Southland Academy

Competitive Interscholastic Athletics

Students participating in competitive interscholastic activities must comply with the Georgia Independent School Association (GISA) policies for participation in addition to the Southland Academy Board of Trustees policies.

The following are required for participation before the student will be allowed to participate:

1. **Academic Requirement** – A student who has passed in 5 unit subjects, or their equivalent, for the first semester is eligible for the second semester. A student who passes in 5 units subjects, or their equivalent, for the second semester or for the year is eligible for the first semester of the following year. Of the 5 unit subjects, three units **must** be in the following subject areas: Language, Science, Social Studies, Mathematics, and Business education. Excluded for any credit is the following: teacher's aides, office aides, or their equivalent. Any student representing Southland Academy in any athletic or extracurricular contest must meet the school's eligibility requirements.
2. **Physical Requirement** – Any student desiring to participate in any athletic extracurricular activity must have a physical examination on file at the school prior to being allowed to participate. The exam must include the student's name, the date, the examining doctor's signature, and a statement that the student is certified to participate in physical activity. Forms may be obtained from the athletic office.
3. **Insurance Requirement** – An insurance form must be on file at the school verifying the student is covered by health insurance. The company's name, policy number, and telephone number is required. School insurance may meet this requirement for some activities. The school insurance is available only at the beginning of the school term. This form also requires the parent's signature authorizing consent for treatment.
4. **Participation Form Requirement** – A Southland Academy Athletic Participation Form must be on file at the school. The form must contain the student and parent signatures.

NOTE: Students not fulfilling all four (4) of the above requirements will not be allowed to practice or participate in any athletic activity.

- ❑ Students who quit a sport or who must be removed from the team before the end of the competitive season will not be allowed to attend the athletic banquet.

- ❑ A student must be in attendance a minimum of three (3) hours on the date of an activity in order to participate in the activity. This includes games, practices, homecoming activities, dances, etc. Extenuating circumstances may be appealed to the Headmaster.

SOUTHLAND ACADEMY

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Many athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. 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. However, your child will not be able to participate in athletics at Southland Academy.

By signing this permission form, you acknowledge that you (the student) will abide by all athletic policies, school rules and regulations, and code of conduct. By signing this permission form, you (the parent) acknowledge receipt of this information and will encourage your child to abide by all such rules identified above.

I hereby give my child permission to:

1. Compete in athletics at Southland Academy (School) of The Southland Academy, Inc. in the Georgia Independent Schools Association (GISA), and
2. Accompany any school team of which he/she is a member on any of its local or out-of-town trips;

I (we) certify that I (we) have read the above notice carefully and understand the contents therein. In consideration of the benefits received from the athletic program of Southland Academy, I (we) hereby assume all risks of dangers or injury, including death, that my child may sustain while participating in or as a result of or in any way growing out of an athletic event or in traveling to and from such activity.

I (we) will not hold Southland Academy, The Southland Academy, Inc., the Board of Trustees, or any school official liable for any accident or injury that my child might incur.

I (we) certify that I (we) have read and understand this statement.

______________________	______________________
student printed name	parent printed name
______________________	______________________
student signature	parent/guardian signature
______________________	______________________
date	date

RETURN THIS FORM TO YOUR COACH

SOUTHLAND ACADEMY

INSURANCE INFORMATION AND CONSENT FOR TREATMENT

PLEASE PRINT, UNLESS OTHERWISE NOTED

Student's Name ____ Date _______________

Social Security Number _________ -- _________ -- _________ Date of Birth _______________

Home Address ____

City, State, Zip ____

Insurance Company ____

Insurance Company Address ____

Insurance Company Telephone ____

Policy Number __________________________ Group Number __________________________

Name of Policyholder ____

Policyholder's Relationship to above Student-Athlete _____________________________________

PARENTAL CONSENT FOR TREATMENT

Note: The following is a release for medical treatment form for your child. This release assures medical treatment in the event he/she is injured and you are not available to give the doctor or hospital permission to treat your child.

I, ______________________________ (Parent printed name), do authorize the Southland Academy School staff to admit my child, ________________________________ (student printed name), for medical treatment in the event I cannot be reached. I fully understand that I am responsible for any medical bills which may occur due to treatment of my child's injury. To the best of my knowledge, my child has the following allergies (medication, bites and stings, food, etc.) ______________________

____.

______________________________________ ______________________
parent/guardian signature date

______________________________ ______________________________
home phone work phone

OTHER EMERGENCY INFORMATION

In the event of an emergency and the coaching staff must reach the parent and the parent cannot be reached at the above telephone number(s), give other persons, their relationships, and the telephone numbers to be called.

Person to call	Relationship	Telephone Number

RETURN THIS FORM TO YOUR COACH

Revised 7/1/05
Mandatory

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam ___________________________

Name ____ Sex_________ Age________ Date of birth_________________

Grade_____ School________________________________ Sport(s)____

Address____ Phone_____________________

Personal Physician ____

In case of emergency, contact:

Name _______________________ Relationship______________ Phone (H)_______________ Phone(W)______________

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

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	☐	☐
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

	Yes	No
20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐

48. How old were you when you had your first menstrual period? _______

49. 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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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name ____Date of Birth___________________

Height_________Weight________% Body Fat (optional)________Pulse_______BP____ / ____ (____ / ____, ____/____)

Vision R 20/______ L 20/______ Corrected: Y N Pupils: Equal ______ Unequal______

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
+Having a third party present is recommended for the genitourinary examination.

Notes: ____
____

Name of physician (print/type)____Date______________

Address____Phone____________________

Signature of physician ____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name________________________ Sex__________ Age________ Date of birth__________________

☐ Cleared without restriction
☐ Cleared, with recommendations for further evaluation or treatment for:________________________

____

____

____

☐ Not Cleared for ☐ All sports ☐ Certain sports: ______________________ Reason:__________________

Recommendations:____

____

EMERGENCY INFORMATION

Allergies ____

Other Information ____

Name of physician (print/type) ____________________________________ Date ______________

Address ____ Phone __________________

Signature of physician ____, MD or DO

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Preparticipation Physical Evaluation

CLEARANCE FORM

Name________________________ Sex__________ Age________ Date of birth__________________

☐ Cleared without restriction
☐ Cleared, with recommendations for further evaluation or treatment for:________________________

____

____

____

☐ Not Cleared for ☐ All sports ☐ Certain sports: ______________________ Reason:__________________
Recommendations:____

____

EMERGENCY INFORMATION

Allergies ____

Other Information ____

Name of physician (print/type) ____________________________________ Date ______________

Address ____ Phone __________________

Signature of physician ____, MD or DO

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