

**PLEASE RETURN COMPLETED FORMS TO YOUR COACH OR THE ATHLETIC TRAINER PRIOR TO THE
START OF ANY SPORT PHYSICAL ACTIVITY**

Dear Parent / Guardian:

Enclosed you will find the Pre-Participation Physical Evaluation (PPE) form and necessary documentation that is required of all students trying out and/or participating in a school sport during the current school year. The PPE is a screening to ensure that your child is medically eligible for participation in accordance to the Georgia High School Association guidelines. The physical will be valid for 1 calendar year and will be kept under lock and key at the school. If your child will be participating in any school sport(s), please completely fill out this packet making sure you AND your student-athlete sign and date where asked.

The following are included:

- Roster Form
- Parent/Student-Athlete Contract
- Parent Permission Form
- Student Insurance Waiver
- PPE Physical
- Concussion Awareness Form
- Heat Policy
- Permission to Treat/Acknowledgement of Risk
- Football Waiver (for football athletes only)
- Emergency Card

It is extremely important that this packet is completed, signed by you and the student-athlete, and returned to the coach, front office, or Athletic Trainer prior to the participation in any school sport activity. **Incomplete information or missing signatures could delay your child from participation.**

All physical packets are **due before the first day of practice** of your child's sport. If the packet is not turned in by that time, your child will not be cleared to practice or play until the forms are completed and returned.

If you have any questions, please feel free to contact:

Brandon Tull, Glenn Hills High School Athletic Director

TullBr@boe.richmond.k12.ga.us

OR

Leah Afsarifard, Glenn Hills High School Athletic Trainer

(440)289-3191 or lafsarifard@augusta.edu

Thank you for your cooperation and we look forward to working with your student-athlete this coming school year.

Authorization to Disclose Health Information

Athlete's Name: _____

Date of Birth: _____

I authorize AU Medical Center, Inc. to use or disclose the above named individual's health information as described below, concerning the period from July 1, 2018 to June 30, 2019.

- Medical information, as specified:
- Standard Document Set (Discharge Summary, History and Physical, Progress Notes, Test Results, Consults)
- Other (specify): **Pre-Participation Exam and any subsequent athletic injury or condition**
- Entire Medical Record (justification required)
- Psychiatric/Psychological Information
- Drug/Alcohol Abuse Treatment Information
- HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome)

This information may be disclosed to and used by the following individual or organization (circle ONE):

Name: Academy of Richmond County
Address: 910 Russell St., Augusta, GA 30904

Name: Hephzibah High School
Address: 4558 Brothersville Rd., Hephzibah, GA 30815

Name: Butler High School
Address: 2011 Lumpkin Rd., Augusta, GA 30906

Name: T.W. Josey High School
Address: 1701 15th St., Augusta, GA 30901

Name: Cross Creek High School
Address: 3855 Old Waynesboro Rd., Augusta, GA 30906

Name: Lucy C. Laney High School
Address: 1339 Laney Walker Blvd., Augusta, GA 30901

Name: Glenn Hills High School
Address: 2840 Glenn Hills Dr., Augusta, GA 30906

Name: Westside High School
Address: 1002 Patriot's Way, Augusta, GA 30907

Purpose: To assist the coaches, school administration, and Richmond County Board of Education with the athlete's ability to participate in athletics

Special Instructions: Only coaches from the particular sport or Athletic Director, School Administration may receive this information.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: **06/30/19**. If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Director of Health Information Management Services at (706) 721-2722.

Parent or Legal Representative Signature

Date

If signed by Legal Representative, Relationship to Athlete

Signature of Witness

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 PHISICIAN 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

Awareness of Football Risk

The coaches in our football program are well qualified, professionals that emphasize the proper fundamentals related to playing the game of football. Regardless of this fact, football being a contact sport, injuries will occur. It is the purpose of this handout to inform the player and the parent of this and make them aware of the safety precautions that must be adhered to in order to prevent or minimize injuries.

By rule the helmet is not to be used as a "ram." It is not possible to play the game safely or correctly without making some contact with the helmet when properly blocking and tackling, but proper technique would be for the initial contact to be made with the shoulder. In addition, the head should never be bent downward when making contact. If the head is bent downward on contact or if the contact is on the top of the helmet, serious injury could occur; including joint dislocation, nerve damage, paralysis, or even death.

Rules also prohibit a player from blocking below the waist outside a two by four-yard area next to the football. This is an important rule which was made to help minimize the number of serious knee and ankle injuries.

It is important that the uniform, especially the helmet and shoulder pads, fit properly. All players should have some basic knowledge of the correct fitting uniform. Shoulder pads that are too small will leave the shoulder point vulnerable to bruises or separations. If they are too tight in the neck area, a pinched nerve could result. Shoulder pads that are too large will leave the neck area vulnerable and will slide on the shoulders, once again making them vulnerable to bruises and separations.

Helmets must fit snugly at the contact points: front, back, and top of the head. Each helmet must be "NOCSAE" branded for safety and a warning sticker must be visible. On contact, a helmet too tightly fitting helmet could produce a headache. One fitting too loosely could produce headaches, concussions, face injuries such as broken noses or cheek bones, or a serious neck injury. No player should practice until both he and the coach are satisfied with the fit of the helmet.

This handout does not cover all possible injuries while playing football, but it is an effort to make both the players and parents aware of the fact that proper techniques, adhering to the rules of the game, and properly fitting equipment are vital to each player's safety and enjoyment of the game.

We understand the information presented and are aware of the risks involved in playing football. We also understand that the player must accept a major role in the prevention of serious injuries by adhering to the rules, by using proper technique, and by using properly fitted equipment.

Athlete Signature _____

Parent Signature _____ Date _____



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STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

Dangers of Concussions

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.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.
- d) 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.

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

SIGNED: _____
(Student)

(Parent or Guardian)

DATE: _____

**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)

■ 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

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

^a 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: _____

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 Glenn Hills 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 _____



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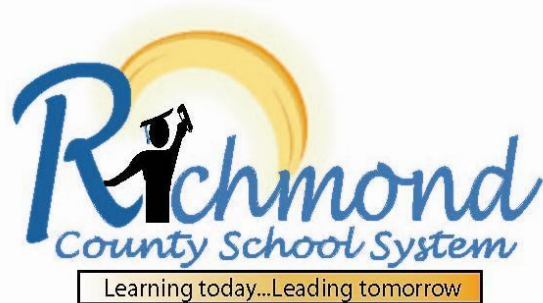
By-Law 2.67 - Practice Policy for Heat and Humidity:

- (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.



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_____.

Signature of parent or guardian

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)