

Forms
To be completed,
signed, and
returned

**Eligibility Requirements
AHSAA, GSHS, and BCBOE**

STUDENT NAME: _____

SPORT: _____ **SCHOOL YEAR:** _____

- | | | | |
|---|---------------------|-------|-------|
| 1. Current Physical | Current Date | _____ | _____ |
| 2. Concussion Form | | | _____ |
| 3. AHSAA Consent and Release form | | | _____ |
| 4. Birth Certificate | | | _____ |
| 5. Stars Sportsmanship Certificate | | | _____ |

These first 5 forms are required for Eligibility by AHSAA.

- | | |
|---|-------|
| 6. GSHS Athletic Department- NOTICE OF RECEIPT | _____ |
| 7. GSHS Athletic Department- CONSENT TO PARTICIPATE | _____ |
| 8. GSHS Athletic Department- EMERGENCY INFORMATION | _____ |
| 9. GSHS Athletic Department- MEDICAL CONSENT WAIVER | _____ |
| a. (Copy of Insurance Card) | _____ |
| 10. Baldwin County BOE- TRANSPORTATION AGREEMENT | _____ |
| a. Copy of Driver's License- (16 year old and up) | _____ |
| 11. Baldwin County BOE- RELEASE FROM LIABILITY | _____ |
| 12. Baldwin County BOE- PARENT PERMISSION FORM | _____ |

These last 7 forms / copies are required by GSHS and the Baldwin County Board of Education.

Head Coach: _____

Date: _____

Athletic Director: _____

Date: _____

By signing this form, I agree that I have checked each of these forms and that the student-athlete has completed ALL required paperwork per the AHSAA, Gulf Shores High School, and the Baldwin County Board of Education.

- 1. Make sure all documents are in order according to the checklist.**
- 2. Make sure ALL documents are current.**
- 3. Make sure ALL current documents are in the front of the folder.**
- 4. Make sure ALL documents are signed by both student and parent.**
- 5. Make sure that the physical form is signed by the doctor and either the M.D. or O.R. is circled, a P.A. CAN NOT sign off on the physical.**

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form
Revised 2018

Revised 2018

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.**

Student's name _____

Revised 2018

Physical Examination

MPLI	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
			Skin	
			E.N.T.	
			Abdominal	
			Genitalia (males)	
			Musculoskeletal	
			Neck	
			Shoulder	
			Elbow	
			Wrist	
			Hand	
			Back	
			Knee	
			Ankle	
Foot				
Other				

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision

Contact

Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Concussion Information Form

(Required by AHSAA Annually.)

2018-19 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:	
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none">• 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)

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.

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



Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the 2018-19 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

Must have
copy of your
birth
certificate
attached.

Must have STAR
Sportsmanship or
NFHS
Sportsmanship
Certificate attached

NFHS

Sportsmanship link:

<https://nfhslearn.com/courses/61130/sportsmanship>

Click “Alabama” in the drop-down menu, and then click
“Order Course”

You will need to register for an account and then take
the course.

Please be sure to write down your username and
password in case you forget it later. Print a copy of your
certificate for the packet.

GULF SHORES HIGH SCHOOL
Athletic Department

NOTICE OF RECEIPT

We hereby acknowledge by our signatures that we have received and read or had read to us the GSHS Athletic Handbook. We understand that these policies apply to all student-athletes and parents at Gulf Shores High School.

Signature _____
Parent/Guardian _____ Date _____

Signature _____
Parent/Guardian _____ Date _____

Signature _____
Student _____ Date _____

NOTE:

The student is to sign the above statement.

If the student lives with two parents or guardians, both are to sign the statement.

If the student lives with only one parent or guardian, only one is to sign.

Please sign this page and have the student return it to his/her head coach.

Keep the Athletic Handbook for future reference.

**GULF SHORES HIGH SCHOOL
Athletic Department**

CONSENT TO PARTICIPATE

Student's Names _____

Sport _____

As an athlete/athletic parent in the Baldwin County Schools' athletic program, we understand that participation in any sport can be a dangerous activity involving RISK OF INJURY. We further understand there are serious risks including and not limited to brain damage, cardiac arrest, damage to bones, joints, ligaments, tendons and other serious injury or impairment to other aspects of the athlete's general health and well being.

We understand the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Recognizing these risks, we consent to the participation of my/our son/daughter in the sports program offered by Gulf Shores High School.

We also agree to comply with the rules, regulations and recommendations of administrators, coaches, athletic trainers, and doctors concerning injury prevention and care.

Parent/Guardian _____ Date _____

Signature/Student Athlete _____ Date _____

GULF SHORES HIGH SCHOOL Athletic Department

EMERGENCY INFORMATION

School Year 20__ - 20__ Sport: _____

Please Print:

Name: _____ D.O.B. ____/____/____
SS# _____ Age _____ Class _____ Address: _____ City _____
St: _____ Zip: _____
Parent/Guardian's Name: _____
Phone List: Home: _____ Father Work: _____
Mother Work: _____

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY

Name: _____ Phone (day) _____ night _____
Family Doctor: _____ Phone: _____

HEALTH INSURANCE INFORMATION

CHECK ONE:

- ____ - We have family insurance and we will use our family insurance to cover all injuries.
Carrier: _____ Policy#: _____ Group#: _____
Policy Holder: _____ Relationship: _____
- ____ - We will use the All Kids Insurance
*Please see attached letter

HEALTH HISTORY

List any Allergies: _____
(Bees, Medications, Etc.)
Medical Conditions: _____

Please complete the front of the AHSAA pre-participation Physical Evaluation

**GULF SHORES HIGH SCHOOL
Athletic Department**

MEDICAL CONSENT WAIVER

We understand that should an emergency arise during a practice session, game or similar activity an effort will be made to contact us. We hereby grant consent to any and all health care providers designated by Gulf Shores High School to provide my child any necessary medical care as a result on any injury/illness. This may also include transportation to and from a doctor's office or hospital. We will notify the school in writing of any changes or cancellation of my insurance.

Parent/Guardian _____ **Date** _____

Signature/Student Athlete _____ **Date** _____

We understand that should a minor condition (headache, upset stomach, sore throat, or other minor illness) arise during a practice session, game, and similar activity or while traveling to and from an athletic event we hereby grant consent to any and all healthcare providers designated by Gulf Shores High School to provide my child any necessary medical care. This includes but is not limited to over the counter medication (i.e. Advil, Pepto Bismal, cough syrup). I also understand that I will be notified by a phone call or note from the care provider if such medicine is issued frequently for the same condition.

Parent/Guardian _____ **Date** _____

Signature/Student Athlete _____ **Date** _____

**BALDWIN COUNTY BOARD OF EDUCATION TRANSPORTATION
AGREEMENT FORM**

The following requirements shall apply to any student leaving campus under circumstances where the students will be transporting themselves via privately owned vehicles to participate in any school related program or activity. It is the sole responsibility of the undersigned student and parent/guardian to comply with the following:

- Students must be in the 10th, 11th or 12th grade and possess a valid driver's license.
- All vehicles shall be maintained in a reasonably safe condition.
- All vehicles and drivers shall be insured in accordance with all mandatory insurance requirements imposed by the State of Alabama.
- Students and parents/guardians are responsible for all aspects of transportation and all costs associated therewith.
- Other than parents or guardians, students shall not transport passengers.
- Parents/Guardians shall assume responsibility for their child during all periods of transportation hereunder.
- Students shall comply with all applicable laws of the State of Alabama and all policies of the Baldwin County Public Schools.
- There shall be no obligation on the part of the Board to monitor or supervise student transportation hereunder.
- Each student, his/her parents/guardians and the principal must sign this Transportation Agreement Form prior to any period of transportation provided for herein.
- Students shall comply with all applicable attendance policies.
- Students shall follow any additional accountability measure implemented in furtherance of this agreement.

We, the undersigned student and parent/guardian, agree to release and hold harmless the Baldwin County Board of Education and its employees from any liability for injury to person or damage to property which may occur during the course of any period of transportation hereunder. We further assume full responsibility for the conduct of the undersigned student driver. We acknowledge that the driving privileges provided for herein may be revoked in the discretion of the school principal for failure to adhere to the requirements set forth above.

SIGNATURES REQUIRED:

Student Name	Student Signature	Date
Address _____ _____	Phone _____	
Parent Name	Parent Signature	Date
Principal or Principal Designee	Date	

**BALDWIN COUNTY BOARD OF EDUCATION
RELEASE TO TRANSPORT STUDENT(S) BY PRIVATE VEHICLE**

We understand and agree that the Baldwin County Board of Education (—the Board) will not be responsible or legally liable for the student while being transported by private vehicle. The parent/guardian and student assume all liability for any loss, damage, or injury of any kind to any person or property, including any accident, fire or other casualty arising from or connected with the use of a private vehicle. The parent/guardian, the student, their representatives and assigns hereby WAIVE AND RELEASE all claims and demands of any kind against the Board, its employees, officers, or representatives for any loss, damage or injury, and agree to hold the Board, its employees, officers, or representatives entirely FREE AND HARMLESS from liability for any loss, damage, cost or injury to the student or any other person or property and from all costs and expenses arising from or connected with use of a private vehicle to transport the student.

Event: _____

Date of Event: _____

Location of Event: _____

Student Name(s): _____

Parent/Guardian Signature _____

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

**RELEASE FROM LIABILITY OF BALDWIN COUNTY BOARD OF EDUCATION,
ITS PRINCIPALS, TEACHERS OR SUPERVISORS
STUDENT NAME ACTIVITY**

This is to certify that the above named student has my permission to attend the activity noted above. I also absolve and release the Baldwin County Board of Education, its members, superintendent, principals, teachers, or other assigned staff from any claims for personal injuries and medical expenses which might be sustained while my child is engaged in, or is en route to and from or during, the above noted activity. I also authorize the assigned staff member of the Baldwin County Board of Education to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness. I agree that I will be responsible and make payment for the necessary services incurred. I currently have in force a medical insurance policy with _____, which insures me against medical expenses incurred for my child. We have read and agree to abide by the Code of Student Conduct and further agree to abide by the specific rules and regulations established by the assigned staff member to this activity.

STUDENT
PARENT/GUARDIAN
ADDRESS
TELEPHONE

Baldwin County BOE

Parent Permission Form

Student Name _____ Grade _____ School GSHS

I, _____, Parent or Guardian of, _____ agree to permit the Baldwin County Public Schools to photograph, audiotape, or videotape my child at any time my child may be at school or at any school function or activity and I give my permission to the Baldwin County Public Schools to use any such photographs, audiotapes, or videotapes for whatever purpose they may deem appropriate.

Date

Signature of Parent/ Guardian

Attach copies of:

- health insurance card
- parents' driver's licenses
- student's driver's license
(if applicable)
- auto insurance
card/information