



HALL COUNTY SCHOOL DISTRICT ATHLETIC REGISTRATION

PLEASE PRINT ALL INFORMATION:

NAME OF SCHOOL: _____

Name of Student: _____ **Grade:** _____

Name(s) of Parent or Guardian: _____

Home Phone Number: _____ **Emergency Phone Number:** _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics may be one of the least hazardous in which students will engage in or out of school, by its nature participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long term catastrophic. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate, the risk.

Participants have the responsibility to help reduce the risk of injury. **Players 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 interscholastic athletics at _____ School of the Hall County School District in Georgia High School Association (GHSA) sports, **except those CROSSED OUT** below:

Baseball	Cross Country	Soccer	Track & Field
Basketball	Football	Softball	Volleyball
Cheerleading	Golf	Tennis	Wrestling

- (2) To accompany any school team of which the student is a member on any of its 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.

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: _____

INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your student-athlete for the _____ school year, then sign below.

____ My student-athlete is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics, including, but not limited to varsity and junior varsity football.

Company providing insurance: _____

Name of Insured: _____

Policy Number: _____

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

As a parent (guardian) of the above-named student-athlete, I understand that unless I have insurance, or have purchased school insurance, there is no school district insurance which may cover any injuries, loses, or damages arising out of my child's participation in the activities previously indicated.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

DRUG-TESTING ADMINISTRATION ACKNOWLEDGEMENT/CONSENT FORM

The Hall County Board of Education has authorized mandatory random drug tests for all student-athletes who participate in Georgia High School Association (GHSA) inter-scholastic athletics. Any sports activity that requires an annual physical as a condition of participation is subject to this procedure.

1. The student-athlete must present to the head coach this signed consent form, which authorizes the school to administer drug testing and that allows the results of the test to be released to parents or guardians, administrative officials, and the head coach. **(Note: A signed consent form is a requirement for participation in any GHSA governed inter-scholastic activity that requires an annual physical examination for participation. Parents and students do not have the option of not participating in the drug-screen program.)**
2. Random testing will take place at any time during the season with student-athletes chosen through lottery/random selection. Testing consists of providing a urine sample to those representatives of the firm administering the test. School personnel will supervise but will not administer the test. Privacy will be protected. Specimens will be processed for identity and secured to ensure against tampering. Test results will be reported to the school through the proper chain of command. In case of a positive result, the parent or guardian will be notified.

Testing will be done by the Northeast Georgia Forensic/Toxicology Lab under the supervision of the Toxicology Program Manager.

This acknowledgement of administration and consent to allow participation in the random drug-testing program shall remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____

DATE: _____

SIGNATURE OF STUDENT-ATHLETE: _____

DATE: _____

GHSA BY-LAW 2.67 – “Practice Policy for Heat and Humidity

Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts 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 level that will result in practice being terminated

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. **WBGT READING**

ACTIVITY GUIDELINES & REST BREAK GUIDELINES

UNDER 82.0

Normal activities --Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during 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 of a minimum of four minutes duration each.

87.0 – 89.9

Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each.

90.0--92.0

Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.

OVER 92

No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs

GUIDELINES FOR HYDRATION AND REST BREAKS

1. Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved
2. For football, helmets should be removed during rest time
3. The site of the rest time should be a “cooling zone” and not in direct sunlight.
4. When the WBGT reading is over 86:
 - a. ice towels and spray bottles filled with ice water should be available at the “cooling zone” to aid the cooling process.
 - b. Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

DEFINITIONS

1. **PRACTICE:** 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 field until they leave.

2. **WALK THROUGH:** this period of time shall last no more than one hour, is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.

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

Head Coach's Signature verifying a copy of the above GHSA By-Law 2.67 has been provided to the parent(s)/guardian(s) of the player registered:

_____ Date: _____

Parent/Guardian Signature verifying having been given a copy of GHSA By-Law 2.67:

_____ Date: _____