

Student Name: \_\_\_\_\_

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program



Student-Athlete Participation Forms 2018-2019

To: Parents/Guardians of Student-Athletic Participants  
From: Coaching Staff and Administration

**Congratulations! Your child has been selected to participate in the Litchfield Elementary School District (LESD) middle school interscholastic athletic program.**

1. Practice and game times may vary and it is the parent's responsibility to provide prompt transportation home.
2. Student-athletes who participate in our athletic programs are expected to positively represent the Litchfield Elementary School District during practice, games, at school, and in the community. Student-Athletes are expected to maintain passing grades and outstanding behavior.
3. Before student-athletes are permitted to participate, parents/guardians are required to complete all forms in this packet. Only one packet is required for the entire 2018-2019 school year.
4. The school nurse is not on duty at our after school games, but coaches carry First Aid Kits.
5. Parents/Guardians have the responsibility of laundering and maintaining the game uniform and returning (washed and folded) promptly at the conclusion of the season.

**\*\*To be cleared to participate, you will need to complete and return the following paperwork, all at the same time. It is recommended that you make copies of these forms for your reference.**

**Directions:** Please fill out all forms completely. ***The sports physical is not required***, however, it is strongly recommended, especially if a student-athlete has an ongoing health condition (ie. asthma).

**CHECKLIST:**

- \_\_\_\_\_ Form #1: Student-Athlete and Parent Participation Code of Conduct Form
- \_\_\_\_\_ Form #2: Student-Athlete Pledge and Media Consent Form
- \_\_\_\_\_ Form #3: Medical Treatment Permission and Consent Form.
- \_\_\_\_\_ Form #4: Parent/Guardian Consent Form.
- \_\_\_\_\_ Form #5: Medical History Form
- \_\_\_\_\_ Form #6: Physical Examination Form: **Not required**, but highly recommended.
- \_\_\_\_\_ Form #7: Permission Slip to ride home from games with another teammate's family
- \_\_\_\_\_ Form #8: Mild Traumatic Brain Injury/Concussion Statement and Acknowledgement Form
- \_\_\_\_\_ Form #9: Heat Acclimatization and Heat Illness Statement and Acknowledgement Form
- \_\_\_\_\_ Provide: Proof of Medical Insurance (copies of medical insurance are accepted)

## Litchfield Elementary School District #79 Middle School Interscholastic Athletics Program

### STUDENT-ATHLETE AND PARENT PARTICIPATION CODE OF CONDUCT *(Form #1)*

On behalf of the administration, faculty, staff, and students of the Litchfield District we welcome you to our middle school interscholastic athletic programs. We ask that everyone demonstrate an attitude of good sportsmanship throughout the season no matter what personal feelings of loyalty you may have towards one team or the other. Respect is a right for the student-athletes, coaches, faculty, administration, and officials. Any spectator not displaying the appropriate conduct will be asked to leave. Your cooperation is expected and appreciated.

#### **Grades and Behavior:**

Weekly grade/citizenship check will be done each week prior to the first competition of the week to prove eligibility. Student- Athletes must have passing grades in behavior, academics and specials. The student-athletes are a representation of LESD and they are to follow the LESD Student Handbook expectations. Please review the criteria below.

<b>Grading Scale:</b>	<b>Citizenship Scale:</b>
A = 100-90%	E = Excellent
B = 89-80%	S = Satisfactory
C = 79-70%	N = Needs Improvement
D = 69-60%	U = Unsatisfactory
F = 59% or lower	

- **If your student-athlete receives a “U” or a 59% or lower**, they will be suspended for a minimum of one game or until teacher notification of improvement to the School Athletic Director or Coach.
- If you are concerned about your student-athletes academic and behavior achievement, please contact the teacher that assigned the score.
- Grade/citizenship check are due prior to the first competition of the week.
  - The student will not play until the teacher reinstates them.
  - Athletes are required to have passing marks in grades and citizenship to be eligible for competition.
  - Teachers will have 24 hours to update grades once a student has turned in missing work. Then the teacher can give the coach information about reinstatement of the student-athlete.

#### **Consequences:**

- If your student-athlete receives a “U” or a 59% or lower, they will be suspended for a minimum of one game or until teacher notification of improvement to the School Athletic Director or Coach
- 1st occurrence - One game suspension from play;\* One-on-one with the coach; Teacher must reinstate student-athlete prior to returning to play.
- 2nd week of occurrence - One game suspension from play;\* conference with Principal; warning to parent from coach. Teacher must reinstate student-athlete prior to returning to play.
- 3rd week of occurrence - Suspended for the season and dismissal from the team.

\*When students are suspended from a game, they are still expected to attend and fully participate in practice and attend all games.

Litchfield Elementary School District #79  
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**STUDENT-ATHLETE AND PARENT PARTICIPATION CODE OF CONDUCT** (Form #1)

**Consequences for Discipline related events at school by a student-athlete:**

- In-School Suspension (ISS)
  - 1st occurrence - One game suspension from play.\*
  - 2nd occurrence - Suspended for the season and dismissal from the team.
- Out-of-School Suspension (OSS) - Suspended for the season and dismissal from the team.

\*When students are suspended from a game, they are still expected to attend and fully participate in practice and attend all games.

**Attendance:**

Student-athletes must be in school for at least half a day in order to participate in or attend after school activities. Student-athletes are required to be at all tryouts, practices and games. A student-athlete cannot be adversely treated due to an excused absence. Absent student-athletes may have to work hard to regain their previous playing status. The student-athletes who attend all the practices and competitions must be given consideration for their commitment. Student-athletes should inform their coach well beforehand if they plan to miss a practice or game. Please see the Consequences for unexcused absences. Examples of excused absences: doctor's appointment, family emergency, and absent from school.

**I/we acknowledge that I/we have read and understand the "Student-Athlete and Parent Participation Code of Conduct."**

**Student-Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Litchfield Elementary School District #79**  
**Middle School Interscholastic Athletics Program**  
**Student-Athlete Pledge (Form #2)**

Individual and team success in sports results from commitment. The extent to which young student-athletes are able to make such commitments reflects their maturity as well as their dedication to family, friends, school, and team. For these reasons, we ask you to read and agree to the below student-athlete pledge.

As a student-athlete in the Litchfield Elementary School District, I pledge and understand:

1. Participation in the Litchfield Elementary School District Interscholastic Middle School Athletic Program is a privilege, not a right.
2. To be a worthy representative of my school, teammates, and coaches by supporting my school and community expectations and reflecting my team's values of commitment and hard work.
3. To maintain my health and fitness levels by following the training rules as set by the school Athletic Department.
4. To reflect the knowledge that a commitment to success is nothing without the commitment to hard work in practice.
5. To attend every practice and competition unless excused by my coach.
6. To understand that my future as a responsible adult relates more to my academic accomplishments than my athletic activities.
7. To find the time to satisfy my family relationships and responsibilities.
8. To accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive attitude, and mutual respect.
9. To respond quickly to the directions given by the coach.
10. To reflect my maturity by expressing my feelings and ideas intelligently and appropriately.
11. To accept the responsibility for my own actions.

I have read the above statements and promise to follow them:

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Permission Consent:**

I give my permission for my student-athlete to be photographed, videotaped or interviewed for use by District sources or the outside media. (i.e., newspaper, television special events, etc.).

\_\_\_\_\_ (Initial) Yes, you can post pictures of my student-athlete on the District/School Sports Website.

\_\_\_\_\_ (Initial) No, you cannot post pictures of my student-athlete on the District/School Sports Website.

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program  
**MEDICAL TREATMENT PERMISSION AND CONSENT FORM (Form #3)**

School: \_\_\_\_\_

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Medical Treatment**

We/I hereby give permission for Litchfield Elementary School District staff members or appropriate coach to authorize any medical, surgical treatment for our/my son/daughter, \_\_\_\_\_, that he/she might be in need from the period of \_\_\_\_\_ to \_\_\_\_\_.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Medical Insurance Information**  
**(REQUIRED TO PARTICIPATE ON TEAM)**

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Student's Social Security #: \_\_\_\_\_

**Parent/Guardian Signature**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

**PARENTAL/GUARDIAN CONSENT FORM** (Form #4)

1. I acknowledge that I am aware that if my child is involved in an accident or becomes ill, the school will attempt to contact me. If I am unavailable school personnel will attempt to contact those listed as emergency contacts. If no one can be reached, the school will take my son/daughter to a hospital or emergency center.
2. In the event of injury necessitating emergency medical transportation services and treatment I give my consent for an ambulance or air ambulance to transport the injured to a hospital chosen by school personnel or coach, or to the location of specialized care appropriate for the injury.
3. If emergency air ambulance service involving medical attention is required and the family doctor cannot be contacted I hereby consent for my son/daughter to be given medical care by a doctor selected by school personnel or coach.

**By signing this permission form, I agree to conditions 1, 2, and 3 above and understand that an ambulance or air ambulance service will be used if deemed necessary.**

**PARENTAL OR LEGAL GUARDIAN CONSENT FORM  
FOR STUDENT INTERSCHOLASTIC ATHLETICS**

I give my permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I acknowledge that participation in interscholastic athletics requires my child to be in a physical condition necessary to maintain the rigorous physical activity in which he/she will participate. I acknowledge that even with coaching, use of protective equipment and appropriate rules in place, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in partial or total disability, paralysis or even death.

I acknowledge that I have read and understand this warning.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

**MEDICAL HISTORY FORM** (Form #5)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_

School: \_\_\_\_\_

Has your child ever had, or now have, the following? (If yes, please give year and details):

Allergy	Hives
Anemia	Joint Pain
Arthritis	Kidney Trouble
Asthma	Menstrual Cramps
Back Pain	Migraine Headaches
Concussion	Mononucleosis
Loss of Consciousness	Knocked Out
Diabetes	Knee Injury/Surgery
Eczema (skin rash)	Rheumatic Fever
Emotional Problems	Scoliosis
Epilepsy (seizures)	Spine Injury
Fainting	Sinus Trouble
Hearing Trouble	Chronic Sore Throat
Heart Murmur	Tuberculosis
Hepatitis	Valley Fever
Hernia (rupture)	Neck Injury
Ankle Injury	Wrist Injury
Elbow Injury	Other

Operations:

\_\_\_\_\_

\_\_\_\_\_

Nature: \_\_\_\_\_ Year: \_\_\_\_\_

Nature: \_\_\_\_\_ Year: \_\_\_\_\_

Litchfield Elementary School District #79  
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**PHYSICAL EXAMINATION (Form #6)**  
**SUMMARY FOR ATHLETICS AND PHYSICAL EDUCATION**  
 (To be filled out and signed by examining physician)  
 (Optional)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex: M / F Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Resting Pulse: \_\_\_\_\_ 2min: \_\_\_\_\_ BP (right arm sitting) : \_\_\_\_\_

Eyes Far R20/ \_\_\_\_\_ L20 \_\_\_\_\_ with/without corrective lens/glasses

Eyes Near R20/ \_\_\_\_\_ L20 \_\_\_\_\_ with/without corrective lens/glasses

Ears R: \_\_\_\_\_ Ears L: \_\_\_\_\_

Nose/Throat	Spine/Neck
Teeth/Dentures	Shoulder/Elbow/Hand
Skin	Hip/Knee
Heart	Ankle/Feet
Lungs	Genitalia
Abdomen	Lymphatics
Hernia	Other

Laboratory: Urinalysis (dipstick): \_\_\_\_\_ Albumin: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

Other Lab Tests: only if specifically indicated or required:

Urinalysis: Sp.Gr: . \_\_\_\_\_ React: \_\_\_\_\_

Hemoglobin/Het:

\_\_\_\_\_

Tuberculin Test: Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

I certify that I have on this date examined the above student-athlete and I have no medical reasons to disqualify him/her from participating in all supervised athletic and physical education activities with the exception of:

\_\_\_\_\_

\_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician (Print): \_\_\_\_\_



Litchfield Elementary School District #79  
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**AFTER GAME RIDES PERMISSION SLIP** (Form #7)

I understand that if my student-athlete participates in Interscholastic Sports within the Litchfield Elementary School District #79, as the parent/guardian I am responsible for providing transportation home for my student-athlete from the host school after each game. It is my responsibility to pick up my student-athlete immediately upon the game's conclusion. If I am unable to provide transportation for my student-athlete it may result in my student-athlete being removed from the team unless an official travel buddy is provided.

By signing below, I understand the responsibilities of picking up my student-athlete after each game. If I cannot provide transportation after games at L. Thomas Heck, Verrado, Verrado Heritage, Western Sky and Wigwam Creek Middle Schools my student-athlete may be removed from the team.

I have read the above responsibilities and agree that my student-athlete will be picked up promptly after each game. If I cannot provide transportation home, the following parent(s) have permission to give my student-athlete a ride home:

Alternate Student-Athlete Name: \_\_\_\_\_

Alternate Parent Name: \_\_\_\_\_

Alternate Parent Contact Information: \_\_\_\_\_

\_\_\_\_\_

Alternate Student-Athlete Name: \_\_\_\_\_

Alternate Parent Name: \_\_\_\_\_

Alternate Parent Contact Information: \_\_\_\_\_

\_\_\_\_\_

Alternate Student-Athlete Name: \_\_\_\_\_

Alternate Parent Name: \_\_\_\_\_

Alternate Parent Contact Information: \_\_\_\_\_

**Student-Athlete Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

**CONTACT INFORMATION**

**Litchfield Elementary School District Office**

272 E. Sagebrush St.  
Litchfield Park, AZ 85340  
(623) 535-6000

**Transportation Department**

18921 W. Thomas Rd.  
Litchfield Park, AZ 85340  
(623) 535-6070

<p><b>L. Thomas Heck Middle School</b> 12448 W. Bethany Home Rd. Litchfield Park, AZ 85340 (623) 547-1700 Athletic Director: Crista Lair Email: lairc@lesd.k12.az.us</p>	<p><b>Western Sky Middle School</b> 4095 N. 144th Ave. Goodyear, AZ 85395 (623) 535-6300 Athletic Director: Anton Pratt Email: pratt@lesd.k12.az.us</p>	<p><b>Wigwam Creek Middle School</b> 4510 N. 127th Ave. Litchfield Park, AZ 85340 (623) 547-1100 Athletic Director: Lisa Hokaj Email: hokaj@lesd.k12.az.us</p>
<p><b>Verrado Heritage Elementary School (K-8)</b> 20895 W. Hamilton St. Buckeye, Arizona 85396 (623) 547-3300 Athletic Director: Tiffany Mitchell Email: mitchellt@lesd.k12.az.us</p>	<p><b>Verrado Heritage Elementary School Soccer Field Site Redmond Field</b> 20895 W Hamilton St Buckeye, AZ 85396</p>	<p><b>Verrado Middle School</b> 20880 W. Main St. Buckeye, AZ 85396 (623) 547-1300 Athletic Director: Susie Zmrazek Email: zmrazek@lesd.k12.az.us</p>

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

**MILD TRAUMATIC BRAIN INJURY (MTBI)/CONCUSSION  
STATEMENT AND ACKNOWLEDGEMENT FORM (Form #8)**

I, \_\_\_\_\_ (student-athlete) acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities. Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion: baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline, volleyball and wrestling.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/headsup/youthsports/index.html>) on what a concussion is, how it could affect my health and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions that might impact my physical condition to participate in any sport.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, concussions can cause permanent brain damage, and even death. I understand that repeated concussions carry an even greater risk of personal injury.
- A concussion is a brain injury, which I am responsible for reporting to the school staff as may be appropriate.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep and classroom performance.
- I understand that some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice 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. I understand that I am much more likely to have a repeat concussion or further damage if I return to play before my symptoms have resolved AND I have submitted written clearance to my coach or trainer to do so from a qualified healthcare professional.

As the parent/guardian of \_\_\_\_\_, I am aware of the nature and risk of concussion to my child as s/he participates in sporting activities. I understand that if my child is suspected of receiving a severe blow to the head (possible concussion) in a practice session, game or sporting event, s/he will be immediately removed from the athletic activity. I understand that a coach or parent from the student's team or an official or licensed health care provider may remove a student from play. A pupil may return to play on the same day if a health care provider rules out a suspected concussion at the time the student is removed from play. On a subsequent day, the student may return to play if the student has been evaluated by and received written clearance to resume participation in the athletic activity from a health care provider who has been trained in the evaluation and management of concussions and head injuries. I understand that without written medical clearance from an appropriate health care provider, that my student will not be allowed to return to play after being suspected of receiving a concussion while participating in a sport activity.

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

**Student Athlete:**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or legal guardian** must print and sign name below and indicate date signed.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program  
**HEADS UP CONCUSSION IN SPORTS**  
**FACT SHEET FOR STUDENT-ATHLETES**

**What is a Concussion?**

**A concussion is a brain injury that:**

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

**What are the symptoms of a concussion?**

- Headache or "pressure" in head...
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy or groggy
- Difficulty paying attention
- Memory problems
- Confusing

**What should I do if I think I have a concussion?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

**How can I prevent a concussion?**

*Every sport is different, but there are steps you can take to protect yourself.*

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

For more information and to order additional materials free-of-charge, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

Litchfield Elementary School District #79  
Middle School Interscholastic Athletics Program

**HEAT ACCLIMATIZATION AND HEAT ILLNESS  
STATEMENT AND ACKNOWLEDGEMENT FORM (Form #9)**

It is the position of the Arizona Interscholastic Association (AIA) that prevention is the best way to avoid exertional heat stroke. Prevention includes (Policy 14.17.1) educating participants about:

1. Recognition and management of exertional heat illnesses;
2. The risks associated with exercising in hot, humid environmental conditions;
3. The need for gradual acclimatization over a fourteen (14) day period;
4. Guidelines for proper hydration;
5. Implementing practice/competition modifications according to local temperature and relative humidity readings.

Exertional heat illness (Policy 12.17.2) includes the following conditions, ordered from the least to the most dangerous:

1. Exercise associated muscle cramps: an acute, painful, involuntary muscle contraction usually occurring during or after intense exercise, often in the heat, lasting approximately one to three (1-3) minutes.
2. Heat syncope: also known as orthostatic dizziness, it refers to a fainting episode that can occur in high environmental temperatures, usually during the initial days of heat exposure.
3. Exercise (heat) exhaustion: the inability to continue exercise due to cardiovascular insufficiency and energy depletion that may or may not be associated with physical collapse.
4. Exertional heat stroke: a severe condition characterized by core body temperature greater than forty degrees Celsius (> 40°C); one hundred four degrees Fahrenheit (104°F), central nervous system (CNS) dysfunction, and multiple organ system failure induced by strenuous exercise, often occurring in the hot environments.

As the parent/guardian of \_\_\_\_\_, I am aware of the nature and risk of exertional heat stroke to my child as s/he participates in sporting activities. I understand that if my child is suspected of suffering from exertional heat exhaustion in a practice session, game or sporting event, s/he will be immediately removed from the athletic activity. I understand that a coach or parent from the student's team or an official or licensed health care provider may remove a student from play. I understand that if my child suffers from heat stroke, s/he should refrain from exercise for at least seven (7) days following the acute event and must be cleared for activity by a licensed physician.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

**Student Athlete:**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or legal guardian** must print and sign name below and indicate date signed.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_