

Dear Parents:

Checkups and physicals for sports and summer camps are a perfect opportunity to catch up with needed vaccines. If your child is scheduled or going to be scheduled for an appointment please consider getting the vaccinations. In addition to the tetanus booster, please be sure the following CDC recommended preteen/adolescent vaccines and catch up vaccines are not missed:

1. Meningococcal conjugate vaccine (MCV4)
2. Quadrivalent Human Papillomavirus vaccine (HPV4)
3. Catch up on second dose of varicella zoster vaccine (VZV)

These vaccines are not mandatory to attend school but they are strongly recommended by the CDC.

E. D.

STUDENT MEDICAL/EMERGENCY INFORMATION

Student's Name: _____ Grade & HR Teacher: _____

Date of Birth: _____ SS# _____ Home e-mail: _____

Mother's Name: _____ Home Phone _____

Work Phone _____ Cell/Other _____

Father's Name: _____ Home Phone _____

Work Phone: _____ Cell/Other _____

Student Insurance Verification

Name of Health Insurer: _____ Policy # _____

Expiration Date: _____ Student's Physician _____

Physician's Phone: _____

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

I, _____, the parent or guardian of _____

recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notations on my child's records:

Allergies to medications/foods/latex/insect stings & bites/other: _____

Chronic medications (indicate medication & condition): _____

Relevant medical information (e.g., contact lens wearer, family history of sudden death, seizures, heart conditions, asthma, previous surgeries): _____

Date

Signature of Parent or Legal Guardian

It is the parents' responsibility to keep all information current throughout the entire school year.

May Tylenol (regular strength) be given during the school day? Yes ___ No ___

_____ does not employ a school nurse to administer medications.

The South Carolina Independent School Association

Warning of Inherent Risk
Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF (name of student participant) _____, my child/ward, being allowed to participate in any way in the related events and activities of the SCISA Athletic Association and this school's athletic program, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The South Carolina Independent School Association, this school (_____) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal Responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

Date Signed

THE SOUTH CAROLINA INDEPENDENT SCHOOL ATHLETIC ASSOCIATION

AGREEMENT FOR PARTICIPATION 2010-11

1. STATEMENT OF PHILOSOPHY

The primary purpose of school is education. The participation in athletics is a privilege for those students who are eligible according to rules and policies of the SCISA.

2. SUMMARY OF THE CODE OF CONDUCT:

All fans, spectators, coaches, and student-athletes are encouraged to enthusiastically support his/her school and team. We all must realize that the athletic arena is an extension of the classroom. Valuable lessons other than winning and losing are taught. The safety and well-being of students, coaches, and officials is of utmost importance to us all. Athletic events shall be conducted in accordance with the policies, rules, and regulations of the South Carolina Independent School Association. Participants, coaches, and spectators shall at all times conduct themselves in a reasonable and sportsmanlike manner.

A participant, coach or fan will be violation of the Code of Conduct upon any one or more of the following actions:

- By making any degrading remark about any official, coach, or athlete during or after a game, either on or off the field/floor of play.
- By arguing with an official or going through motions indicating dislike or disdain for a decision.
- By using any foul, abusive, or profane language at any time.
- By entering the playing area or field to protest, question, or object to a call or play.
- By hitting, shoving or striking any official, coach, athlete or fan at any time (or attempting to do so).
- By being ejected/removed from any contest.
- By detaining an official following the contest to request a ruling or explanation. By following/chasing after the official after a game to express your displeasure or opinion with a call or result of a play or game.
- By the use or display of alcohol, tobacco or an unauthorized drug.

Violations of the Code of Conduct could result in a school, player or fan being fined, suspended or placed on probation. The school shall be notified of the action taken by SCISA and will be responsible for the enforcement of the action.

3. WARNING OF INHERENT RISK/DANGERS OF ATHLETIC PARTICIPATION

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

4. SUMMARY OF STUDENT ELIGIBILITY RULES

Eight Semester Rule: A student has Eight (8) Consecutive Semesters of eligibility from the time he/she first enters the ninth (9th) grade.

Academic Requirements: A student in grades 9-12 must take and pass at least four (4), one unit CORE courses or any five (5), one unit courses each grading period/semester. Students below the 9th grade must pass four (4) subjects each grading period/semester. A senior who has met or is meeting all requirements for graduation must pass four (4), one credit courses each marking period/semester. *Note: a student must have earned at least four (4) core units or any five (5) units of credit to be declared eligible at the start of a school year. Also, credits or courses taken by the "Home School" method during the school year are not eligible for athletic eligibility determination.*

Any student who did not receive credit for at least 50% (one-half) of all courses taken the previous school year cannot be declared eligible for athletic participation until the successful completion of the first semester.

A student who is academically ineligible to participate is also prohibited from practicing with the team until the time he/she is academically eligible to participate.

Grade Level Requirements/Restrictions:

Varsity Teams: Eligible students in grades 8-12 may participate on varsity teams in baseball, basketball, soccer, football and softball. Eligible students in grades 6-12 may participate on varsity teams in tennis, golf, swimming, cross country, track, cheer and volleyball. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any varsity team.* **Junior Varsity Teams:** Eligible students in grades 5-10 may participate on junior varsity teams in all sports except football. **Junior Varsity Football:** Eligible students in grades 6-9 may participate in junior varsity football. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any junior varsity team.*

THE SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Pre-Participation History & Health Assessment

Name _____ Date of Birth: _____ Grade: _____
 School: _____ Sex: F _____ M _____ Sports: _____
 Address: _____ Phone: _____
 Personal Physician: _____ Phone: _____
 In Case of an Emergency Contact: _____ Relationship: _____
 Home Phone #: _____ Cell #: _____ Other: _____

*Attention parent or guardian and athlete: answers to the following questions are very important!
 Please take the time to answer each question to the best of your knowledge.*

General Medical History:

- | | Yes | No |
|--|-----|-----|
| 1. Do you have asthma? | ___ | ___ |
| 2. Do you have diabetes? | ___ | ___ |
| 3. Do you have high blood pressure? | ___ | ___ |
| 4. Do you have seizures? | ___ | ___ |
| 5. Do you have sickle cell trait? | ___ | ___ |
| 6. Do you have any other major medical problems? | ___ | ___ |
| 7. Have you ever been hospitalized or had surgery? | ___ | ___ |
| 8. Do you cough, wheeze or have trouble breathing with exercise? | ___ | ___ |
| 9. Do you use an inhaler? | ___ | ___ |
| 10. Do you have a single organ, testicle or kidney? | ___ | ___ |
| 11. Are you currently taking any medicines on a regular basis (prescription or over-the-counter)? | ___ | ___ |
| 12. Have you ever taken supplements or vitamins to help with weight loss, weight gain or improve performance? | ___ | ___ |
| 13. Do you have any allergies (seasonal, insects, Food, latex or medicines)? | ___ | ___ |
| 14. Have you ever had a rash or hives develop during or after exercise? | ___ | ___ |
| 15. Do you have a skin problem other than acne? | ___ | ___ |
| 16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung" or a concussion? | ___ | ___ |
| 17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ___ | ___ |
| 18. Have you had a stinger, burner or pinched nerve? | ___ | ___ |
| 19. Have you ever become ill from exercising in the heat? | ___ | ___ |
| 20. Have you had mononucleosis or any significant illness in the last 60 days? | ___ | ___ |
| 21. Do you have trouble with your eyes/wear glasses? | ___ | ___ |
| 22. Do you have trouble with your hearing/wear hearing aids? | ___ | ___ |

General Medical History:

- | | Yes | No |
|---|-----|-----|
| 23. Do you want to weigh more/less than you do now? | ___ | ___ |
| 24. Do you lose weight regularly to meet weight requirements for your sport or other reasons? | ___ | ___ |
| 25. Do you feel stressed out, tired or depressed? | ___ | ___ |
| 26. Are there any issues that you would like to discuss with the doctor? | ___ | ___ |
| 27. Are your immunizations up to date? | ___ | ___ |

Females Only

- | | | |
|---|-----|-----|
| 28. Are your periods regular (every month)? | ___ | ___ |
| 29. Are your periods heavy? | ___ | ___ |

Cardiac History

- | | | |
|--|-----|-----|
| 1. Have you ever passed out during or after exercise? | ___ | ___ |
| 2. Have you ever been dizzy during or after exercise? | ___ | ___ |
| 3. Have you ever had chest pains or chest pressure during or after exercise? | ___ | ___ |
| 4. Do you tire easily or more quickly than your friends during exercise? | ___ | ___ |
| 5. Have you ever had racing of your heart or skipped heartbeats? | ___ | ___ |
| 6. Have you been told you had a heart murmur? | ___ | ___ |
| 7. Have you ever been told that you had an enlarged or weak heart? | ___ | ___ |
| 8. Has any member of your family:
Died of heart problems or sudden death before age 50? ... | ___ | ___ |
| Been told they had a serious heart problem before age 50? | ___ | ___ |
| Been told they had Marfan Syndrome? | ___ | ___ |
| 9. Has a physician ever restricted your participation in sports? | ___ | ___ |

Orthopedic History

- | | | |
|---|-----|-----|
| 1. Have you ever broken or fractured any bones? | ___ | ___ |
| 2. Have you ever dislocated any joint? | ___ | ___ |
| 3. List any other problems with neck, spine, back, shoulders, elbows, wrists, hands, fingers, hips, knees, ankles, feet or toes | ___ | ___ |

Explain "Yes" Answers on another page (put date of injury if known)

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, coaches, doctors or those under their direction who are part of the athletic injury prevention or treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____

SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Please Print

Medical Examination Form

 Last Name First Name Middle Initial Date of Birth

Gender: ___ M ___ F Age: _____ Grade: _____

PHYSICAL EXAM - To Be Completed By Physician

Height _____ Weight _____ Pulse _____ Blood Pressure _____

	Normal	Abnormal Findings	Initials
1. Eyes (vision)			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Abdomen			
7. Chest & Lungs			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine			
• Shoulders			
• Arms/hands			
• Hips			
• Thighs			
• Knees			
• Ankles			
11. Neuromuscular			

_____ **Cleared without restriction**

_____ **Cleared, with recommendations for further evaluation or treatment for:** _____

_____ **Not Cleared:** ___ **All Sports** ___ **Certain Sports:** _____

I certify that I have examined this athlete on this date and found him/her medically qualified to participate in sports. I also certify that I am a licensed physician.

Physician's Signature: _____ Date: _____

Physician's Address: _____