

BEAUFORT COUNTY SCHOOLS

AUTHORIZATION FOR ATHLETIC PARTICIPATION
PLEASE PRINT ALL INFORMATION

Name of Student-Athlete Grade Sex Age Race Date of Birth PowerSchool Number

Parent/Guardian Name (First and Last)

Street Address City Zip Phone: Home Work Cell

First and Last Name of Emergency Contact Person Phone: Home Work Cell

Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Track
<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Student Trainer		

General Requirements: We have read and discussed the general requirements for middle school or high school athletic eligibility. We understand additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal.

1. The Beaufort County Board of Education requires that all students participating in middle school or high school athletics have adequate health and hospitalization insurance coverage. In an effort to help the students the Board purchases insurance that is secondary insurance. It is used after the athlete's home insurance is applied. There are limitations in the Student Accident Insurance coverage. It will not always pay all of the charges incurred for each student. Read the attached description of the current Student Accident Insurance policy carefully and be sure you understand it.

2. Neither the Beaufort County Board of Education nor any of its employees will be responsible for claims resulting from injury to your child while he or she is participating in any school athletic program. This means that you will be responsible for any medical treatment not covered by the Student Accident Insurance or by any health and hospitalization insurance you might have.

3. By the nature, participation in Interscholastic Athletics includes risk of injury, which ranges in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all 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 athletic trainers and coaches, follow a proper conditioning program, and inspect their equipment daily. BCS will provide a required baseline concussion assessment before participation in a sport free of charge. This information will be collected in a confidential manner and will be shared only with the appropriate school personnel and the athlete's medical provider when requested.

4. The pre-participation examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam screens for common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician. Additionally, your child's regular health care, routine physical examinations, and a laboratory testing should continue to come from his/her personal physician.

5. I authorize the Beaufort County School District to conduct a urinalysis test for drug and/or alcohol use. I also authorize the Beaufort County School District to conduct random drug testing during the current school year and subsequent years of middle/high school with the understanding that the student can request omission from the database according to XVII C-2.

By signing this permission form, we acknowledge that we have read the above information. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE ABOVE WARNINGS SHOULD NOT SIGN THIS PERMISSION FORM.**

"I hereby give my consent for _____ (name of athlete) to:

- Represent his/her school in approved athletic activities that are checked above;
- To accompany any school team of which he/she is a member of on local and out-of-town trips;
- To receive through a medical doctor of the schools' choice, emergency medical care which may become reasonably necessary in the course of such athletic events or such travel."
- To receive a baseline concussion assessment before participation by authorized school personnel.
- To authorize the Beaufort County School District to conduct random drug testing.

I have read the material in this booklet and will abide by the principal and regulations contained herein.

Signature of Parent/Guardian _____ Date _____

Signature of Student/Athlete _____ Date _____