

**CARROLL COUNTY PUBLIC SCHOOLS
ATHLETIC PARTICIPATION
HEALTH EXAMINATION FORM AND PARENT PERMISSION FORM**

Name _____ Birth Date _____
 Home Address _____ School _____
 Parent's Name _____ Telephone _____
 Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____
 Significant Past Illness or Injury _____

Eyes _____ R 20/_____; _____ L 20/_____; _____ Ears _____ Hearing R 15/_____; _____ L 15/_____;
 Respiratory _____
 Cardiovascular _____
 Liver _____ Spleen _____ Hernia _____
 Musculoskeletal _____ Skin _____
 Neurological _____ Genitalia _____
 Laboratory: Urinalysis _____ Other _____
 Comments: _____
 Completed Immunizations: Polio (Date) _____ Tetanus (Date) _____
 Other _____

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised activities NOT
 CROSSED OUT BELOW.

- | | | | | |
|------------|--------------|-----------|--------|---------------|
| BASEBALL | FOOTBALL | LACROSSE | SOCCER | CROSS COUNTRY |
| BASKETBALL | GOLF | SOFTBALL | TRACK | CHEERLEADING |
| VOLLEYBALL | FIELD HOCKEY | WRESTLING | TENNIS | |

Date of Examination: _____ Signed: _____

 Examining Physician

Physician's Address _____ Telephone _____

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AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

As parents or legal guardians of _____:

 (Name of Student)

We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. We recognize that, even with proper training and equipment, there is always a risk of serious accidental injury or death inherent in interscholastic athletics and sports.

In consideration of the acceptance of our child by the Carroll County Public Schools in its athletic program, we agree to release and hold harmless the Board of Education of Carroll County, its members, the Superintendent of Schools, the Principal, all coaches, and assistant coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgment, and expenses, arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Carroll County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempt of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Carroll County Public Schools as approved by the County Board of Education and the State Department of Education.

It is the responsibility of the parent or guardian, and not that of school officials, to determine the amount of insurance protection necessary to adequately insure against serious accidental injury. It is also the responsibility of the parent or guardian to make sure that all insurance premiums are timely paid, that there is no lapse of insurance coverage, and that their child is insured from the first day of practice to the first day of post-season competition. The Board of Education of Carroll County is not an insurer, and, under no circumstances, will the Board of Education of Carroll County, its members, agents, employees, or insurers be held liable for any injury or death arising out of a child's participation in interscholastic athletics or sports, or as a result of inadequate insurance coverage.

I also declare and affirm that my child resides within the attendance area of _____ High School, or is attending _____ High School with special permission of the office of Pupil Services of Carroll County Public Schools. If a student is attending a high school without the benefit of residing within the school's attendance area and/or without special permission of the Office of Pupil Services the student in question is subject to disciplinary action which could result in loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year or penalties as may seem justified in the particular case. It is also possible for the athlete's team and school to be penalized.

By evidence of the signatures below, you are testify8ng that you:

