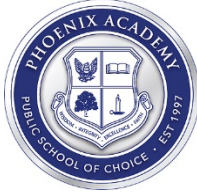


PHOENIX ACADEMY



**ATHLETICS COMMITMENT AND PERMISSION FORM
YEAR: 20_____**

Student Name: _____ Grade: _____ Gender: M ___ F ___

Parent's Name _____ Cell #: _____

E-mail address(es): _____

ACADEMIC ELIGIBILITY

In order to be eligible for participation in the Phoenix Academy athletic program, a student must maintain a grade point average (GPA) of at least 2.0, on any interim progress report or final report card to participate in School athletic programs. A student who fails to meet this requirement will not be eligible to participate in school athletics and will be removed from his or her team. After at least a two-week period, a reassessment will be made by the principal, who may choose, in their sole discretion, whether to reinstate the student. Exceptions can be made on a case-by-case basis for students.

STUDENT COMMITMENT

I commit to participating in the sport(s) indicated below. I acknowledge the school athletic program is a voluntary activity. I commit to fulfilling the academic eligibility requirements and fully participating in all practices associated with the sport(s). I acknowledge that, for some sports, try-outs are required, and that everyone who tries out may not make the team.

<u>SPORT</u>	<u>GRADES</u>	<u>FEE</u>
_____ Girls Volleyball	5-12	\$100
_____ Coed Flag Football	5-12	\$100
_____ Boys Soccer	5-12	\$100
_____ Boys Cross Country	5-12	\$100
_____ Girls Cross Country	5-12	\$100
_____ Boys Basketball	5-12	\$100
_____ Girls Basketball	5-12	\$100
_____ Cheerleading	5-12	\$100
_____ Coed Swimming	5-12	\$100
_____ Boys Track	5-12	\$100
_____ Girls Track	5-12	\$100
_____ Girls Soccer	5-12	\$100
_____ Boys Baseball	5-12	\$100
_____ Girls Softball	5-12	\$100
_____ Co-ed Golf	5-12	\$100

STUDENT SIGNATURE: _____ DATE: _____

(PARENT PERMISSION ON REVERSE SIDE)

PARENT PERMISSION AND COMMITMENT

I give permission for my child to participate in the sport(s) listed above. I acknowledge that the school athletic program and participation in this sport(s) is a voluntary activity, and that my child must meet the academic eligibility requirements listed above in order to participate. I am also aware that the school will not be providing transportation for this activity, and I commit to providing transportation for my child to and from all practices, games, and other events associated with this sport(s). I further agree to pay the program fee listed above.

I also understand and acknowledge that, in order to participate in the sport(s) listed above, I need to provide separately dated and signed (i) Waiver, Release and Indemnity Agreement and Assumption of Risk for Participation in Voluntary Class/ Activity, (ii) Medical Treatment Authorization; (iii) Concussion Statement; and (iv) Student and Parent Pledge to the school in advance of participation in the sport or activity.

NOTE: Program fee is non-refundable unless the particular sport is cancelled due to lack of participation or unless the student does not make the team during tryouts.

PARENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE _____

**PHOENIX ACADEMY
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN SCHOOL ATHLETICS**

Student: _____

Sport(s) or Activity: _____

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY CHILD'S VOLUNTARY PARTICIPATION IN THE ABOVE SPORTS OR ACTIVITIES, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM WHICH EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN THE SPORT(S) OR ACTIVITIES. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE PHOENIX ACADEMY ATHLETIC DIRECTOR.

(1) **Assumption of Risks:** I understand that the above-listed sport/activity, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I understand and appreciate the risks that are inherent in the class/activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my child's participation in the class/activity is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, and I agree that my child will abide by all rules and regulations governing the sport or activity.

(2) **Hold Harmless, Indemnity and Release:** In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, Phoenix Academy, Inc. (the "School"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, personal injury, illness, or death which may result from my child's participation in the sport/activity. This release specifically includes claims based on the negligence of the School and its Board members, administrators, officers, agents, and employees. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE SPORT/ACTIVITY, AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS PERMISSION, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Name (please print): _____

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Name (please print): _____

**PHOENIX ACADEMY, INC.
MEDICAL TREATMENT AUTHORIZATION**

Student: _____

Sport(s) or Activity: _____

I hereby give permission for my child to participate in the aforementioned class/activity understand that the class/activity, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death.

As the parent or guardian of the child listed above, I grant permission for any first-aid or medical treatment deemed necessary for a condition arising during or affecting participation in sports, including x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist.

I further acknowledge that the School does not provide liability or medical insurance coverage for participants who participate in this class/activity.

_____ I have no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ My child has the following special health needs, or takes the following medication: _____

Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact:

_____ (Name) _____ (Relationship) Cell: _____

Work: _____

One Check and Parent/Guardian Signee's(‘) or Participant’s (if 18 or older) Initials for Each Line is Required:

YES	NO	Health or Special Need
		Participant has no special health needs the staff should be aware of, and no medication is required.
		Participant has a chronic allergic condition or temporary medical or physical condition, and instructions are attached. No. of attached pages: _____.
		Participant has a special need covered by Section 504 and/or an individualized education plan (IEP).
		Participant has a history of head injury or concussion. If yes, attach description with a copy of written clearance form from your licensed healthcare provider. No. of attached pages: _____.
		Other (please describe): No. of attached pages: _____.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Name (please print): _____

PHOENIX ACADEMY, INC.
AUTHORIZATION AND CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Student: _____

Sport(s) or Activity: _____

As the parent or guardian of the student listed above, I hereby authorize disclosure of my student's protected health information to Phoenix Academy, Inc. (the "School"), including, without limitation, any information regarding any injury, illness, treatment or participation related to or affecting my child's training for and participation in School. I further authorize the School to disclose, and/or use, such information as provided herein.

I understand that my child's participation and protected health information, including, without limitation, conditions, injuries, or illnesses resulting from or affecting training for or participation in athletics, may be disclosed to, and/or used by, the School, its administrators, employees, and athletic personnel and any third party expressly authorized by the School to receive such information for the purposes described in this paragraph. The information provides the School, athletic leagues using School facilities, and individual schools, with injury, relevant conditions and illnesses, and participation data that identify individual students' fitness to participate in (a) specific athletic program(s) and, if applicable, any special conditions related to such participation.

I understand that this protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act ("HIPAA") or the Family Educational Rights and Privacy Act of 1974 (the "Buckley Amendment") and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that the School will not condition or withhold any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization and consent in order for my/our child to be eligible for participation in School athletics.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Name (please print): _____

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Name (please print): _____

CONCUSSION

INFORMATION FOR STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

**PHOENIX ACADEMY
STUDENT-ATHLETE & PARENT/LEGAL CUSTODIAN
CONCUSSION STATEMENT**

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

**PHOENIX ACADEMY
ATHELETICS PROGRAM
STUDENT AND PARENT PLEDGE**

Student Athlete Pledge

As a student athlete, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school and my conference and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Student Athlete

Date

Student Athlete's Parent Pledge

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school and our conference. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Parent(s)

Date