Athlete's Name_____

Grade:_____

1

FAITH ACADEMY PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

I. The school agrees to provide:
- A. Supervision
- B. Instruction
- C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
- D. A safety orientation program for all participants
- E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent/guardian.
- F. A rules orientation program covering:
  1. Rules of the sport
  2. Rules of behavior, dress and appearance
  3. Rules promoting safety and injury prevention
  4. Rules regulating conduct, procedures and action following an injury

II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:
- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating

III. My (son / daughter) has my permission to participate in the following sport(s) during the 2019-20 school year.

☐ Archery	☐ Cross Country	☐ Indoor Track	☐ Swim/Dive
☐ Baseball	☐ Football	☐ Soccer	☐ Track & Field
☐ Basketball	☐ Golf	☐ Softball	☐ Volleyball
☐ Cheerleading			

Signed: _____ _____
Parent/Guardian Date

Signed: _____ _____
Participant Date

2

CONSENT FOR MEDICAL OR DENTAL CARE OF A MINOR

1. _____
Parent (s) Address City State Zip

_____
Child's Name Date of Birth Allergies

_____
Name, Address & Phone Number of Physician

Emergency Number: _____

2. Medical Insurance Information

Company:_____ Policy Number: _____

3. The undersigned acknowledges that they are the parents or legal guardian of the child named in section 1 above.

4. I/We hereby appoint, empower, and authorize …

Faith Academy
8650 Tanner Williams Road
Mobile, Alabama 36608
(251-633-7267

Person Appointed _____

… to consent to any medical or dental treatment or procedure, including but limited to diagnostic tests, x-ray examination, anesthesia, or other treatment or procedure deemed advisable by hospital staff. If circumstances permit, Dr. _____ should be consulted in connection with any procedures required.

The hospital, physicians, and personnel may rely upon the consent or authorization by the person named in paragraph 4 above with the same force and effect as if personally executed by the undersigned.

_____
Signature of Parent/Guardian

_____
Date

Student-Athlete Medical Release Form

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student-Athlete:_____

Permission to discuss the medical condition of above name patient with the following people is granted for all school related health problems:

1) Athletic Director; 2) Coaches; 3) Trainers;
4) School Administration; 5) Insurance Agent (Planned Benefits Services)

Signed:_____ Relationship:_____

School: Faith Academy

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed:_____ Relationship:_____

Faith Academy Athletic Department

Guidelines for Student-Athletes

1. Parent and/or guardian **and** the student must read and sign the athletic forms before a student will be allowed to participate.
2. A student must have a physical exam by a qualified physician before he/she will be allowed to participate (in tryouts, practice or events).
3. A student must take the STAR/NFHS Sportsmanship test online (one time) and turn in the certificate before he/she will be allowed to participate.
4. If a student fails more than one subject per semester, he/she will be ineligible for the following semester to participate in any sports program activities. Student athletes will be evaluated each quarter. To remain eligible, students must **not** fail more than one academic subject for the quarter and maintain a minimum numerical average of 70/C for each quarter, approximately every nine weeks. Students attending summer school will be re-evaluated prior to participating in fall sports.
5. A student must attend a minimum of four classes per day to play in a game or practice for that day. The only exception will be a doctor's excuse.
6. Help class for all students will be held on Tuesday through Friday from 7:20 - 7:45 a.m. or 3:15 - 3:45 p.m. Athletes must obtain a pass from teacher in order to return to practice.
7. If a student misses practice for reasons other than death, sickness (doctor's excuse), or an emergency they will be given extra work to make up for the practice they missed. If a student has two unexcused practices, the student will be dismissed from the team. Vacations are considered unexcused.
8. If a player misses practice the day before a game for reasons other than death, sickness (doctor's excuse), or an emergency, they will not be allowed to play in the next game.
9. If a student starts a sport and is dismissed before the season is finished, he/she will not be allowed to practice with another Faith Academy sport until the sport that he/she was dismissed from has finished.
10. If a student says that he/she is going to quit a sport, they are to be given a 24-hour grace period and are to report back to the coach the next day. If the decision to quit stands, a written report is to be filed with the Athletic Director, signed by the student, parent/guardian, and coach. If the decision to quit changes and the student remains on the team, he/she will be required to run fifteen timed miles and not be allowed to participate in the next game. The run must be completed before the student will be allowed to return to the team.
11. Any student that misses practice or is late due to detention will be given extra work that day. If a student receives two one-hour detentions in his/her season, he/she will be dismissed from the team.
12. If a student is suspended from school for any reason, he/she will not be allowed to participate in the next game. The suspended student will have extra work that must be completed before he/she can participate with the team.
13. If a student accumulates two major suspensions (suspended for more than one day) in a year, he/she will be dismissed from the team and will not be allowed to participate in any other sport for that year.

14. Students will not be allowed to leave campus between the time school ends and practice begins.
15. Varsity practice in all sports can begin at 3:30 p.m. each day. Practice for all sports will end no later than 7:30 p.m. each day. On Wednesdays, practice will end no later than 5:30 p.m. Saturday and holiday practice times are open.
16. All students must wear Faith Academy Varsity Athletic uniforms or school issued practice uniforms. A student will not be allowed to practice in any other clothing.
17. If a student fails to bring any part of their uniform to a game, coaches cannot take a uniform or a part of a uniform from one player to be used by another player.
18. All hair styles must be in keeping with conservative standards as determined by the school administration. Asymmetrical, bi-level, Mohawk, shaved portions, ethnic cuts, V-cuts, rat tails, sideburns below mid=ear, beards, mustaches, or artificial hair coloring are **not** permitted. Deliberate defiance of this code may be grounds for disciplinary action.
19. All tattoos must be covered at all times.
20. Any student who intentionally sells, gives, possesses, uses, or is under the influence of illegal drugs, narcotics, or alcohol could be dismissed from the team. The appropriate law enforcement agencies will be contacted for possible legal action.
21. The use and/or possession of tobacco or tobacco products are prohibited on and off school campus.
22. The Athletic Department will provide transportation to all games when possible. Student athletes must have written permission from their parent or guardian to ride home with another parent or guardian on the team. Students are not allowed to carpool with other students to and/or from athletic events.
23. Teachers are not to have current students at Faith Academy as friends on social networking sites.
24. The use of cellphones, earbuds, headphones, tablets, Apple watches and all other electronic devices is prohibited on school campus during the school hours of 7:50 a.m. to 3:05 p.m. The first offense will result in a 1-hour detention. The second offense will result in Saturday school, and the third offense will result in a 1-day suspension with zeroes. Athletes may only use cell phones during practice/game times with coach's prior approval.
25. Males and females will stay in separate hotels on any school sponsored overnight trip.
26. Student-athletes are held to a higher standard and will display good Christian sportsmanship and a positive attitude at all times. If at any time, you feel that you cannot be positive about the Athletic Department, you should request a meeting with your coach.

I _____ with my parent/guardian _____ understand the expectations of being a student athlete at Faith Academy and will abide by these expectations. If I fail to abide by these expectations, I understand the appropriate consequences.

Student-athlete signature _____
Parent/Guardian signature _____

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Concussion Information Form

(Required by AHSAA Annually.)

2019-20 School Year

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

2019-20

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)
(2019-20 School year)

What can happen if my child keeps on playing with a concussion or returns too soon?
Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

2019-20

If you think your child has suffered a concussion:
Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent Name Printed	Parent Signature	Date

AHSAA Form adapted in 2011 and revised in 2012.

Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the 2019-20 school year.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AHSAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AHSAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AHSAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school that is in the Youth Services Department District. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

_____.

List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. **VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES.** I agree that in the event I, or anyone acting on my child's behalf, files suit against AHSAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I also agree that filing such action in the Montgomery County Circuit Court is both fair and reasonable. I further agree that should AHSAA prevail in such litigation, either in Circuit Court or any Appellate Court, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
		/ /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
		/ /

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (student must sign)

Name of Student (printed)	Signature of Student	Date
		/ /

2019-20

Faith Academy
Student Accident Insurance

7

1. Full Excess
   Medical Expense
   a. Students with health insurance coverage, their insurance is primary
   b. Students without health insurance, accident policy is primary.

   A. Health insurance provider's policy must completely respond to policy limits, co-pays, deductibles, and scheduled benefits before accident policy responds.

   The individual insured will be responsible for all deductibles and co-pays stipulated in their policy.

   Student accident responds after primary insurance stipulations have been met at the schedule attached with certain payment limitations noted.

Who is covered?

Students PK-12
Activities Covered
Sports including football - supervision required
Summer camps - supervision required

Travel - School Sponsored - Supervision Required
(Max. Benefit - $10, 000.00 for any one motor vehicle accident.)

Covered activities - While participating in supervised and sponsored school time student PK - 12th grade activities including summer school/camp.

Benefit Period ------ 104 weeks
Maximum benefit per student ----- $1,000,000.00

Other Health Care Plan Reduction -- 0

I have read and understand the Student Accident Policy that Faith Academy provides:

_____ _____

Parent/Guardian Signature **Date**