

ACKNOWLEDGEMENT OF THE ATHLETIC HANDBOOK

This is to verify that I have read, understand, and have agreed to fully comply with the contents of the Greer Middle College Athletic Handbook for the 2016-17 school year. I also agree that I am to consult with my coach or Athletic Director if I have any questions concerning its contents. I understand that the school may modify any or all of the referenced policies and procedures, in whole or in part, at any time, with or without prior notice; and that in the event the school modifies any of the information contained in this handbook, the changes will become binding on me immediately upon issuance of the new or revised policy or procedure by the school.

X _____ Student's Signature

X _____ Parent/Guardian's Signature

Date: ____/____/2016-2017



Insurance Waiver

Name _____ Age: ____ Birthdate: _____ Grade ____ Sport(s) _____

Insurance Waiver and Release

Your Child has indicated an interest in participating in the Greer Middle College Athletic Program. We know that it is your wish as well as ours that every precaution be taken to protect our students from injury. We do our utmost to promote this by proper training and coaching, by the use of protective equipment, by supervising all activities and encouraging good safety habits.

Despite our efforts, accidents do happen occasionally in athletics as elsewhere. We certainly want to do our part to obtain the best possible protection for our young people, however, the school is not legally liable for medical or hospital expenses resulting from athletic injuries incurred in Interscholastic sports.

We ask that each athlete is adequately insured with your own personal family Insurance. **In no case will Greer Middle College or the Greenville county school district be responsible for the cost of medical tests, prescriptions, special medications, or any treatment resulting from illness or injury.**

Cautionary Risk Statement

Participation by a student in athletic activities involves a minimal, to substantial, degree of risk of physical injury. Such physical injury can occur in any type of sports activity, be it "contact" or "non-contact" sports. Furthermore, many injuries are truly accidental in nature and involve no negligence by anyone, including a student-athlete. By volunteering to participate in a school sponsored athletic activity, a student-athlete and his/her parent(s) acknowledge the potential risk for accidental physical injuries, paralysis or death to possibly occur.

This is to acknowledge that my child is adequately covered by our own personal insurance against injuries sustained in interscholastic athletics.

Signature of Parent/Guardian **X** _____ Date _____

GREER MIDDLE COLLEGE CHARTER HIGH SCHOOL

Athlete/ Parent Concussion Statement

PARENTS AND ATHLETES please initial each box

Parent Athlete

_____ I understand that it is my responsibility to report all injuries to my athletic trainer (when provided) or family doctor.

_____ I have read and understand the CDC concussion fact sheet for parents (posted on GMC Athletics website).

_____ I have read and understand the CDC concussion fact sheet for athletes (posted on GMC Athletics website).

After reading the Concussion fact sheet, I am aware of the following that:

_____ a concussion is a brain injury that I am responsible for reporting to a coach, athletic trainer, or physician.

_____ a concussion can affect everyday activities, athletic performance balance, sleep, reaction time and school performance.

_____ if I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach or trainer.

_____ I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms.

_____ following a concussion, the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving.

_____ in rare cases, repeat concussions can cause permanent brain damage or even death.

_____ I understand the physician clearance and completion of Return-to-Play Protocol must be completed before an athlete returns to full participation.

Parent Signature Printed Name Date

Student Signature Printed Name Date

Consent for Emergency Medical Treatment

In the event of an accident requiring immediate medical attention, I hereby grant permission to a physician and/or appropriate Hospital personnel to attend my son/daughter/ward.

Students name _____ . Students Grade _____ . DOB _____ . SSN _____ .

Address _____ . City _____ . ST _____ . Zip _____ . Phone (H) _____ .

Phone Parent can be reached easiest _____ . Email _____ . Family Doctor _____ .

Medical Insurance Company _____ . Policy # _____ .

Current Conditions that may affect participation _____ .

Allergies _____ .

Does athlete suffer from any of the following conditions (circle all that apply)

Heart Condition or disease Diabetes Asthma Kidney injures

Parent/Guardian Signature _____ . Relationship _____ . Date _____ .

Parent’s Permission for son/daughter to drive to “away” athletic event

Because GMC students come from all over Greenville County, Greer Middle College (the school and athletic department) does allow parents to consent for their son/daughter to drive or use his/her own means of transportation to “away” games. If you would like to consent for your son/daughter to use his/her own means of transportation please complete this form and turn it into his/her coach.

Student–Athlete Name (Print) _____.

Please use the spaces below to list games and dates that you are consenting for your son/daughter to use his/her own means of transportation. If you are consenting for your son/daughter to use his/her own means of transportation to all away games please fill in the first blank under game location with the work “all”, sign and date.

Game Location

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Acknowledgement:

By signing this document, you acknowledge the risk involved in allowing your son/daughter to provide his/her own means of transportation. You acknowledge that injury, illness, and possible death could result in traveling to games played at another school’s facilities. Also, by signing this document, you release Greer Middle College Charter high school coaches, players, the athletic department and any other employee of GMC from any liability for your son/daughter while traveling to any athletic event listed above.

Parent Signature _____ . Date _____ .