



LAKESIDE HIGH SCHOOL ATHLETIC PARTICIPATION FORM
ALL HIGHLIGHTED AREAS ON 4 PAGES MUST BE COMPLETED PRIOR TO
STUDENT PARTICIPATION IN ATHLETICS



Student No. _____

Grade _____

MI _____

First Name _____

Last Name _____

CONTACT INFORMATION

Student Name: _____ School Year: _____

Home Address: _____ City: _____

Name of Parent/Guardian(s): _____

Address (if different from above): _____ City: _____

Mother: (Home Phone): (____) _____ - _____ (Cell): (____) _____ - _____

Father: (Home Phone): (____) _____ - _____ (Cell): (____) _____ - _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

(Home) (____) _____ - _____ (Cell) (____) _____ - _____

Personal Physician: _____ Phone: _____

ALTERNATIVE TRANSPORTATION LIABILITY RELEASE

Initial: _____ Dekalb County School System (DCSS) and Lakeside High School is not always able to provide transportation for students to off-campus extracurricular school activities. In cases when transportation is not provided by DCSS, as in the use of a school bus or charter bus, it is the responsibility of the student's parents/guardian to secure their student's attendance at such activities. DCSS, its officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off-campus activity when such transportation is provided by parents, student, staff or any other party.

MEDIA RELEASE

Initial: _____ I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by DCSS / Lakeside High staff or their designee. I understand that any such photographs, audio recordings, academic work and/or video recordings become the property of the local school or district and may be used by the school, district or others within their consent, for educational, instructional or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

ATHLETIC CODE OF CONDUCT

Initial: _____ Dekalb County School System and Lakeside High School athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation, self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime.

All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of Dekalb County School System and Lakeside High School. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.

The Athletic Code of Conduct is designed to establish high expectations and standards for all students participating in Georgia High School sanctioned athletic activities. The Code of Conduct also provides consistent consequences when violations occur. The consequences listed on the Code of Conduct are minimum standards. The schools can set consequences over and above those listed on the Code of Conduct.

I have read the Dekalb County Athletics Handbook and I understand the potential consequences that go along with violating the Athletic Code of Conduct.

PERMISSION TO TREAT

Initial: _____ I give my permission for the coaches, certified athletic trainers and/or their designees to administer treatment for illness, injury or rehabilitation,

Initial: _____ In the event of an emergency and I cannot be reached, I grant permission to the school personnel, coaches and/or certified athletic trainers to activate the Emergency Action Plan.

PHYSICAL EXAMINATION FORM /CLEARANCE 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 seatbelt, 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 R20/ L20/ 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		

- A Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 B Consider GU exam if in private setting. Having third party present is recommended.
 C Consider 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 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 parent. 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).

PHYSICIAN NAME (PRINT/TYPE): _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF PHYSICIAN _____ EXAM DATE : _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

**W
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- Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.
- Participants can and have the responsibility to help reduce the chance 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 athletics at Lakeside High School of the Dekalb County School System in Georgia High School Association approved sports;
- (2) To accompany any school team of which the student is a member on any of local or out of town trips;
- (3) and I hereby verify that information included on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the _____ High School District.

Has student attended this Dekalb County school for at least one full school year? Yes _____ No _____

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

Insurance Information

Please **INITIAL ONE** of the following statements regarding insurance coverage for your son/daughter for the _____ school year.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in all interscholastic athletics (including, but not limited to, varsity and sub-varsity football).

_____	_____	_____
Company providing insurance	Name of insured	Policy#

_____ I wish to purchase the Benefit Plan provided for the Dekalb County School System. **(A signed copy of this Benefit Plan must be stapled to this form.)**

MEDICAL AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____, may compete in high school athletics in Dekalb County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

PLEASE SIGN HERE:

THIS SIGNATURE CONSENTS TO TRANSPORTATION LIABILITY, MEDIA RELEASE, CODE OF CONDUCT, PERMISSION TO TREAT, ATHLETIC PARTICIPATION, VERIFICATION OF INSURANCE COVERAGE AND MEDICAL AUTHORIZATION. THIS SIGNATURE ALSO REPRESENTS THAT ALL INFORMATION PROVIDED IN THIS ATHLETIC PARTICIPATION FORM IS ACCURATE AND COMPLETE.

_____	_____	_____
SIGNATURE OF ATHLETE	SIGNATURE OF PARENT/GUARDIAN	DATE