

2014 Men's Lacrosse Parent Checklist

Complete Player Registration Online –

<http://laxteams.net/ahsraiderlax/page.html?page=3008>

Once you have registered your player online, please download the following forms from the website. All forms need to be turned into Coach Tarantino's room 4217 by January 17, 2014.

1. Player Contract
2. Participation Physical Evaluation
3. Student's Application for Participation in Interscholastic Athletics and Verification of Insurance – ***Please include a copy of your insurance form, front and back.***
4. Fulton County School Transportation Release
5. Release of Liability for Students Transporting themselves
6. Student/Parent Concussion Awareness Form
7. Handbook for GHSA Sanctioned Interscholastic Athletic Activities
8. 2014 Emergency Contact Form
9. Fulton County Volunteer Safety Information Form – ***Please include a copy of your driver's license.***
10. Child Abuse and Neglect Training Certificate of Completion*

*Fulton County Schools require any volunteer in any capacity to watch the following video, answer the quiz questions and print the Completion Certificate. Video Link: <http://media2.fultonschools.org/DistrictContent/Training/ChildAbuseandNeglect/player.html>

At least one parent from each family must complete the Volunteer safety Form and submit a Certificate of Completion

2014 PLAYER CONTRACT

Absolutely no drug or alcohol use will be tolerated. Discipline actions will be based on those outlined in the: *Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities.*

Athletes are expected to be present at each team event prior to the scheduled start time. "On time is late, early is on time!"

Athletes will refer to all coaches as, "Coach _last name_."

NO EXCUSES.

When coaches are talking all athletes are listening.

Athletes late to a mandatory team event will lose playtime, regardless of excuse.

Athletes who fail to attend a mandatory team event will lose playtime, regardless of excuse.

Athletes who are consistently late or consistently miss team events will be removed from the team without refund.

Athletes who receive ISS will lose playtime at the coaches' discretion.

Athletes who receive OSS will be removed from the team without refund.

Athletes who receive notification of behavior from a teacher will lose playtime at the coaches' discretion.

Athletes are responsible to manage their time making school, family and lacrosse their top priorities.

Athletes are required to have their team provided practice penny at each practice.

Check your email and team website daily, this is our main form of communication.

All varsity athletes are required to travel with the team during spring break.

All varsity athletes will be expected to attend mandatory practices on FCS scheduled days off and teacher work days.

Athletes are expected and encouraged to speak directly with their coach about any issues they may be experiencing.

In accordance with the 2014 academic integrity policy, students who are failing any spring classes prior to tryouts will be considered ineligible to tryout. Normal spring eligibility will be followed in accordance with school policy.

Alpharetta High School Coaching Staff

Coach Ritch Coach Marco Antinarella

Coach Nick Antinarella Coach Roane

Coach Olson Coach Tarantino

Coach Lentz Coach Zumwalt

Player Contract

I, *athlete/guardian* _____, have read the above Player Contract document and will uphold the standards set out by the coaching staff in order to create and support a successful lacrosse season. I understand that each of these expectations is an essential aspect in creating a positive environment for our athletes and no exceptions will be made.

Student Athlete Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Pre-Participation Physical Evaluation-To Be Retained By Physician 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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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.

Signature of Athlete: _____ Signature of Parent/Guardian: _____ Date: _____

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Pre-Participation Physical Evaluation To Be Retained By Physician

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 _____

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Pre-Participation Physical Evaluation- To Be Retained By Physician

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		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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 pre-participation 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

Pre-Participation Physical Evaluation **CLEARANCE FORM**

TO BE GIVEN TO COACH OF SPORT IN WHICH THE STUDENT ATHLETE WILL PARTICIPATE and KEPT ON FILE AT THE SCHOOL

Note: Copies of other Pre-Participation Evaluation forms may be obtained by the school only if parents/guardians sign a release of records form at the physician's office.

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 pre-participation 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

Other information (continued)

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS

STUDENT'S APPLICATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS
AND VERIFICATION OF INSURANCE

Sport: _____ Date of first practice: _____, 2013/2014

Student Name: _____ Male ____ or Female ____
(Last name) (First name) (MI)Date of Birth: _____ Age: _____ years old
(Month) (Day) (Year)Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Telephone #: _____ Emergency Telephone # _____

Cellular Telephone #: _____

This application to represent my school in interscholastic activities is entirely voluntary on my part and is made with the understanding that I have studied and understood the Eligibility Standards that I must meet to represent my school and that I have not violated any of these standards. I understand that not meeting the standards set by the school or being ejected from an interscholastic contest because of an unsportsmanlike act, could result in my not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I understand that if I transfer to another school my eligibility may be affected under the Georgia High School Association's eligibility standards.

Student Signature: _____
(Signature) (School) (Date)

I hereby consent for the above student to represent his/her school in interscholastic activities. I have received a Student/Parent Handbook for GHSA Sanctioned Interscholastic Activities 2013-2014. I understand that I am responsible for reading the contents of this publication and that questions related to this publication can be addressed to the Fulton County Athletic Director at 404-763-6892. If I, the parent(s)/guardian(s), cannot be reached in the event of a medical emergency, I do give consent for the school to obtain emergency transportation to the physician or hospital of its choice, and such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of participation in interscholastic activities. I give permission for the above student to participate in school-sponsored trips, including overnight trips, associated with Fulton County School's interscholastic athletic competitions. In the event that transportation is not provided by the Fulton County School System, transportation will be the student's or the parent's /guardian's responsibility. In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, arising out of, during, or in conjunction with the student's participation in the activity, any trip, or transportation associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

All parents and guardians must sign and date this form

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.

FULTON COUNTY SCHOOL SYSTEM DEPARTMENT OF ATHLETICS VERIFICATION OF INSURANCE COVERAGE

Effective for School Year 2013-2014

I have waived the medical/health insurance coverage that has been approved by the Fulton County School

System and offered to my child, _____ Date of Birth: _____
(Name of Child)

The medical/ health insurance that I am using for my child for the current school year at

_____ is provided by _____ and
(School Name) (Name of Insurance Company)

the insurance policy number is _____ . This insurance policy
(Insurance Policy Number)

is in effect from: _____ to _____ .
(Date) (Date)

Attach a copy of Medical/Health Insurance Certificate to this form to verify information listed above. Thank you.

The above medical/health insurance coverage provides for the following interscholastic athletics activities:

1. _____ 2. _____
3. _____ 4. _____

We/I understand that per The Georgia High School Association a Pre-participation Physical evaluation must be performed by a physician to medically screen each student who participates in the interscholastic athletic programs of the Fulton County School District. We/I understand that a basic medical screening (the required physical exam) is general in nature and limited in scope and does not indicate or assure me/us that my/our child is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my/our child then it is my/our responsibility to arrange and to pay for such an exam. If this more detailed exam is performed, it is my/our responsibility to notify the Fulton County School District, and it's appropriate employees, of any potential medical problems uncovered by any physical exam given to my/our child other than the general physical required by the school system for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees of the Fulton County Board of Education, their schools, their trustees, officers, Board of Education, agents, coaches, athletic trainers, physicians, volunteers, and any other practitioner of the healing arts (an "Indemnified Party") from any and all liability, personal or property damages, claims, causes of action or demands brought against the Fulton County School District or indemnified party arising out of any injuries to my/our child or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the interscholastic athletic programs provided by the Fulton County School District.

My signature below attests that I have read, understood and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.

ALL PARENTS/GUARDIANS/ MUST SIGN BELOW AND DATE

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian : _____ Date: _____

Signature of student : _____ Date: _____

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT-ATHLETE MUST SUBMIT THIS FORM FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM

Fulton County School Transportation Release

Since your student will be transported between school sites, events, activities during and after the school day, please complete and sign the following form, and return it to your coach.

____ I wish for my student to be transported by Fulton County bus transportation ONLY.

____ I wish to designate additional person(s) who may transport my student (see below).

I agree to hold Fulton County Board of Education harmless in the event of injury to _____ (student's name), including any property damage while the student is driving or being driven to or from a school site and/or to school-related events, activities, or sites after school hours in a vehicle other than that provided by Fulton County Board of Education.

In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, all current, former and future employees and/or volunteers of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any injuries sustained by the student while being so transported.

I have read the above agreement, and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

Designated Driver (if applicable): All designated drivers must be over 18 years of age or an immediate family relative.

(Student's Name) _____ has my permission to be transported to and from school sites during the school day and/or to school-related events, activities, or sites after school hours as a participant on the _____ School _____ Team. Either I or my designated driver, _____, will be transporting the student to and/or from the event or activity. Either I or my designated driver will present himself or herself to the head coach and/or assistant coach after the event or activity has been completed in order to verify the intent to transport the above mentioned student.

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

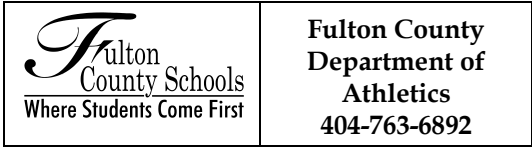
Signature of Designated Driver: _____ Date: _____

(FOR SCHOOL USE ONLY)

Received by : _____ on _____
(print full name) (print date)

Signature of receiving party: _____

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT ATHLETE MUST SUBMIT THIS FORM TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.



Release of Liability for Students Transporting Themselves Between School Sites During the School Day

Effective for School Year 20__ -20__

Parents/Guardians/Adult Students (Age 18 or Older):

If your high school student (or you, if you are a student age 18 or over) plans to drive himself or herself between school sites during the school day and/or to school-related events, activities, or sites after school hours, please complete and sign the following form, and return it to your school principal. Completing this form is not necessary for students from home to school and to home each day.

(Student's Name) _____ has my permission to drive to and from school sites during the school day and/or to school-related events, activities, or sites after school hours during the 2012-2013 school year, and/or ride with another student who is driving to and from school sites during the school day and/or to school-related events, activities, or sites after school hours during the same year.

I agree to hold Fulton County Board of Education harmless in the event of injury to this student, including any property damage while the student is driving or being driven to or from a school site and/or to school-related events, activities, or sites after school hours in a vehicle other than that provided by Fulton County Board of Education.

In addition, I agree not to assert against the Fulton County Board of Education, all current, former and future members of the School Board of the Fulton County Board of Education, former or future employees of the Fulton County Board of Education, and their heirs, executors, administrators, successors, and assigns, in any court of law, any claim or claims that the student and/or parent or legal guardian had, now have, or may have in the future, whether known or unknown, based on any injuries sustained by the student while being so transported.

I have read the above agreement, and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent,
Legal Guardian, or Adult Student: _____

Date: _____

(FOR SCHOOL USE ONLY)

Received by : _____ on _____
(print full name) (print date)

Signature of receiving party: _____

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.
- 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: _____

**Handbook for GHSA Sanctioned Interscholastic Athletic Activities
2013-2014**

Student Name _____ School _____

I understand that I am responsible for reading and understanding the information in the *Athlete/Parent Handbook for GHSA Sanctioned Interscholastic Athletic Activities* (the "handbook"). Parents/guardians are responsible for ensuring their students understand this information.

I understand I am responsible for downloading or accessing a copy of the handbook from the school's website or from the District Athletic Office website, found at www.fultonschools.org. If I cannot access the handbook, I will ask for a copy from the coach, or the front office of the school.

I understand that this handbook contains required forms, and rules and behavioral expectations for student participants that students are expected to follow at school as well as off campus and in the community. I understand that failure to follow these rules may result in suspension from a team or activity, reduction in participation, and removal from a team or activity, as well as other school sanctions. I understand that participation in extracurricular activities is a privilege, not a right, and student participants are expected to exhibit exemplary behavior and leadership skills at school and in the community, or that privilege will be removed.

I understand that the most up to date GHSA rules and information is available at www.ghsa.net.

I understand and agree that student directory information, as discussed in the Directory Information Statement in the Code of Conduct & Discipline Handbook which I received upon enrollment and each school year, may be released as discussed in the Directory Information Statement for purposes related to GHSA Interscholastic Athletic Activities.

If you disagree with this release, please contact _____ directly, but please note that activity participation may require public performances and public acknowledgement of student and his/her identity.

If I have any questions about information contained in this handbook, I will ask a school administrator or coach to discuss those questions with me. Failure to sign and return this form does not relieve me from complying with and understanding the information enclosed in the handbook.

Parent/Guardian Signature: _____

Date: _____

AND

Student Signature: _____

Date: _____

2014 EMERGENCY CONTACT

Please note that this form will travel with each athlete and be used in the event of an emergency as our primary means of parental contact. It is greatly important that all information is legible and as up to date as possible.

Student Name: _____

Grade: _____

Medications:

Disabilities:

Allergies/Health Problems:

Emergency Contacts:

Parents/Guardian Name: _____

Address _____

Phone Numbers:

Home _____

Cell _____

Work _____



FULTON COUNTY SCHOOLS POLICE DEPARTMENT
5270 Northfield Boulevard · College Park, GA 30349
(404) 305-3350 · (404) 305-3351 Fax



VOLUNTEER SAFETY INFORMATION FORM

Please attach a copy of your Driver's License to this form.

We appreciate your desire to volunteer in the Fulton County School System. Because the safety of our children is of utmost importance, this information form must be received by the School Principal (or designee) and processed prior to volunteering in any school or department. This form and all materials submitted becomes the property of Fulton County Schools. In addition, school volunteers are mandated reporters of child abuse in Georgia and therefore must complete a Child Abuse Reporting Protocol training prior to beginning any volunteer work.

THANK YOU FOR VOLUNTEERING YOUR TIME TO THE FULTON COUNTY SCHOOL SYSTEM

Name: _____
 Last First Middle Date of Birth

Home Address: _____
 Street City State Zip

Home Number: _____ Work or Cell Number: _____

Please name a person who will always know how to reach you in the event of an emergency:

 Name Phone Relationship

 Address City State Zip

School/Department/Location _____ Administrator Signature _____

_____ Parent/Guardian Volunteer _____ Volunteer Tutor _____ University/Technical School Volunteer

_____ Special Project _____ Other (please specify) _____

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes", please attach an explanation.

Yes or No

Have you ever been found guilty, entered a plea of nolo contendere, been granted first offender treatment without adjudication of guilt, been placed under a court order whereby an adjudication or sentence was otherwise withheld for a felony or any misdemeanor of a high and aggravated nature, or is any charge currently pending against you of the same nature? Note: A third DUI conviction raises the offense to a high and aggravated nature.

Have you ever been investigated for allegations of sexual offenses?

Have you ever been accused of and/or investigated for, a crime of child abuse or physical abuse?

I certify that the information contained in this form is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information will be cause for rejection of my request to volunteer in the Fulton County School System. Furthermore, I agree to serve on an as needed basis without expectation of compensation or benefits. I acknowledge that all activities involve the risk of injury and/or damage to private property. I agree that I will hold harmless FCS from any and all liability for any injury, condition or problem associated with participation in events.

 Date

 Signature

The Fulton County Schools System does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities or employment practices.

For School Use Only

Registry Has Been Checked _____
 Registry is Clear _____
 Child Abuse Training Completed _____
 Copy to School Police _____

2014 Men's Lacrosse Important Dates

January 8th – Registration Opens. All completed forms (*See Parent Checklist*) should be turned into Coach Tarantino's room 4217

January 17th – Last date to turn in Registration Forms. ***Prospective players will not be allowed to tryout if forms have not been submitted.***

January 27 – 29th – Tryouts 6:30 to 8:30, AHS Stadium Turf Field

January 30th – Teams Announced

First Practice – JV 4:00pm - AHS Stadium Field

First Practice – Varsity 6:00pm – AHS Stadium Field

February 4th – Player/Parent Meet and Greet

Player Registration Payment Due

Parent Volunteer Form Due

Uniforms and player packs will be distributed once payment and volunteer forms are turned in.