

**POLARIS TECH CHARTER SCHOOL ATHLETIC DEPARTMENT**  
**PARTICIPATION PACKET**

Black or Blue Ink ONLY

Last Name

First Name

Middle Name

School

Grade (2020-2021)

Sports

- **PHYSICAL and PAPERWORK IS GOOD FOR MAY 1<sup>st</sup> 2020 – JUNE 30<sup>th</sup> 2021**
- **All paperwork, information (ie: birth certificate, insurance card, and packet), and signatures from PARENT and ATHLETE must be complete and turned in before you take a free physical or participate (ie: conditioning, tryouts, practice, games). \*Proof of insurance must be provided when you report for physicals. You may bring your insurance or Medicaid card, and we will make a copy of it and immediately return your card.**

**Athletic Department Only**

| Fall | Winter | Spring | <b>FORM CHECKLIST</b>   | Comments |
|------|--------|--------|---|----------|
|      |        |        | Acknowledgement of Free Physical  |          |
|      |        |        | Insurance Coverage Acknowledgement  |          |
|      |        |        | Sportsmanship Pledge  |          |
|      |        |        | Emergency Contact Information   |          |
|      |        |        | Medical Consent At-Risk Waiver  |          |
|      |        |        | Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics |          |
|      |        |        | Evaluation History Form Parent Permission   |          |
|      |        |        | Physical Examination Form by Doctor   |          |
|      |        |        | Permission to Release High School Academic Records  |          |
|      |        |        | Permission to Enroll in Weight-training   |          |
|      |        |        | Acknowledgement Concussion Information was Provided   |          |
|      |        |        | <b>Birth Certificate: Must have copy when turning in physical if never played before .</b>    |          |
|      |        |        | <b>Proof of Insurance: Must have copy when turning in physical. SCHSL required.</b>           |          |
|      |        |        | Transcripts and Report Cards  |          |
|      |        |        | Athletic Contract   |          |

|                 |        |             |
|-----------------|--------|-------------|
| Check By: _____ | Spring | Date: _____ |
|-----------------|--------|-------------|

**POLARIS TECH CHARTER SCHOOL ATHLETIC DEPARTMENT**  
**ACKNOWLEDGEMENT OF MEDICAL SERVICES WITHOUT COMPENSATION**

STATE OF SOUTH CAROLINA >

COUNTY OF JASPER >

The undersigned is a patient who received medical services voluntarily and without compensation, expectation or promise thereof. \_\_\_\_\_ (physician) rendered these services. The facility that these medical services were rendered is Polaris Tech Charter School. The physician has made this acknowledgement or agreement before the rendering of the medical services. I understand that this is simply a screening evaluation and not a substitute for regular health care.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

CERTIFICATE OF PHYSICIAN

The undersigned physician certifies that he/she has rendered medical services voluntarily and without compensation, expectation or promise thereof to the above named individual. The agreement to provide voluntary non-compensated service to the above named individual was made and executed before the rendering of the medical services by the undersigned physician.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

**\*\*THIS FORM IS TO BE COMPLETED ONLY IN THE EVENT THAT YOUR CHILD IS HAVING A PHYSICAL DONE FREE OF CHARGE IN ORDER TO PARTICIPATE IN A SCHOOL SPORT.**

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**POLARIS TECH CHARTER SCHOOL ATHLETIC DEPARTMENT**

**Sportsmanship Pledge**

Young people need to know that integrity, fairness and respect are lifetime values taught through athletics, and these are the principles of good sportsmanship. We need to display good sportsmanship at all athletic events by pledging the following:

- To prevent violent action towards officials, opponents and other spectators which are becoming commonplace in today's society and sports.
- To decrease the emphasis on just winning and losing an athletic event.
- To promote ethics, respect, and integrity in all walks of life.
- To promote the ideal of intrinsic rewards of athletics.
- To learn the attitudes necessary for responsible behavior. You can make proper behavioral choices while viewing your school's athletic events.

**Those who pledge agree**

- To be a proper role model for our student-athletes.
- To inform our students that we have taken the pledge and why.
- To be clear and firm about rules concerning our conduct and behavior while viewing and participating in an athletic contest.

As a parent, I acknowledge that I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for students. I must show respect for all players, coaches, spectators, officials and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by Polaris Tech Charter School, Region 6 A, and the SCHSL.

I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete. I understand that violating the sportsmanship pledge may lead to removal from events.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POLARIS TECH CHARTER SCHOOL ATHLETIC DEPARTMENT**  
**EMERGENCY CONTACT INFORMATION**  
(Please Print)

Athlete's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_

*In an EMERGENCY, if parents cannot be contacted notify:*

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Do you have health insurance? Y / N

Do you have Medicaid Y / N Medicaid Number: \_\_\_\_\_

Name of Company \_\_\_\_\_

Insured's Name \_\_\_\_\_ Policy # \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT/RELEASE OF INFORMATION**

Permission is hereby granted to the attending physician/athletic trainer to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations deemed necessary for a condition arising during participation of events, for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician/athletic trainer to contact me in the most expeditious way possible. If said physician/athletic trainer are not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given. **If your student athlete is seen by a physician for a sports-related or non-sports related injury or illness, he/she will not be able to return to participation without written release from the physician.** Without the release form, the athletic trainer has no way to confirm the diagnosis, knowing what treatment may be provided, whether or not the athlete is actually cleared to participate or if there are limitations to his/her participation.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

**Permission is also granted for appropriate authorities, team doctors, trainers, coaches, etc. to release necessary information to one another. The coach may also release general information concerning the injury status of my child.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_

**POLARIS TECH CHARTER SCHOOL ATHLETIC DEPARTMENT**  
**PARENT'S PERMISSION & ACKNOWLEDGEMENT OF RISK FOR SON/DAUGHTER TO PARTICIPATE IN**  
**ATHLETICS**

Student Name (please print) \_\_\_\_\_

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PERMISSION TO RELEASE HIGH SCHOOL ACADEMIC RECORDS**

Permission is granted to release my child's academic records to any athletic college recruiter who may request such information.

**Explanation** - If your child's ability attracts the interest of college coaches, we must determine if your child will meet college academic requirements. By granting your permission now, it can avoid any inconvenience for everyone in the future.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PERMISSION TO ENROLL IN WEIGHT-TRAINING**

Permission is granted to enroll my child in the appropriate strength development class. This allows guidance to enroll student-athletes in strength training. It does not guarantee enrollment.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**STUDENT-ATHLETE & PARENT/LEGAL GUARDIAN CONCUSSION STATEMENT**

*If there is anything on the link below that you do not understand, please ask a school coach or nurse/athletic trainer to explain it to you.*

[Concussion Guidelines](#)

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

Parent/Legal Guardian Name (s): \_\_\_\_\_

We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_