

# Softball Expectations

Please thoroughly read the information below and initial that you acknowledge you have read the information.

To be eligible to tryout there are a few things that you will need to do:

- First, you will need to have all required GHSA and additional forms on file with Coach Holland (room 202) or Coach Morrison (room 317L) BEFORE you tryout. See checklist items for details.
- Secondly, you must be in good academic standing.
- Finally, you need to *either* have some softball experience or demonstrate your athleticism and your willingness to work hard and learn quickly – be coachable.

**Tryouts:** All student-athletes must be present *a minimum* of 2 days but all days are encouraged.

- May 15-18 (M-Th), 3:30-5:00pm, ARC softball field: Current high school students
- May 15-18 (M-Th), 5:30-7:00pm, ARC softball field: Current middle school students

*Tryouts are closed to parents, observers, friends, etc. Parent questions are welcomed via remind or email, or after each tryout session.*

To tryout for softball, the checklist documents are MANDATORY by the first day of your tryout.

## Read and understand:

- No documents, no try-outs, no team. This is the rule, everywhere.
- Academic eligibility. If you're not passing, you're not playing.
- Proper workout shoes and clothing are required for tryouts. Don't show up wearing jeans and crocs or spaghetti straps and booty shorts. Gloves and any other softball gear are encouraged.

## General Information:

- You are expected to try-out for the team even if you were on the team last year.
- ~~You will be evaluated on your softball skills (pass, catch, hit, movement). Data will be taken during certain parts of the tryout process.~~
  - Other considerations will include your attitude, your effort, your "coachability", and your potential to contribute to what should be a highly competitive team.
  - Despite the desire to keep anyone who shows potential, cuts will have to be made so that our team can maximize its potential.
- You are not guaranteed a position on the varsity or JV-even if you played previously.
- The exact number of team members (V/JV) has not yet been determined.

**If you are selected for the 2022 Softball Team, know the following before you commit:**

- It is absolutely a privilege to play softball for ARC and for us to coach this team.
- Softball season begins in May/June and ends in mid to late October.
- Your commitment to the team begins this summer – practices, conditioning, and scrimmages plus a tournament at Grovetown. A schedule will be given out after tryouts conclude.
- Regular season practice is held every day after school Monday-Thursday, some Fridays, and some Saturdays. You are expected to attend every practice.
- If you cannot attend a practice for ANY reason, we need a written form of communication with the reason why at least 24 hours in advance. Failure to provide proper communication could risk your future involvement with the team.
- There are 2 or 3 games every week, and we are often not finished or back to ARC until after 8:30/9:00 if it is an away game.
- Due to game limitations, there might be more “away” games than “home” games on our schedule. You are expected to ride the team bus to and from **all** “away” games. The expectation is only in extreme/emergency situations.

**Making the ARC softball team is extremely competitive:**

During tryouts, you will be given the opportunity to demonstrate not only your softball skills but also your softball potential and athletic ability. Listen, work hard, try hard, ask questions, and stay positive with yourself, the other girls, and the coaches.

**I have read everything listed above and agree to meet the expectations for the softball team.**

Printed Player Name: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Application Sheet

## Student Information:

Name: \_\_\_\_\_ Upcoming grade: \_\_\_\_\_  
Current School: \_\_\_\_\_

## Basic Information:

1. Why are you interested in softball?

2. List three attributes you can contribute to the team.

3. What fundraising ideas do you have for the softball team?

4. Would you be willing and available to participate in all fundraisers as they may take place during the week and weekends?

5. What experience do you have with softball? What position(s) have you played?

6. What position would you want?

7. How will you get home from practices and games?

8. Are you involved with any other activities or sports after school? If yes, please list activities, and corresponding days/times of practices.

9. Are you prepared to represent the Richmond County School District, Academy of Richmond County, staff, faculty, students, and surrounding community in a responsible, respectful, and professional manner?

10. What else do you want us to know about you?

**I have read the rules, expectations, and all the information on the application is correct.**

Printed Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

### Emergency Medical Card

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home/Work Phone #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Allergies: Yes \_\_\_\_ No \_\_\_\_ Type: \_\_\_\_\_

List medications: \_\_\_\_\_

# 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 GHSA athletics. One copy needs to be returned to the school, and one retained at home.

### COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.)

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion 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 2019-2020 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.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date

(Revised: 2/19)



## PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

Dear Parent(s) or Guardians(s):

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, participate in all required physicals, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport.

It is the policy of the Richmond County School System that all athletic participants, other than football, provide either proof of insurance, purchase the student accident insurance policy that is sanctioned by the Board, or sign a military waiver, provided by the school for military dependents. Participants in football must either provide proof of insurance, sign a military waiver, or purchase the football policy carried by the student accident insurance company. The school's athletic program is not authorized to extend public funds for injuries; thus, it will be the responsibility of the parent or guardian to pay any costs for any injury, which is not covered by insurance.

**PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD AND APPROVED:**

\_\_\_\_\_ I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by the examining doctor.

\_\_\_\_\_ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school approved vehicles. Parent/Guardians wishing to have their son/daughter with them returning from an event must make written arrangement with the coach.

\_\_\_\_\_ In the event of an emergency requiring medical attention, I understand every attempt will be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.

\_\_\_\_\_ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

\_\_\_\_\_ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

## PERMISSION TO TREAT/ACKNOWLEDGEMENT OF RISK FORM

Participating in interscholastic athletic activities/sports has the potential to be harmful to all participants. The parent/guardian and student-athlete understands that participating in these activities increases the risk for bodily injury and possibly sudden death. Participation in interscholastic athletic activities/sports is strictly voluntary, and the parent/guardian hereby assumes responsibility for any and all injuries and other losses that the student-athlete may suffer through participation. If you are unwilling to assume these risks your minor student-athlete will not be eligible to participate in interscholastic athletic activities/sports as part of the Richmond County Board of Education School District.

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first-aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return-to-play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, in their relationship with AU Health -- Jaguar Sports Medicine, the Richmond County Board of Education requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant, or nurse practitioner licensed by the state of Georgia (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance within the scope of practice under their designated state license and any other requirement imposed by Georgia law. In emergency situations, the QMP may also be a credentialed paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a minor and student-athlete participating in interscholastic athletic activities/sports as part of the Richmond County Board of Education School District.

I understand that the school/district employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic student-athletes before, during, or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return-to-play in accordance within the defined scope-of-practice under the designated state license, except as otherwise limited by Georgia law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return-to-play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent/guardian believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the QMP or a provider of the parent's/guardian's choice. I understand, however, that all decisions regarding same day return-to-activity following injury/illness shall be made by the QMP employed/designated by the school/district.

\_\_\_\_\_  
Student-Athlete's Name (printed)

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Name (printed)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## ATHLETE ROSTER

Sport: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: [M] [F] Grade: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Business Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

### PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone#: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

### FAMILY PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Phone #: (Office) \_\_\_\_\_ (Emergency) \_\_\_\_\_

### INSURANCE COMPANY INFORMATION:

Primary: \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medication, allergies, medical problems of the athlete:

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



## **Richmond County Board of Education**

### **Heat Policy**

Dear Parent,

The Executive Committee of the Georgia High School Association passed By-law 2.67 establishing a policy that would modify practice schedules during times of extreme high temperatures and humidity. Every school must have a policy related to practice in extreme heat conditions, and a copy of the policy must be given to every athlete's parent(s). The Parent must also sign the bottom of this letter stating that you have received a copy of Richmond County's Policy and Guidelines for Middle and High School Students to Prevent Heat Related Illnesses.

For Several years, the Richmond County Board of Education has had a policy related to practice during extreme heat. If at any time, you feel that a coach is not abiding by our policy, please contact the school's principal or me at (706) 826-1126.

**Thank you for your cooperation.**

Sincerely,

George Bailey, Director of Athletics, Richmond County Board of Education

I am the parent or legal guardian of \_\_\_\_\_, who is a student at \_\_\_\_\_ High School. I understand the Richmond County Board of Education has developed a policy related to the Prevention of Heat Related Illnesses. This policy is in accordance with By-law 2.67 of the Georgia High School Association, and I have received a copy of that policy.

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_



The mission of the Richmond County School System is building a world-class school system through education, collaboration, and innovation.

**By-Law 2.67 - Practice Policy for Heat and Humidity:**

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts *(including during the summer)* in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:
- (1) The scheduling of practices at various heat/humidity levels
  - (2) The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
  - (3) The heat/humidity levels that will result in practice being terminated
- (b) A scientifically-approved instrument that measures the Wet Bulb Globe Temperature must be utilized at each practice to ensure that the written policy is being followed properly. *WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.*

WBGT	ACTIVITY GUIDELINES AND REST BREAK GUIDELINES
Under 82.0 .....	Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.
82.0 - 86.9 .....	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.
87.0 - 89.9 .....	Maximum practice time is 2 hours. <u>For Football</u> : players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. <i>If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts.</i> <u>For All Sports</u> : Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
90.0 - 92.0 .....	Maximum practice time is 1 hour. <u>For Football</u> : no protective equipment may be worn during practice, and there may be no conditioning activities. <u>For All Sports</u> : There must be 20 minutes of rest breaks distributed throughout the hour of practice.
Over 92.1 .....	No outdoor workouts. Delay practice until a cooler WBGT level is reached.

- (c) **Practices are defined as:** the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the practice or workout area until players leave that area. *If a practice is interrupted for a weather-related reason, the "clock" on that practice will stop and will begin again when the practice resumes.*
- (d) Conditioning activities include such things as weight training, wind-sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."
- (e) A **walk-through** is not a part of the practice time regulation, and may last no longer than one hour. *This activity may not include conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.*
- (f) Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

**PENALTIES:** Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

## Contact Information

Player's Name: \_\_\_\_\_

Player's cell phone number (best form of communication): \_\_\_\_\_

Player's email: \_\_\_\_\_

I live with (circle all that apply):    Mother          Father          Step Mother    Step Father  
Other \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_          Text / Do Not Text (circle one)

Form of transportation (circle all that apply):    Carpool          Driver          Car rider

Any comments or concerns about transportation that I need to know:

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List any medical concerns that I should know:

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# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.  
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALE ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I consent to my child having this physical evaluation.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ 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, 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 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 (questions 5-14).

EXAMINATION		Male	Female
Height	Weight		
BP	Pulse	Vision R 20'	L 20'
		Corrected	Y N
<b>GENERAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic†			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

†Consider GU exam if in private setting. Having third party present is recommended.

‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_ MD or DO \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_ MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

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

# ■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

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

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any 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 with 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

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
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

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



### Richmond County School System Interscholastic **CONTRACT** for Parents and Student-Athletes

1. I understand that each participating student in athletics, extracurricular, co-curricular and interscholastic activities is expected to maintain at least a 75 average in order to remain eligible. I also understand that progress reports will be done every three (3) weeks and I must sign the report and return to the school. I also understand that if my child does not maintain academic achievement, that he/she will be removed from participation until such grades have improved and academic expectations and requirements have been met.
2. I understand that my child is expected to attend all practices, rehearsals, meetings and events, to arrive promptly and to remain throughout the scheduled hours. I also agree to provide a written excuse for missed practices and pick up my child after practices, rehearsals, meetings and events have ended.
3. I understand that my child is to cooperate and conduct him or herself with Administrators, teachers, coaches, spectators, officials and team members in a manner showing respect to all persons.
4. I understand that my child must adhere to all school policies and the policies of the Richmond County Board of Education.
5. I understand that my child must maintain the highest standards of honesty and integrity while representing the school and the school system of Richmond County.
6. I understand that my child is to respect and care for all equipment and supplies issued by the Richmond County School System. I also understand that I am held financially responsible for any theft, damage or loss of any of the equipment or supplies issued to my child by the Richmond County School System.

~~The privilege of representing a school rests upon the personal responsibility of the child and the parent. In consideration of the County Board of Education of Richmond County offering athletics, extracurricular, co-curricular, and interscholastic activities and selecting my child as a member, I promise that my child will attend school regularly, maintain high academic standards, and be cooperative and respectful of others. This contract is for the \_\_\_\_\_ school year.~~

This contract becomes effective this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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Signature of parent or guardian

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Signature of student

TO:

COUNTY BOARD OF EDUCATION OF RICHMOND COUNTY  
864 BROAD STREET  
AUGUSTA, GEORGIA 30901

Gentlemen:

I am the parent(s) or legal guardian of \_\_\_\_\_  
who is a student at \_\_\_\_\_ school.

I understand the school board adopted a policy in August 1979 requiring all students who participate in interscholastic athletics to purchase accident insurance offered at the school. I further understand this insurance is to help defray the costs of any medical expenses my child may incur as a result of his/her school athletic program.

Therefore, I request a waiver of the school board requirement that I purchase accident insurance for the child named above.

In consideration for which I do hereby agree to release, covenant not to institute any suit or claim, waive, indemnify, hold harmless, release and discharge the County Board of Education of Richmond County, its individual members, agents, employees, and representatives, from any responsibilities of any kind whatsoever as a result of the granting of this waiver or as a result of any injuries that my child (ward) may receive or sustain in the athletic program at his/her school.

Yours very truly,

---

(Date)



## Softball Letter of Recommendation

Player Candidate Name: \_\_\_\_\_

Thank you for taking the time to give us your *honest* input for the player above. After answering the questions below, put this letter in a sealed envelope and put your signature on the seal before handing it back to the player above.

1. In what capacity do you know this candidate and for how long?
2. How would you describe the candidate's reliability & dependability?
3. What 5 words describe this candidate?
4. What are 3 of their strongest qualities? What are 3 of their weakest qualities?
5. How does this candidate interact with their peers and those younger than them?
6. Would you recommend this candidate to be a part of the softball team? Explain why or why not?
7. Is there anything else you would like to share about this candidate?

Thank you again for your time and effort in completing this letter of recommendation. Please make sure to seal this letter and sign on the seal before handing it back to the applicant.