GROVE CITY AREA SCHOOL DISTRICT
WINTER 2017– 2018 ATHLETIC PRE – SEASON PACKET

WINTER SPORTS OFFERED:
VARSITY/JV BOYS BASKETBALL
9TH GRADE BOYS BASKETBALL
7TH-8TH GRADE BOYS BASKETBALL
HIGH SCHOOL BOYS BASKETBALL CHEERLEADING
VARSITY/JV GIRLS BASKETBALL
VARSITY SWIMMING & DIVING
VARSITY/JV WRESTLING
7TH-8TH GRADE WRESTLING
HIGH SCHOOL WRESTLING CHEERLEADING

IF YOU ALREADY PARTICPATED IN A FALL SPORT THIS YEAR (2017), YOU SIMPLY NEED TO COMPLETE THE ASSUMPTION OF RISK & SECTION 7 AND RETURN.

PLEASE COMPLETE AND RETURN BOTH FORMS TO THE NURSE BY:
OCTOBER 26TH 2017 FOR MIDDLE SCHOOL ATHLETES
NOVEMBER 3RD 2017 FOR HIGH SCHOOL ATHLETES

IF WE NEED FURTHER INFORMATION, THE NURSE OR ATHLETIC DIRECTOR WILL CONTACT YOU.

GROVE CITY AREA SCHOOLS ASSUMPTION OF RISK FORM

WE, THE UNDERSIGNED, UNDERSTAND THAT STUDENTS WHO ARE INVOLVED IN SPORTS/EXTRA-CURRICULAR ACTIVITIES MAY, BY THE NATURE OF THE SPORT/ACTIVITY, SUFFER INJURIES WHILE PARTICIPATING. WE ARE AWARE OF THAT DANGER, UNDERSTAND THAT DANGER AND VOLUNTARILY THE RESPONSIBILITY, FINANCIAL AND OTHERWISE, FOR THOSE RISKS OF INJURY.

WE FURTHER ACKNOWLEDGE THAT WE HAVE BEEN ENCOURAGED BY SCHOOL DISTRICT REPRESENTATIVES TO DISCUSS THE DANGERS WITH THE COACH/ADVISOR OF THE ACTIVITY. WE FURTHER AGREE TO HOLD THE GROVE CITY AREA SCHOOL DISTRICT, ITS SCHOOL BOARD MEMBERS, ALL ITS EMPLOYEES, AND VOLUNTEERS HARMLESS SHOULD INJURIES ARISE FROM PARTICIPATION IN THE ACTIVITY.

PRINTED NAME OF STUDENT	SIGNATURE OF STUDENT	DATE
PRINTED NAME OF PARENTS/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE

STUDENT INSURANCE RELEASE FORM

IT IS THE POLICY OF THE GROVE CITY AREA SCHOOL DISTRICT THAT ALL STUDENTS INVOLVED IN INTERSCHOLASTIC SPORTS MUST CARRY INSURANCE OR PURCHASE SCHOOL INSURANCE. SCHOOL INSURANCE DOES NOT COVER FOOTBALL. **IF YOU ARE PURCHASING SCHOOL INSURANCE, IT MUST BE PURCHASED AT LEAST TWO WEEKS PRIOR TO THE FIRST PRACTICE DATE.**

A WAIVER MUST BE SIGNED BY THE PARENTS/GUARDIANS ABSOLVING THE GROVE CITY AREA SCHOOL DISTRICT OF ALL RESPONSIBILITY TOWARD PAYMENT OF ANY MEDICAL FEES OCCURRING AS A RESULT OF ANY ACCIDENT OR INJURY THAT MAY OCCUR WHILE THE STUDENT ATHLETE IS ACTIVELY ENGAGED IN ANY INTERSCHOLASTIC SPORT.

TO COMPLY WITH THE SCHOOL BOARD POLICY, PLEASE CHECK **ONE** OF THE FOLLOWING STATEMENTS BELOW AND SIGN.

_____ WE GIVE OUR PERMISSION FOR OUR SON/DAUGHTER TO PARTICIPATE IN INTERSCHOLASTIC ATHLETIC EVENTS AND ACCEPT FULL RESPONSIBILITY FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR WHILE HE/SHE IS ACTIVELY ENGAGED IN SPORTS. WE HAVE INSURANCE COVERAGE THROUGH A MEDICAL INSURANCE CARRIER.

_____ WE HAVE PURCHASED SCHOOL INSURANCE. WE GIVE OUR PERMISSION FOR OUR SON/DAUGHTER TO PARTICIPATE IN INTERSCHOLASTIC EVENTS AND ACCEPT FULL RESPONSIBILITY FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR WHILE HE/SHE IS ACTIVELY ENGAGED IN THAT SPORT.

PRINTED NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE

FOR STUDENTS 18 AND OVER: BY SIGNING BELOW, I EVIDENCE MY INTENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETIC EVENTS AND I ACCEPT FULL RESPONSIBILITY FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR TO ME WHILE ACTIVELY ENGAGED IN THAT SPORT.

PRINTED NAME OF STUDENT	SIGNATURE OF STUDENT	DATE

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: _____/_____/_____ Age of Student on Last Birthday: _____ Grade for Current School Year: _____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # ( )_____ Parent/Guardian Current Cellular Phone # ( )_____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name_____ Relationship _____

Address _____ Emergency Contact Telephone # ( )_____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # ( )_____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # ( )_____

Family Physician's Name_____, MD or DO (circle one)

Address _____Telephone # ( )_____

SUPPLEMENTAL HEALTH HISTORY:

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No
1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine?	☐	☐
2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	☐	☐
3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?	☐	☐
4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?	☐	☐
5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?	☐	☐
6. Do you have any concerns that you would like to discuss with a physician?	☐	☐

#'s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____Date____/____/_____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____Date____/____/_____