

**Athletic Participation and Code of Conduct Agreement
Fulton City School District**

When a student at Fulton chooses to try out for an athletic team it is his/her responsibility and his/her parents' responsibility to become familiar with all rules and regulations stated in the attached Extracurricular Activity Code of Conduct and the Concussion Protocol. Tryout opportunities are provided at the beginning of each sport season. Competent supervision will be provided. Student will be determined physically capable by the school physician prior to being allowed to participate. Parents have the option of using a personal physician but the physical must still be approved by the school physician prior to participation.

Some degree of risk is inherent in any physical activity whether contact or non-contact. Furthermore, many injuries are accidental in nature and involve no negligence on the part of coaches, officials or other athletes. A signature below indicates an acknowledgement that participants could be at risk of accidental injury. The school has an athletic insurance program with limited fee scales. It provides a secondary coverage that becomes effective only after personal medical insurance has been utilized. It is extremely important that athletes report any injury promptly to the coach and/or school nurse so an insurance claim form can be processed.

Athletic equipment will be issued to participants of all teams. Students assume full responsibility for its proper use and care during the season. All equipment should be returned clean when called for by coach. Lost or damaged equipment will be the student's responsibility.

In some sports, it may be necessary to use the roads for proper training. Athletes will be instructed on proper road training safety precautions and will be supervised to the best of a coach's ability.

Please indicate your agreement with the above information and that contained in the Extracurricular Activity Code of Conduct and the Concussion Protocol by signing below. A signature forms a contract with the district and binds parents, students and coaches to the policies established for each group.

I have read the Extracurricular Activity Code of Conduct and the Concussion Protocol and agree to abide by all rules stated within. I agree to accept the consequences for any failure to comply. Further, my coach has completed the sexual harassment and hazing training with me.

(Print Student Name) (Grade) (Student Signature) (Date)

(Date of Birth) (Age) (Student's Home Address)

(Home Phone) (Emergency Phone) (2nd Emergency Phone)

As parent/guardian of the above named student, I acknowledge that I have read and understand the Extracurricular Activities Code of Conduct and the Concussion Protocol. I give permission for my child to participate in an interscholastic sport at Fulton.

(Sport Participating In) (Parent Signature) (Date)

As a coach I acknowledge that I have an educational duty to follow and enforce the guidelines contained in the Extracurricular Activity Code of Conduct and the Concussion Protocol and have completed sexual harassment and hazing training with my team.

(Coach's Signature) (Date)

FULTON CITY SCHOOL DISTRICT

SPORTS PHYSICAL HISTORY RECORD FOR SCHOOL YEAR OF _____

NAME _____

SCHOOL _____

GRADE _____

DATE OF BIRTH _____

HISTORY SINCE LAST MEDICAL EXAM

	YES	NO	If yes, describe (incl. Date)
1. Any injuries requiring medical attention in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Any illness lasting more than five (5) days?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Taking any medicine or under physician's care?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Any feeling of faintness or dizziness during heavy exertion or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Wears glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. A major operation or fracture?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Treated in a hospital or emergency room in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Has only one (1) organ: kidney, eye, testicle, etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Any known allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Any chronic disease (e.g. asthma, Diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Hypertension (high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Any reason why this person cannot participate in any sport?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Any concussion in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Note: "Yes" answers to any of these questions do not mean automatic disqualification from the athletic activity indicated. They will require review and evaluation by the school physician.

We understand clearly that the questions are asked in order to decide if this student is in a proper condition to participate in the athletic activity named on this form. The answers are correct as of the date this form is signed. All answers will be kept confidential.

Signature of Parent/Guardian

Date

Signature of Student

Date

School use only

Date of last tetanus booster

Date of last medical exam

School Nurse

Date

Medical Director

Date