2019-2020 Atherton Sports Physical Packet

The attached packet must be completed prior to conditioning or tryouts. Pages 1 through 9 should be completed, notarized (Page 5) and returned to the Athletic Director in number order. You can keep pages 10 and 11. All pages must be completed and signed. Partially completed packets will not be accepted. Please review packet before turning it in.

DO NOT TURN IN TO THE FRONT OFFICE OR THE HEAD COACH

COMPLETED PHYSICAL PACKET SHOULD BE TURNED IN TO THE ATHLETIC DIRECTOR AND MUST BE IN DATE FOR THE ENTIRE SPORT SEASON THE ATHLETE PLANS TO PARTICIPATE IN.

Below are some helpful tips for completing:

Page 1 History Form. Must be on KHSAA form. All sections must be completed. Student and parent must sign and date.

Page 2 Physical Examination Form. Must be on KHSAA form. Must be completed by physician. Physician must sign, date, and indicate his recommendation on participation in athletics. Form should also include the physicians address and phone number. Physicals are good for 12 months.

Page 3 Athletic Participation Form. All sections must be completed.


Page 5 Jefferson County Public Schools-Parent Permission/Release-High School Athletics. All sections must be filled out, initialed and signed by student and parent. This form must be NOTARIZED.

Page 6 Jefferson County Public Schools Sports Safety Video Form. Both the student and parent must watch the video and sign the form. Video can be viewed by going to http://jcps.jefferson.k12.ky.us/athletics/, clicking on High Schools and clicking on JCPS Health and Sports Safety Video.


Page 8 Atherton High School Transportation Release. Both the parent and student must sign.

Page 9 Athletic Code of Conduct. Both the student and parent must sign.


Reminder: All pages must be completed and signed. The packet should be completed, notarized (Page 5) and returned to the Athletic Director in number order. Partially completed packets will not be accepted. No other forms can be substituted for any of the above.
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: ____________________________ 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 □ Pollen □ Food □ Stinging Insects

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

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? □ Yes □ No

2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Arthritis □ Migraine □ Allergy to water or pollen

3. Have you ever had surgery? □ Yes □ No

4. Have you ever had surgery? □ Yes □ No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during or after exercise? □ Yes □ No

6. Have you ever had shortness of breath, chest pain, tightness, or pressure in your chest during exercise? □ Yes □ No

7. Does your heart rate increase during physical activity? □ Yes □ No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ Asthma □ high cholesterol □ A heart murmur □ Heart attack

9. Has a doctor ever ordered a test for your heart? (For example, ECG/En/echo-cardiogram) □ Yes □ No

10. Do you get lightheaded or feel more short of breath than expected during exercise? □ Yes □ No

11. Have you ever had unexplained seizes? □ Yes □ No

12. Do you get more tired or short of breath more quickly than your friends during exercise? □ Yes □ No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

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) □ Yes □ No

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, aortic stenosis, or any other heart-related issues? □ Yes □ No

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? □ Yes □ No

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? □ Yes □ No

NOSE AND JOINT QUESTIONS

17. Have you ever had an injury to the nose, muscle, ligament, or tendon that caused you to miss a practice or a game? □ Yes □ No

18. Have you ever had any broken or fractured bones or dislocated joints? □ Yes □ No

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or surgery? □ Yes □ No

20. Have you ever had a stress fracture? □ Yes □ No

21. Have you ever been told that you have or you have had an x-ray for neck instability or spinal instability? (Down syndrome or dwarfism) □ Yes □ No

22. Do you regularly use a brace, orthotics, or other assistive device? □ Yes □ No

23. Do you have a bone, muscle, or joint injury that bothers you? □ Yes □ No

24. Do any of your joints become painful, swollen, feel warm, or both red? □ Yes □ No

25. Do you have any history of joint arthritis or connective tissue disease? □ Yes □ No

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 or guardian: ____________________________ Date: ____________________________

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PHSAA Form PPW/Physical Form – Page 1, Student Health History - Rev. 4/15
# Preparticipation Physical Evaluation

## PHYSICAL EXAMINATION FORM

### PHYSICIAN REMINDERS

1. 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 ever chew tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken aspirin or 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### EXAMINATION

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<th>Female</th>
<th>BP</th>
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<th>ABNORMAL FINDINGS</th>
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*Consider EKG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.*
*Consider MRI scan if in previous setting, having third party involved is recommended.*
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.*

- [ ] Cleared for all sports with no restriction
- [ ] Cleared for all sports with no 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 this clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parents/guardians.

**Name of physician (print/type)**

**Address**

**Phone**

**Signature of physician**

**Date**

**MD or DO**

**ATHLETE INFORMATION**
(This part must be completed by the student and family)

Name (Last, First, Initial) 

School Year

Home Address (Street, City, State, Zip):

Gender 

Grade 

School 

Date of Birth: 

Birth Place (County, State):

School Attendance History

<table>
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<tr>
<th>Grade</th>
<th>School Name</th>
<th>School Year</th>
<th>Varsity Play</th>
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I am planning to participate in the following (check all you might try to play):

- Baseball
- Basketball
- Cross Country
- Football
- Golf
- Soccer
- Softball
- Swimming
- Tennis
- Track and Field
- Volleyball
- Wrestling
- Archery
- Bass Fishing
- Bowling
- Competitive Cheer
- Other(s)

**EMERGENCY CONTACT INFORMATION**

Name (please print) 

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone 

Cell Phone

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)**

Prior to participation in practices or contests including try-outs in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least $20,000. If this coverage is not provided through the student's family, insurance must be purchased by the participating student. The Athletic Director regarding any potential claims. Individual schools and districts may impose additional requirements that are consistent with Bylaw 23.

Insurance Carrier

Policy Number / ID Number

Group Number

Plan

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.
The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches’ instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student’s participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at http://khsaa.org/handbook. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the “Transfer Rule,” upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of $25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student’s demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student’s education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics. Without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuation of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

<table>
<thead>
<tr>
<th>Students' Name (please print)</th>
<th>School</th>
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<tbody>
<tr>
<td>Student and Parent/Guardian Address including City, State and Zip</td>
<td></td>
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<tr>
<td>Signature of Student</td>
<td>Date</td>
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</tbody>
</table>

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

<table>
<thead>
<tr>
<th>Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)</th>
<th>Emergency Phone Number</th>
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<tbody>
<tr>
<td>Signature of Parent(s)/Guardian(s) who has/have custody of this student</td>
<td>Date</td>
</tr>
</tbody>
</table>
JEFFERSON COUNTY PUBLIC SCHOOLS

(Last Name) ___________________  (First Name) ___________________  (Middle) ___________________

(Birth date) ___________________

GENDER: M F (circle one).

NUMBER OF YEARS IN: MIDDLE SCHOOL _____ HIGH SCHOOL _____ YEAR ENTERED 9TH GRADE: _____

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: ________

(Home Address) ___________________  (Zip) ___________________  (Home Phone #) ___________________

PARENT/GUARDIAN: ___________________  WORK PHONE#: ___________________

EMERGENCY CONTACT: ___________________  PHONE#: ___________________

PHYSICAL EXAM COMPLETED: YES _____ NO _____

GROUP ATHLETIC INSURANCE PAID: YES _____ NO _____

LAST SCHOOL ATTENDED: ___________________  YEAR (S): ___________________

ADDRESS: ___________________  CITY: ___________________  STATE: ___________  ZIP: ___________

PHONE: ___________________

PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements.

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.

I agree to be responsible for equipment issued by the school and to return same property upon request by the school.

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport.

I have medical and hospital insurance with: ___________________  The certificate number is: ___________________

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the $5.00 tryout premium and agree to pay the additional $15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for "Reasonable and Customary" expenses that are not recoverable from another plan providing medical benefits to the maximum of $25,000. If not covered by another plan, the excess provision shall apply and benefits are payable up to but not to exceed $25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of $25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

(Student’s Signature) ___________________  (Parent’s Signature) ___________________

This form notarized the ______ day of _______ 20__  Notary Public
My commission expires on the ______ day of _______ 20__.
JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)

We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

________________________

Parent Name (Print)

Student Name (Print)

School

Grade

Date

Parent Signature

Student Signature
Parent/Guardian Student-Athlete Concussion Statement 2.0

___ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

___ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

___ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

___ A concussion can affect my (child’s) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

___ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

___ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

___ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

___ In rare cases, repeat concussions can cause permanent brain damage, and even death.

__________________________________________  _________________________
Signature of Student .......................................................... Date

__________________________________________
Printed name of Student

__________________________________________  _________________________
Signature of Parent/Guardian ........................................... Date

__________________________________________
Printed Name of Parent/Guardian
Atherton High School Transportation Release

Parent/Guardian:

I consent for my child ___________________________ to be transported by private vehicle (bus or car), driven by an adult and approved by Atherton High School, to and from all athletic/activity events in which my child is participating. I hereby waive and release any and all rights and claims for damage I may have against Atherton High School and the driver of the private vehicle.

Name of Parent/Guardian (Please print) ___________________________ Name of Student (Please print) ___________________________

Signature of Parent/Guardian ___________________________ Date ___________________________

Student:

I am aware that I can only be transported to and from all athletic/activity events in which I am participating, in a vehicle (bus or car) which has been approved/assigned by my coach. I am also aware that it is not permissible to be transported by another student to an athletic/activity event in which I am participating. If approved by my coach, I may transport myself. If transporting myself, I understand that no other passengers are permitted in my car.

Name of Student (Please print) ___________________________

Signature of Student ___________________________ Date ___________________________

Name of Parent/Guardian (Please print) ___________________________

Signature of Parent/Guardian ___________________________ Date ___________________________
Athletic Code of Conduct Contract

I ____________________________________________________________________________________________ (name of student athlete) understand that as an Atherton student athlete, I am an ambassador for Atherton High School and must conduct myself in an appropriate manner at all times. These expectations include my actions and words, both on and off the field/court, and involve making the correct decisions as they relate to alcohol, drugs, tobacco products, social media use, behavior, timeliness, and appearance.

I am aware that my failure to meet these expectations could result in removal or suspension from the school or team, a reduction in playing time, or other consequences as determined by the administration, athletic director, and/or coach.

By signing below, I am acknowledging that what I do makes a difference and I understand that there will be consequences if I do or say anything that embarrasses myself, my team, my coaches, or my school.

It's great to be a Rebel and a Rebel student athlete!

__________________________________________________________________________________________
Name of Student Athlete (Print)  Signature of Student Athlete

__________________________________________________________________________________________
Name of Parent (Print)  Signature of Parent

__________________________________________________________________________________________
Date
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Possible Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Headache-related to injury</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Dizziness-related to injury</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Vertigo-related to injury</td>
</tr>
<tr>
<td>Nausea</td>
<td>Nausea-related to injury</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Vomiting-related to injury</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Loss of consciousness-related to injury</td>
</tr>
<tr>
<td>Changes in behavior or personality</td>
<td>Changes in behavior or personality-related to injury</td>
</tr>
<tr>
<td>Changes in mood</td>
<td>Changes in mood-related to injury</td>
</tr>
<tr>
<td>Changes in sleep patterns</td>
<td>Changes in sleep patterns-related to injury</td>
</tr>
<tr>
<td>Changes in appetite</td>
<td>Changes in appetite-related to injury</td>
</tr>
</tbody>
</table>

When in doubt, take the player out.

Could it be a concussion?
Knowing the signs of concussion can prevent further injury or even death.

The facts:
- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Second impact syndrome, a rare condition in which a second concussion occurs before a first concussion has healed, causes rapid and severe brain swelling and often permanent damage.

If the athlete exhibits or reports any warning signs of concussion, follow these steps:

Remove from play
- Only allow the athlete to return to play with permission from an appropriate health care professional.

Seek medical attention
- Ensure the athlete is evaluated by an appropriate health care professional. Do not try to judge the severity of the injury yourself.

Inform parent/guardian
- Make sure the athlete's parents or guardians are informed about the injury and that the athlete should be seen by a health care professional.

Prevent further injury
- Second impact syndrome can be prevented by delaying the athlete's return to play until the athlete receives appropriate medical evaluation and approval to play.

If you suspect an athlete has a concussion, the Headache & Concussion Center is here to help. As the only center of its kind in the area, our physicians have extensive training and specialized diagnostic tools to properly treat concussions. For more information, call the center at (502) 899-6782 or visit NortonHealthcare.com/HeadacheandConcussion.