each student's educational maturity.

A student who elects to participate in the interscholastic program is voluntarily making a choice of self-discipline and self-denial. These are the reasons we place such stress on good training habits. Failure to comply with the rules of training and conduct means exclusion from participation. This concept of self-discipline and self-denial is tempered by our responsibility to recognize the rights of the individual within the objectives of the team or activity. There is no place in high school interscholastic competition for students who will not discipline their minds and bodies for rigorous competition. We are striving for excellence and do not want our students to compromise with mediocrity.

When your son/daughter enlisted in one of our interscholastic programs, he/she committed our staff to certain responsibilities and obligations which is:

1. To provide adequate equipment and facilities
2. To provide as well-trained coaches as possible
3. To provide full schedules with qualified officials as directed by the GHSA

It is the role of the department of athletics to make rules that govern the spirit of competition for the school. These rules need a broad basis of community support, which is achieved only through communication to the parent. It is our hope to accomplish this objective through this publication for students and parents.

"No student shall, on the basis of gender, be excluded from participation in, be denied the benefits of, be treated differently from another student, or otherwise be discriminated against in any interscholastic or intramural athletics offered by a local school system, and no local school system shall provide any such athletics separately on such basis." This is basically the heart of the law and should provide a reference point for school systems in guiding their actions regarding gender equity in their athletic programs. This provision in the law tracks language from the federal Title IX regulations. (O.C.G.A. 20-2-315 (a)). If you have questions regarding this matter, you may contact Mr. Don Breedlove, Sports Equity Coordinator, at (770) 443-8000 or the Paulding County Board of Education, 3236 Atlanta Highway, Dallas, Georgia 30132.

## Coaches Office Hours

Continuing our effort to establish and maintain clear lines of communication between the Athletic Department Staff and the parents/guardians of our student-athletes, the coaching staff will set up a specific time and day to meet about concerns that arise. **Please do not attempt to confront a coach before, during, or after practice, a game, or a contest including half time. Those can be emotional times for both the parents and the coaches.**

Meetings of that nature, and at those times, do not promote resolution. The following guidelines will help to ensure the concept of a productive and positive experience:

- ★ Parents can use this time to ask questions and obtain information.
- ★ Coach will discuss what the student-athlete needs to work on or improve.
- ★ Coach will only talk to a parent/guardian about his/her own child.
- ★ Playing Time will not be discussed.
- ★ ***If satisfaction is not obtained, the parent/guardian should then contact the school Athletic Director.***
- ★ **Parents who verbally abuse a coach may be liable for harassment/slander/defamation of character. The school administrator in charge of the game/event has the authority to require any parent/spectator to leave the facility.**

**The school administration also has the right to prohibit any parent/spectator from attending further games/events on the school campus.**

### **Parent Complaints or Concerns**

There is a proper uniform system of command that should be followed in parent/guardian submitting complaints and concerns.

- ★ Every effort should be made to resolve a complaint with the coach involved.
- ★ If the concern is not resolved with the coach, it should be submitted to the school athletic director (a letter prior to conference.)
- ★ If the concern is not resolved with school athletic director, it should be submitted by letter to the principal. The principal will contact the district office if the problem is not resolved.

It is the intent of the Athletic Department to provide an avenue for meaningful dialogue and communication between coaches and parents. Working together we can and will accomplish great things.

### **Code of Conduct for Parents / Guardians**

The role of the parent/guardian in the education of a student is vital. The value system and support that is established in the home and nurtured in the school enables the student-athlete to accept the opportunities presented at school and in life. The goals of the parent/guardian of a student-athlete in the Paulding County School District are:

- ★ Realize that athletics are part of the educational experience and the benefits of involvement go beyond the final score of a game;
- ★ Encourage our students to perform their best;
- ★ Participate in positive cheers that encourage our student-athletes and discourage any cheers that would redirect that focus;
- ★ Learn, understand, and respect the rules of the games, the officials who administer them and their decisions;
- ★ Respect the task our coaches face as teachers; and support them as they strive to educate our youth;
- ★ Respect our opponents as students, and acknowledge them for striving to do their best; treat them with courtesy;
- ★ Develop a sense of dignity under all circumstances.

You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child and our community for years to come.

The PCSD Athletic Code of Conduct can be found on page 12.

### **Recruiting and Undue Influence**

*The Georgia High School Association (GHSA) has implemented rules regarding the recruitment and undue influence of student-athletes. It is very important that all parents, alumni, relatives, school supporters and others know and fully understand these new rules.*

#### **By-Law 1.71b - changed to read:**

*Evidence of undue influence includes, but is not limited to:*

1. *personal contact initiated by coaches, boosters, and sponsors or other school personnel in an attempt to persuade transfer*
2. *gifts of money, jobs, supplies, or clothing*
3. *free transportation*
4. *free admission to contests*
5. *an invitation to attend practices and/or games*
6. *a social event (other than an official school wide Open House program) specifically geared for prospective athletes*
7. *free tuition beyond the allowable standards found in By-Law 1.82*
8. *a coach asking a prospective student for contact information*

**By-Law 1.71 d (New)**

*A school will be afforded an opportunity to demonstrate it could not be reasonably expected to be responsible for the actions of a booster who is found guilty of the recruiting/undue influence violations.*

**By-Law 1.72 (New "c" and "d")**

- c. *The player who played for a coach at the former GHSA school followed that coach when he/she moved to another GHSA school. This is not applicable for dependent children of the coach.*
- d. *The situations in this by-law are considered to be violations even if a bona fide move has occurred, and the hardship appeal procedures are available to demonstrate that undue influence has not occurred.*

**By-Law 1.73 (New)**

*A booster shall be considered to be an extension of the school and must abide by all rules applied to coaches and other school personnel. The following persons or groups may be considered boosters; members of the school's Booster Club; alumni; parent, guardian, or relative of a student or former student; financial donor; or a donor of time and effort.*

**B. To The Student Participant**

Being a member of a Paulding County School District High School interscholastic team is the fulfillment of an early ambition for many students. The attainment of this goal carries with it certain traditions and responsibilities that must be maintained. A great competitive tradition is not built overnight; it takes hard work from many people over many years. As a member of an interscholastic team, you will be faced with either the task of maintaining an already successful tradition or the task of establishing a successful tradition.

It is not easy to build a great tradition in interscholastic competition in either athletics or literary activities. When you represent your school, we assume that you not only understand our goals and traditions but are willing to assume responsibilities that go with them. We hope that the contributions you make will be a satisfying accomplishment for you and your family.

**1. Responsibilities to Yourself**

The most important of these responsibilities is to broaden your strength of character. You owe it to yourself to get the greatest possible good from your high school experiences. Your academic studies, your participation in other extracurricular activities as well as sports, prepare you for your life as an adult.

**2. Responsibilities to Your School**

Another responsibility that you assume as a participant is to your school. Your school cannot build or maintain the position of having an outstanding school unless you do your best in whatever activity you wish to engage in. By participating in interscholastic competition to the maximum of your ability, you are contributing to the reputation of your school.

You assume a leadership role if you are on an interscholastic team. The student body and citizens of the community know you. You are on stage with the spotlight on you. The student body, the community, and other communities judge our school by your conduct and attitudes, both in and out of school. Because of your leadership role, you can contribute greatly to school spirit and community pride. Make your school and your community proud of your faithful exemplification of these ideals.

**3. Responsibilities to Others**

As a team member, you bear a heavy responsibility to your home. You should never give your family any cause to be ashamed. When you know in your heart that you have lived up to all of the training rules, that you have practiced to the best of your ability every day, and that you have played the game "ALL OUT," you can maintain your self-respect. Your family can be justly proud of you and your effort.

Also, remember that younger students are watching you and they will copy you in many ways. Do not do anything to let them down. Always set good examples for them.

## **II. Interscholastic Competition Philosophy**

### **A. Statement of Philosophy**

The Paulding County School District Athletic Department should provide a variety of experiences to aid in the development of favorable habits and attitudes that will prepare students for adult life in a democratic society. The interscholastic activity program shall be conducted in accordance with existing Board of Education policies, rules, and regulations. While the Board of Education takes great pride in winning, it does not condone "winning at any cost." It discourages any and all pressures which might tend to neglect good sportsmanship and/or good mental health. At all times, the interscholastic activity program must be conducted in such a way as to justify it as an educational activity. Although we want to have as competitive an athletic program as possible, the purpose in high school athletics is not in obtaining college scholarships. When a student-athlete has the abilities to gain such recognition, the coaches and staff will support the young person as much as possible, but not to the detriment to the overall athletic program.

### **B. Athletic Goals and Objectives**

**Goals** - The student participant shall become a more effective citizen in a democratic society.

**Objectives** - The student participant shall learn:

1. **To work with others:** In a democratic society, a person must develop self-discipline, respect for authority, and the spirit of hard work and sacrifice. The team and its objectives must be placed higher than personal desires.
2. **To be successful:** Our society is very competitive. We do not always win, but we succeed when we continually strive to do our best. You can learn to accept defeat only by striving to win with earnest dedication. Develop a desire to excel.
3. **To develop sportsmanship:** To accept any defeat like a true sportsman, knowing we have done our best, we must learn to treat others the way we would have them treat us. We need to develop desirable social traits, including emotional control, honesty, cooperation, and dependability.
4. **To improve:** Continual improvement is essential to good citizenship. As a participant, you must establish goals and you must continually try to reach those goals. Try to better yourself in the skills involved and those characteristics set forth as being desirable in your chosen activity.
5. **To enjoy participation:** It is necessary for students to enjoy participation, to acknowledge all of the personal rewards to be derived from participation, and to give sufficiently of themselves in order to preserve and improve the program.
6. **To develop desirable personal health habits:** To be an active, contributing citizen, it is important to obtain a high degree of physical fitness through exercise and good health habits and to develop the desire to maintain this level of physical fitness after formal competition has been completed.

## **III. Governance's**

### **A. The Board of Education**

1. The Board of Education, responsible to the people, is the ruling agency for all the schools in the Paulding County School District.
2. The Board of Education is responsible for the following areas:
  - a. Interpreting the needs of the community.
  - b. Developing policies in accordance with state statutes and mandates and in accordance with the educational needs and wishes of the people of the Paulding County School District.
  - c. Approving means by which professional staff may make these policies effective.
  - d. Evaluating the interscholastic athletic program in terms of its value to the community.

## **B. The Region**

Each Paulding County High School is a member of a Georgia High School Association (GHS) region. The regions are established for the purpose of promoting selected interscholastic activities among member schools and the assurance of such advantages as may be gained by a union effort. Region membership facilitates the arranging of schedules, equalizing competition, conducting Region meets/tournaments/playoffs, and determining Region championships. The Region provides each school the opportunity for competition without excessive travel and with schools of similar size. Membership requires abiding by Region schedules, rules and regulations.

## **C. The Georgia High School Association (GHS)**

All schools are members of the Georgia High School Association and compete only with member schools or out-of-state schools that are approved by the GHS. As a member school, we agree to abide by and enforce all rules and regulations set forth by the GHS. *To obtain the entire GHS constitution and by-laws go to [www.ghsa.net](http://www.ghsa.net).* The primary role of the GHS, which is empowered by the Georgia State Board of Education, is to maintain rules and regulations that ensure equity in competition for the students and a balance with other educational programs. The GHS solicits input and is responsive to request for modification from member schools, appointed committees, and coaches associations.

## **D. The National Federation of State High School Associations (NFHS)**

The National Federation consists of the fifty individual state high school athletic/activities associations. The purposes of the Federation are to serve, protect and enhance the interstate activity interests of the high schools belonging to the state associations; to assist in those activities of the state associations which can best be operated on a nationwide scale; to sponsor meetings, publications and activities which will permit each state association to profit by the experiences of all other member associations; and to coordinate the work to minimize duplication.

## **IV. Requirements for participation**

### **A. Physical examination**

**A yearly physical examination is required.** The physical must be conducted by a licensed physician, Doctor of Osteopathic Medicine, nurse practitioner, or physician's assistant and submitted to the school Athletic Director prior to participation. The physical covers all sports for one calendar year. The form will be kept on file in the Athletic Directors' office. It is the students' responsibility to make certain their physical is current. The exam must be signed by an M.D. or D.O., or by a physician's assistant or an advance practice nurse who has been delegated that task by an M.D. or D.O. Any physical examination taken on or after **April 1st** in the preceding year will be accepted for the following GHS school year.

★ ***GHS Student/Parent Concussion Form is now a required form and a part of the GSHA physical packet placed on the PCSD website as well as each individual HS website. (One copy at school and one at home)***

### **B. Emergency medical authorization**

Each athlete's parent(s)/guardian(s) shall complete an **EMERGENCY MEDICAL AUTHORIZATION FORM** giving permission for treatment by a physician or hospital when the parent(s)/guardian(s) are not available. The form will be kept available by the Athletic Department for use as needed.

### **C. Insurance**

At the beginning of each school year, the school district provides information regarding the option to purchase insurance to cover student athletic injuries from an independent company. That information can be obtained from the school or the district office. **Parent(s)/guardian(s) are required to sign a form stating that they either have purchased the necessary school insurance or possess a family insurance plan that covers athletic injuries.** If a family insurance plan is used, the family must provide the school with the name of the insurance company and the policy number on the appropriate form.

### **D. Risk of participation**

All athletes and parent(s)/guardian(s) must realize the risk of serious injury which may be a result of athletic participation. The Paulding County School District requires the Athletic Responsibility Acknowledgment Form be signed

by the athlete and parent(s)/guardian(s). It includes a statement regarding understanding and agreeing to the risk of participation.

#### **E. Parental acknowledgment of athletic policies**

At the time a student tries out for an athletic team, he/she will be presented with this handbook containing all the necessary forms and information for participating in athletics. Each parent(s)/guardian(s) shall read all of the enclosed material and certify that he/she understands the athletic eligibility rules and policies of the Paulding County School District. **The signed document will be filed in the athletic office of the respective high school.**

#### **F. Scholastic eligibility (Please refer to Paulding County Board of Education Policy IDE (1) for complete information regarding scholastic eligibility) ([www.paulding.k12.ga.us](http://www.paulding.k12.ga.us))**

The Paulding County Board of Education supports the offering of competitive interscholastic activities in grades 9-12 subject to reasonable rules and regulations concerning eligibility to participate and on the condition that participation in such activities in grades 9-12 shall not interfere with the academic achievement of participating students.

#### **G. 2.68 GHSA Concussion Policy:**

*In accordance with Georgia law and national playing rules published by the NFHS, 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's assistant, or certified athletic trainer who has received training in concussion evaluation and management).*

- 1. No athlete is allowed to return to a game or practice on the same day that a concussion (1) has been diagnosed OR (2) cannot be ruled out.*
- 2. 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.*
- 3. It is mandatory that every coach in each GHSA sport (including Community Coaches, Student Teachers, and Interns) participate in a free, online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) at least every two years - beginning with the 2013-14 school year.*
- 4. Each school will be responsible for monitoring the participation of its coaches in the concussion management course and shall keep a record of those who participate.*
- 5. Each school must distribute to every athlete and his/her parent/guardian an information sheet that includes: the dangers of concussion injuries, the signs/symptoms of concussion, and the concussion management protocol outlined in this by-law. This sheet must be signed by the parent/guardian of each athlete and a copy kept on file at the school.*

#### **Definitions**

**Competitive interscholastic activities** - any school-sponsored program involving competition between individuals or groups representing two or more schools. Cheerleading is included in this definition.

**On track** - the number of Carnegie units in core subjects as defined by Georgia Board of Education earned by the student by the beginning of a specific school year leading toward graduation per to the following schedule:

2012-2013      5 end of 9<sup>th</sup> grade year – 11 end of 10<sup>th</sup> grade year – 17 end of 11<sup>th</sup> grade year

**School day** - the period between the time students are required to report and the time of dismissal as specified by the Board of Education.

**School-sponsored activity** - an activity held under the auspices or sponsorship of a school district or school that uses or refers to the school district's or school's name and that involves its staff members and/or its students.

## **Requirements**

The Board of Education is responsible for regulating competitive interscholastic activities, therefore adopts the following requirements as to student eligibility, physical examinations, time restrictions, seasonal practice, special provisions, and appeals.

### **Student Eligibility**

1. The grading period shall be a semester as specified by Board of Education policy. The same period shall also be the minimum length of the ineligibility period.
2. Students participating in competitive interscholastic activities shall have earned 2.5 units in the grading period immediately preceding participation. These subjects shall carry credit toward grade promotion.
  - a. First-year students (entering ninth grade) are academically eligible for the first semester. Second semester first-year students must have earned 2.5 units the previous semester in order to participate.
  - b. Second-year students must have accumulated five (5) total Carnegie units in the first year AND passed courses carrying at least 2.5 Carnegie units in the previous semester.
  - c. Third-year students must have accumulated eleven (11) Carnegie units in the first and second years AND passed courses carrying at least 2.5 Carnegie units in the previous semester.
  - d. Fourth year students must have accumulated seventeen (17) Carnegie units in the first three years AND passed courses carrying at least 2.5 Carnegie units in the previous semester.
  - e. Students may accumulate the required Carnegie units for participation during the school year and eligibility will be reinstated at the beginning of the next semester.
3. Students in grades 9-12 participating in any competitive interscholastic activity shall take a minimum of five subjects during the grading period of participation.
  - a. A student in a state-approved joint enrollment program as outlined in State Board Rules (High School Graduation requirements) will be given credit for five high school courses during the high school's semester.
4. Students shall be on track for graduation.
  - a. Eighth graders promoted to the ninth grade during the year shall meet the first on-track test upon completion of one school year (two semesters).
5. Student eligibility shall be determined on the first school day of the subsequent semester.
  - a. A student may have 14 school days after the close of each semester to complete make-up work. A student is ineligible until make-up work is completed and the required passing grade(s) is/are recorded in the student's permanent record.
  - b. Summer school is an extension of the second semester of the school year; a maximum of two units of credit may be counted for eligibility purposes.
6. Summer school credits earned in non-accredited home study programs or non-accredited private schools may not be used to gain eligibility. Accreditation recognized under this policy shall be from the Georgia Accrediting Commission or a regional accreditation agency.
7. Each coach and/or sponsor of any competitive interscholastic activity shall produce and file with the school principal an eligibility list for each sport showing the participant's name, grade, and date the participant first entered ninth grade.
  - a. The list shall be checked and available prior to tryout, conditioning, practice, and competition to ensure that only eligible students participate.
8. *Student-athletes who may be on track to qualify for an athletic scholarship should be aware of the National Collegiate Athletic Association (NCAA) eligibility requirements. The link to the NCAA Eligibility Center Resource page can be found at <https://www.ncsasports.org/how-do-you-get-recruited/college-recruit/ncaa-eligibility-center-clearinghouse-registration-login>*

## **Time Restrictions for Activities**

1. The dates for practice and play officially adopted by the Georgia High School Association (GHSA) shall be followed.
2. Competitive interscholastic activities and all individual and group practice for such activities by students in grades 9-12 shall be conducted outside the school day.
3. Only one day and/or night preceding a school day per week may be used for a contest or activity with a starting time of 6:00 PM or later. This requirement applies to regular season games only; tournaments are excluded from this restriction. Varsity teams are allowed to participate in the regional and state tournaments without regard to the number of games per week or time limitation. Regular season games on any day not preceding a school day have no time limitation.

## **Seasonal Practice**

All out-of-season practice, except for spring football practice, is prohibited during the school year by this rule (August 1 through the end of the school year for students). Spring football practice is permitted for ten school days as provided for in GHSA's Schedule of Events Calendar.

## **Special Provisions**

1. Special education students shall meet the same eligibility requirements as regular students, except that the courses passed must be according to the student's IEP. Special Olympics or other programs designed exclusively for students with disabilities are exempt.
2. Students who have not attained ninth grade status but are participating in high school competitive interscholastic activities shall abide by the established GHSA eligibility requirements.
3. Ineligible students are prohibited from practicing or dressing out for competitive interscholastic events. The school (s) shall maintain documentation and, upon request of the department of education, produce evidence that an ineligible student did not participate.
4. There are several requirements set by the GHSA and the Paulding County School District regarding transfers between school and eligibility. Prior to any move, parents should inquire on those requirements from the school athletic director.

## **Attendance**

Students who accumulate five (5) or more unexcused absences in a semester will be ineligible to participate in any extracurricular activities for the following semester. If a student accumulates five (5) or more unexcused absences the final semester of the previous school year, they will not be eligible to participate in extracurricular activities during the first semester of the new school year. *Principals may use discretion has based on extenuating circumstances.*

## **G. Other GHSA eligibility rules (*the complete GHSA constitution and by-laws can be found at [www.ghsa.net](http://www.ghsa.net)*)**

1. A student who turns **19 prior to May 1** cannot participate the following year.
2. Once a student enters the 9th grade, he/she will have four successive years in which to participate provided he/she does not exceed the age requirement. This is referred to as the "8 semester rule" in the GHSA Constitution and By-Laws.
3. Transfer students must comply with the GHSA migratory rule. If you are a transfer student, immediately contact your coach so that he/she can determine if you are in compliance with the migratory rule. The GHSA has strict guidelines in reference to students transferring from school to school. Violations of the GHSA policy could result in a student losing athletic eligibility for one year. **Please contact the school or District Athletic Director to get the details before making any transfer.** The complete transfer guidelines can be found at [www.ghsa.net](http://www.ghsa.net).

## **V. Athletic Codes of Conduct**

A firm and fair policy of enforcement is necessary to uphold the regulations and standards of the athletic department and school. The community, school administrators and the coaching staff feel strongly that high standards of conduct and citizenship are essential in maintaining a sound program. The welfare of the student is our major consideration and transcends any other consideration. All students shall abide by a code of ethics which will earn them honor and respect that participation and competition in the interscholastic activity program affords. (Any conduct which results in dishonor to the athlete, the team, the school, or the community will not be tolerated.)

- A. **Ethics Rule:** Acts of unacceptable conduct, such as, but not limited to, disruption of school, theft, vandalism, disrespect, immorality, or other violations of the law tarnish the reputation of everyone associated with the program and will not be tolerated. Due to the serious nature of violations of the Ethics Rule, the appropriate coach, the athletic director, and the principal shall meet to determine the penalty according to the degree of the infraction which could result in suspension and/or dismissal from the team.
- B. **Training Rules and Regulations:** We cannot compromise participation in scholastic activities with substance abuse. The student who uses tobacco, alcohol, illegal drugs, or any type of mood-altering substance found in legal over the counter products jeopardizes team morale, team reputation and team success and does physical harm to himself/herself. Students must decide for themselves whether or not they want to participate in our interscholastic program. If a student wishes to participate, they must make a commitment in order to be a competitor. A big part of this commitment is following a simple set of training rules which we believe to be fair.
1. **Use of Tobacco:** Research emphasizes that the use of tobacco is physically harmful to young adults. The harm done by this is not only a health problem. The community follows the progress of young competitors, and any deviation from accepted training rules marks one as unwilling to pay the price of competition and commitment. If one squad member breaks the rule, the entire team's reputation is damaged. **This rule means no use of tobacco all year, in or out of season.**
  2. **Use of Alcoholic Beverages:** There is no way to justify competitor's use of alcoholic beverages, even though social pressure may be hard to resist. **This rule means no use of alcoholic beverages all year, in or out of season.**
  3. **Use of Illegal Drugs or Mood-Altering Substances:** Simply stated, drug abuse will not be tolerated. **The rule for drugs/chemical abuse is in effect all year long.**
  4. **Penalties for Violation of Training Rules:** **Due to the serious nature of violation of Training Rules, the appropriate coach, the athletic director, and the principal shall meet to determine the penalty according to the degree of the violation which could result in suspension and/or dismissal from the team.**
- C. **Individual Coach's Rules:** Coaches may establish rules and regulations with the approval of the athletic director and principal for their respective activities. These rules, as pertaining to a particular activity, must be *shared* by the coach to all team members and explained fully at the start of the season. Penalties for violation of team rules will *be shared* and shall be administered by the coach.

## **VI. Basic Interscholastic Participation Guidelines**

- A. **Participation:** A student may participate in only one sport per season unless two coaches/sponsors agree to the student's competing in both activities and priorities are set to settle conflicts before the season. Non-school teams do not take precedence over any Paulding County School District High School team that is in season, including games and practices. Any conflicts should be reported directly to the school athletic director.
- B. **Dropping or transferring sports:** Quitting is an intolerable habit to acquire. Once a season begins, if a student quits one sport, he/she may not participate in another sport until the conclusion of the first sport. Exception to this policy must be approved by the head coaches, athletic director, and principal.
- C. **Equipment:** School equipment issued to the student/athlete is the student's responsibility. Loss of any equipment is the athlete's financial obligation and failing to meet that obligation can result in the denial of participation in any and all programs. A student may not practice, tryout or compete in one sport if he/she has outstanding obligations

in another sport. A student who has an outstanding obligation for an extra-curricular activity may not be allowed to participate in graduation ceremonies.

- D. **Missing practice:** A student should always consult his/her coach before missing practice. Missing practice or a game will be dealt with at the discretion of the coach.
- E. **College recruitment policy:** In the event that a student athlete should be contacted personally by a college recruiter, he/she has an obligation to work through his/her coach and the athletic department. The student must inform his/her coach and the athletic department. The student must inform his/her coach of the contact as soon as possible. College recruitment information is available in the counseling department. A student runs the risk of loss of eligibility if recruiting matters are not handled properly.
- F. **Conflicts in extracurricular activities:** Students who have made the commitment to participate in an extracurricular activity in the Paulding County School District have a responsibility to do everything they can to avoid conflicts with other activities. If a conflict does arise, the sponsor/coach will work out a solution. If a solution cannot be found, the coach, athletic director and principal will make the decision based on all the information.
- G. **Attendance:** Students who miss over half of the school day (**as determined by the official school time**) due to illness will not be able to play in a contest or practice on that date. Students missing school for reasons other than illness must have an excused absence in order to participate. Final authority for infractions of this rule will rest with the principal or his/her designee. Students absent from school on the day prior to a non-school day will be eligible to participate the day after the absence.
- H. **In-School and Out-Of-School Suspension:** Students will not be allowed to participate until they have served their suspension. There should be no adjustments made in the assignment of suspension days to allow a student to participate in any activities. As ISS (in-school suspension) assignment ends at 3:30 p.m. the school day of said assignment. A student who is in OSS (out-of-school suspension) may not practice, tryout, or participate in any game/activity until the next school day after the suspension is completed.
- I. **Squad selection and Playing Time:** Time, space, facilities, equipment, and other factors will place limitations on the most effective squad size for any particular activity. Choosing the members of athletic squads is the responsibility of the coach of those squads. Participation time and specific assignments and positions of participants is the professional judgment of the coach.
- J. **Reporting of injury:** All injuries that occur while participating in athletics should be reported to the trainer/coach. If the injury requires medical attention by a doctor or treatment center, it will be necessary to have an injury report form completed. Once a student is treated by a physician, the athlete must obtain written permission from the doctor to return to the activity.

#### K. **Concussion Management Plan**

##### Concussion Management Guidelines

*Concussions at all levels of sports have received a great deal of attention in the past few years. Adolescent athletes are particularly vulnerable to the effects of concussions. The enclosed guidelines are made based on information from the American Academy of Neurology (AAN), the National Athletic Trainer's Association (NATA), the American Medical Association (AMA) and the Center for Disease Control (CDC). The guidelines are in compliance with Georgia state law, and they have been developed in conjunction with the GHSA and the NFHS.*

1. *A student athlete who is suspected of having a concussion should be removed from athletic activity and referred to the Certified Athletic Trainer (ATC). ATCs are trained in the Impact Concussion System to perform diagnostic evaluations. Baseline testing data will be referenced and the determination for further evaluation will be made. Parents/guardians can choose to follow the recommendation of the ATC or may take their child to a M.D. or D.O. of their choosing for further evaluation. Parents should consider whether the doctor they select is knowledgeable and trained in the evaluation and management of sports-related concussions.*
2. *Any athlete with a concussion should be medically cleared by a doctor (M.D. or D.O.) prior to resuming participation in any athletic activity. Parents are encouraged to share the results of a concussion diagnosis or evaluation, including doctors' orders, with the ATC at each PCSD school. The formation of a gradual return to play protocol should be a part of the medical clearance.*

3. *These guidelines should be applied to any athletic activity which includes, but is not limited to, games, practices, conditioning, and scrimmages.*
4. *The school district representative (in the case of athletics, the ATC) has the final say on an athlete's clearance status following a concussion, regardless of documentation provided by the athlete. "When in doubt, sit them out" is the position taken for concussion management. Student safety is our top priority.*

**NOTE:** *Athletes with continued concussion symptoms are at risk for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such risks are minimized if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made by parents, doctors, and trainers.*

*Parents/guardians should ensure that no athlete should return-to-sport or other at-risk participation when symptoms of concussion are present, and recovery is ongoing. The ATC/coach may remove a student from athletic activity at their discretion.*

#### 5 Step-Graduated Exertional Return to Play Guideline (PT Solutions)

*The following steps are not to be performed on the same day and will typically occur over multiple days and only after an athlete is asymptomatic relative to baseline data.*

1. *Light exercise: 20-minute stationary bike or walking. NO WEIGHTLIFTING.*
2. *Running in gym and bodyweight circuit: Squats/sit-ups/push-ups/ 3 sets x 20 seconds. No equipment.*
3. *Non-contact drills: 60-yard dash/medicine ball throws/sports specific drills x 15 mins. No equipment.*
4. *Full contact practice and or training. Continue to monitor for symptoms.*
5. *Game day participation.*

#### **\* National Federation High Schools (NFHS) Rules Change**

**Previous rule books for most sports included language directing officials to remove an athlete from play if "unconscious or apparently unconscious." We now know that a person does not have to lose consciousness to suffer a concussion. In fact, according to our most recent data from the High School Reporting Information Online (RIO) and the National High School Sports Related Injury Surveillance Study, only 3.2 percent of all concussed athletes lost consciousness during the 2009 football season. That language has been changed to the following: Any athlete who is believed to be suffering from a concussion and who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. The common signs, symptoms and behaviors of concussed athletes may be found in Appendix B on page 100 of the 2012 NFHS Football Rules Book.**

#### **\* Role of Officials**

**Neither officials, nor coaches, are expected to "diagnose" a concussion, as that is the job of an appropriate health-care professional. Officials are being asked to use their best judgment in observing the signs, symptoms, and behaviors, but are no longer being asked to make what could be perceived to be a medical opinion. This is the same type of monitoring procedure that has been used with orthopedic injuries and the "blood rule" in the past. The game official is not responsible for the sideline evaluation or management of the athlete after he or she is removed from play. The responsibility of further evaluating and managing the symptomatic athlete falls upon the head coach, appropriate health-care professional, or other individual designated by school administrators. The official does not need written permission for an athlete to return to play, nor does the official need to verify the credentials of the appropriate health-care professional. Ensuring compliance with the Suggested Management Guidelines is a health and safety issue and should be the responsibility of the head coach and school administration, NOT the game official.**

#### **\* School Responsibilities**

**All Paulding County coaches are required to participate in an annual online course on concussion management prepared by the NFHS.**

**Baseline testing will be done on all PCSD athletes except for swimming, golf, and tennis.**

## VII. Athletic Awards Policy

- A. **Varsity Award Requirements:** The varsity award shall be presented to an athlete who satisfies the participation requirements as set forth by the head coach. Athletes must finish their sports season in good standing to letter in a sport. (The coach may recommend a waiver of these requirements under an unusual circumstance.) The decisions for athletic awards are school-based decisions. The following are options that schools may select:
1. **1st-year award:** Chenille award letter with insert signifying the sport and certificate. (Note: Should the student letter in a second sport, he/she will not receive a second chenille letter.)
  2. **2nd-year award:** Service bar and certificate.
  3. **3rd-year award:** Service bar and certificate.
  4. **4th-year award:** Service bar and certificate indicating the recipient as a four-year varsity letter winner.
  5. Participants who do not letter will receive a certificate.
- B. Junior varsity and freshman awards are given on the recommendation of the coach to all athletes that complete the season. Certificates are given for both first- and second-year awards.
- C. Managers, trainers, and statisticians will parallel the regular awards system if they complete for the entire season.

## VIII. RankOne Sport Forms

The Paulding County School District provides a public electronic forms site to help each member high school manage and maintain athletic forms required for participation in school sponsored extra-curricular sports. We would like to thank you for taking part of the Paulding County School District's process of submitting athletic participation paperwork online. All forms will be submitted in an electronic format except for those requiring a physician signature. To access the Paulding County Public Electronic Forms site visit <https://pauldingdistrict.rankonesport.com/New/NewInstructionsPage.aspx> to fill out all required forms.

- A. **Parent Guide:** The Parent Guide instructions below will help guide you through the process and if you have any questions, reach out to the Head Coach or Athletic Office at your perspective high school.
- To access the online forms, click on the "Electronic Participation Forms" tab. You will pull up a list of athletic forms and policies required to participate.
  - Please read each form carefully and place a check in each box to signify that you and your child understand and accept each policy.
  - To sign the document, click inside the signature box and hold your mouse down, this will allow you to create an "Electronic Signature". If you make a mistake and need to start over, click on the refresh icon next to the signature box.
  - Once you have checked each box and signed at the bottom, you will have the opportunity to print that page.
  - You will receive a confirmation email once the athletic staff has reviewed the document.
  - Once you submit the first form you will have the option to click and continue to the next one.
  - Under the PHYSICAL/PARTICIPATION DOWNLOADS tab print, complete and return the PHYSICAL EXAMINATION FORM\* with physician signature/office stamp to the school. Print, complete and return the CLEARANCE to RETURN FORM with physician signature if applicable.
- ★ **IMPORTANT:** Once you have completed the Physical History form electronically, you **MUST** print a copy and take with you to the physical examination. After the physician fills out and signs their part, please return Physical Examination form to the school.

**GET STARTED:** Select the first form. You **MUST** know your child's 5–6 digit STUDENT ID number to get started. In the required fields enter your child's Legal FIRST NAME, LAST NAME, DATE OF BIRTH, STUDENT ID and SELECT SCHOOL.

**Note:** The Student's name and ID must match the information in the school's RankOne Sport program. If you receive a message stating, **"This student information does not match any existing student"** contact your school's athletic administrator.

<b>Student First Name:</b> <input type="text"/> <small>Required</small>	<b>Student Last Name:</b> <input type="text"/> <small>Required</small>	<b>Date of Birth:</b> <input type="text" value="mm/dd/yyyy"/> <small>Required</small>	<b>Student ID:</b> <input type="text"/> <small>Required</small>	<b>School Attending in 2020 - 2021:</b> <input type="text" value="----"/> <small>Required</small>
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**COMPLETE FORM(S):** Complete all required fields for each form, sign electronically, and validate signature(s) by checking the "I agree" box. You are required to provide a valid email address to receive an email notification of completion and to receive an electronic copy of the completed form.

**Note:** If you do not have an email address, enter NA. You will have the option to print the form from the submission success page for your records.

<b>Parent/Guardian Name (Print)</b> <input type="text" value="Type Parent Name"/>	
<b>Parent/Guardian Signature</b> <div style="border: 1px dashed gray; padding: 20px; text-align: center;"></div>	<b>Date</b> <input type="text" value="03/23/2021"/>
<p style="text-align: right;">Signature OK. </p> <p>Pursuant to the Georgia Uniform Electronic Transmissions Act, an electronic signature has the same legal effect as a manual or handwritten signature. An electronic signature will not be denied legal effect or enforceability solely because it is electronic, and any requirement for a signature is satisfied by an electronic signature. By submitting an electronic signature, the individual identified and providing the electronic signature herein verifies acknowledgement of the binding legal effect and enforceability of the electronic signature. By clicking the box beside "I agree", you agree that this is valid as your signature. You hereby swear that you are the parent or legal guardian of the above named student and that the information is accurate to the best of your knowledge.</p>	
<b>Notification Email:</b> <input type="text"/> If the athlete is 18 and completing the form themselves, please enter their email. If the athlete is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.	
<input checked="" type="checkbox"/> <b>I Agree</b>	
<input type="button" value="Submit"/>	

**SUBMIT FORM:** Click submit, if any of the required fields are missing it will state next to the field **\*Required**. Complete required fields and re-submit.

**APPENDIX: FORMS**  
**(SUBMIT TO ATHLETIC OFFICE)**

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has 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): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

**APPENDIX: RANKONE FORMS  
(SUBMIT ELECTRONICALLY)**



**Paulding County School District**  
Athletics Office

**ATHLETIC PARTICIPATION, INSURANCE, AND CONSENT FORM**

*\*Parent/Guardian Signature needed in four places*

**PLEASE PRINT**

Name: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

The student is domiciled at the above address located in the \_\_\_\_\_ School District.  
(School must be notified if student moves from the above address)

Have you attended this Paulding County school for at least one full school year? Yes \_\_\_\_ No \_\_\_\_

You live with (Name of Parent/Parents/Guardian)

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date entered 9<sup>th</sup> grade \_\_\_\_\_ Grade level for this school year \_\_\_\_\_

\*\*\*\*\*

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

**WARNING:** Although participation in supervised inter-scholastic athletics and intra-scholastic athletic clubs 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 INCLUDES A RISK OR 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 athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk.

Participants can and have the responsibility to help reduce the change of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR 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 OR 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 \_\_\_\_\_ to:

(1) Compete in athletics at \_\_\_\_\_ High School of the Paulding County School District in Georgia High School Association approved sports **EXCEPT THOSE CROSSED** out below:

- |              |               |            |               |                 |
|--------------|---------------|------------|---------------|-----------------|
| Baseball     | Cross-Country | Golf       | Softball      | Volleyball      |
| Basketball   | Esports       | Lacrosse   | Swimming      | Weight Training |
| Bass Fishing | Flag Football | Rifle Team | Tennis        | Wrestling       |
| Cheerleading | Football      | Soccer     | Track & Field |                 |

- (2) To accompany any school team of which the student is a member on any of tis local or out-of-town trips:
- (3) and, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
- (4) Parents should contact Head Coach for information regarding injuries to their son/daughter.

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

_____ *SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)	_____ DATE
_____ SIGNATURE OF STUDENT-ATHLETE	_____ DATE

GRADE

MIDDLE NAME

FIRST NAME

LAST NAME

**PAULDING COUNTY SCHOOL DISTRICT PERMISSION TO PARTICIPATE  
IN ATHLETIC TEAM ONE-DAY SCHOOL-SPONSORED TRIPS**

**CONSENT**

I hereby consent for \_\_\_\_\_ (student's name) to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic competitions. I understand that transportation may or may not be provided by the Paulding County School District. In the event transportation is not provided by the Paulding County School District, transportation will be the student's responsibility.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment at his/her discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Paulding County School District, Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment, if any.

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
--	---------------

**INSURANCE INFORMATION**

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below:

My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter-scholastic Athletics (including, but not limited to Varsity, Junior Varsity, and 9<sup>th</sup> grade Football), and intra-scholastic clubs and activities.

Company Providing Insurance: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

I wish to purchase the Benefit Plan provided by the Paulding County School System. (A signed copy of this Benefit Plan should be stapled to this form).

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
--	---------------

**AUTHORIZATION**

I understand that per the Georgia High School Association a Preparticipation Physical Evaluation must be performed by a physician to medically screen each student who participates in the athletic programs of the Paulding County School District. I further understand that a basic medical screening (the required physical exam) is general in nature and limited in its scope and does not indicate or assure me that my child is completely free from impairments. If I wish for a more detailed physical exam to be performed upon my child/ward, then it is my responsibility to arrange and pay for such an exam. If this more detailed exam is performed, it is my responsibility to notify the Paulding County School District, and its appropriate employees of any potential medical problems uncovered by any physical exam given to my child/ward other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless the Paulding County School District, their schools, their trustees, officers, Board Members, Board of Education, employees, agents, coaches, athletic trainers, physicians, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Paulding County School District or indemnified party arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the athletic programs provided by the Paulding County School District.

**My signature below attests that I have read, understood and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.**

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
Relation to Student: (Please Check One)	
Mother _____	
Father _____	
Other _____	
Phone(W) _____	(H) _____
Mobile _____	



## PAULDING COUNTY SCHOOL DISTRICT Athletic Responsibility Acknowledgment

---

Athlete's Name

High School

Sport(s)

Year

**Prior to participating in any practice or tryout session for any interscholastic sport, each athlete must:**

1. Successfully pass a physical examination by a registered physician and the copy of such examination must be on file in the athletic directors' office. One current physical examination per year is sufficient for all sports during that school year.
2. Return to his/her coach the Athletic Responsibility Acknowledgment Form properly signed.

***As a student athlete participating voluntarily in interscholastic athletics in the Paulding County School District, I understand that:***

1. I will abide by the Paulding County School District student code of conduct, the school's athletic handbook, the coaches team rules, and the rules of GHSA.
2. I will always conduct myself in an exemplary social manner and understand that I may be suspended and/or dismissed based on violations occurring in or away from school.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and will pay the current replacement cost for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol, or narcotics. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of the substances, I will be subject to disciplinary actions as outlined in the athletic handbook.
5. I acknowledge that I have been properly advised and cautioned by coaching personnel of my high school that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
6. I, along with my parents, certify that I have read and understand all of the Paulding County School District athletic policies in the student/parent athletic handbook and in order to be eligible for participation I must comply with all requirements listed.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: \_\_\_\_\_

### 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 GHSAA 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: GHSAA 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.

- 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.
- 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 form, I give \_\_\_\_\_ 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 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ School System.**

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

_____	X	_____	_____
<i>Student Name (Printed)</i>		<i>Student Name (Signed)</i>	<i>Date</i>

_____	X	_____	_____
<i>Parent Name (Printed)</i>		<i>Parent Name (Signed)</i>	<i>Date</i>

## ■ 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: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_  
 \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

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 HEALTH 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 requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART 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 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an 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 practice or game?			
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 <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, 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 does 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?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No
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 or food groups?			
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 "Yes" answers here.**

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

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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## ■ PREPARTICIPATION PHYSICAL EVALUATION

### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "Yes" answers here.**

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**Please indicate whether you have ever had any of the following conditions:**

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "Yes" answers here.**

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

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
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7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
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14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "Yes" answers here.**

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**Please indicate whether you have ever had any of the following conditions:**

	Yes	No
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Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "Yes" answers here.**

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

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: \_\_\_\_\_

### 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 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 100times/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 \_\_\_\_\_ 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 2020-2021 school year. This form will be stored with the athletic physical form and other accompanying forms required by the \_\_\_\_\_ School System.**

**I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.**

_____	X	_____	_____
<i>Student Name (Printed)</i>		<i>Student Name (Signed)</i>	<i>Date</i>
_____	X	_____	_____
<i>Parent Name (Printed)</i>		<i>Parent Name (Signed)</i>	<i>Date</i>

(Revised: 2/20)