

# THE SOUTH CAROLINA INDEPENDENT SCHOOL ATHLETIC ASSOCIATION

## AGREEMENT FOR PARTICIPATION 2016-17

### 1. STATEMENT OF PHILOSOPHY

The primary purpose of school is education. The participation in athletics is a privilege for those students who are eligible according to rules and policies of the SCISA.

### 2. SUMMARY OF THE CODE OF CONDUCT:

All fans, spectators, coaches, and student-athletes are encouraged to enthusiastically support his/her school and team. We all must realize that the athletic arena is an extension of the classroom. Valuable lessons other than winning and losing are taught. The safety and well-being of students, coaches, and officials is of utmost importance to us all. Athletic events shall be conducted in accordance with the policies, rules, and regulations of the South Carolina Independent School Association. Participants, coaches, and spectators shall at all times conduct themselves in a reasonable and sportsmanlike manner.

A participant, coach or fan will be in violation of the Code of Conduct upon any one or more of the following actions:

- By making any degrading remark about any fan, official, coach, or athlete during or after a game, either on or off the field/floor of play.
- By arguing with an official or going through motions indicating dislike or disdain for a decision.
- By using any foul, abusive, or profane language at any time.
- By entering the playing area or field to protest, question, or object to a call or play.
- By hitting, shoving or striking any official, coach, athlete or fan at any time (or attempting to do so).
- By being ejected/removed from any contest.
- By detaining an official following the contest to request a ruling or explanation. By following/chasing after the official after a game to express your displeasure or opinion with a call or result of a play or game.
- By the use or display of alcohol, tobacco or an unauthorized drug.

Violations of the Code of Conduct could result in a school, player or fan being fined, suspended or placed on probation. The school shall be notified of the action taken by SCISA and will be responsible for the enforcement of the action.

### 3. WARNING OF INHERENT RISK/DANGERS OF ATHLETIC PARTICIPATION

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

### 4. RECRUITING:

A student must not have transferred as a result of recruiting or undue influence. Refer to SCISA *Blue Book* for clarification of recruiting.

### 5. GUARDIANSHIP:

A student must reside with his/her parent(s) to be eligible for athletic participation. Refer to the SCISA *Blue Book* for a clarification of a legally appointed guardian.

### 6. SUMMARY OF STUDENT ELIGIBILITY RULES

**Eight Semester Rule:** A student has Eight (8) Consecutive Semesters of eligibility from the time he/she first enters the ninth (9th) grade.

**Academic Requirements:** A student in grades 9-12 must take and pass at least four (4), one unit CORE courses or any five (5), one unit courses each grading period/semester. Students below the 9th grade must pass four (4) subjects each grading period/semester. A senior who has met or is meeting all requirements for graduation must pass four (4), one credit courses each marking period/semester. *Note: a student must have earned at least four (4) core units or any five (5) units of credit to be declared eligible at the start of a school year. Also, credits or courses taken by the "Home School" method during the school year are not eligible for athletic eligibility determination.*

Any student who did not receive credit for at least 50% (one-half) of all courses taken the previous school year cannot be declared eligible for athletic participation until the successful completion of the first semester.

A student who is academically ineligible to participate is also prohibited from practicing with the team until the time he/she is academically eligible to participate.

#### **Grade Level Requirements/Restrictions:**

**Varsity Teams:** Eligible students in grades 8-12 may participate on varsity teams in baseball, basketball, soccer, football, lacrosse and softball. Eligible students in grades 6-12 may participate on all other varsity teams. *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any varsity team. Specialty sport programs may have additional restrictions.*

**Junior Varsity Teams:** Sport specific grade restrictions exists for junior varsity teams. Eligible students in grades 5-10 may participate on junior varsity teams in track, cross country, swimming, volleyball, golf, and tennis. Eligible students in grades 6-10 may participate on junior varsity teams in basketball, baseball, softball, soccer, and wrestling.

**Junior Varsity Football:** Eligible students in grades 6-9 may participate in junior varsity football. (*\*Agreement Exception*) *Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 9th grade before permitting participation on any junior varsity team.*

**Grade Level Requirements/Restrictions:**

**B-Teams:** Eligible students in the 5th-8th grades may participate on B-Teams in all sports except football.

**B-Team Football:** Eligible students in the 5th-7th grades may participate on B-Team football.

*Note: To address player safety, coaches and parents must carefully evaluate the skill level and physical competitiveness of students below the 6th grade before permitting participation on any B-Team.*

**Age Requirements/Restrictions:** *Note: There are no exceptions to the age standards.*

- A student is **INELIGIBLE** to participate in athletics if his/her 19th birthday is before July 1, 2016.
- **Junior Varsity:** In order to participate in junior varsity athletics a student must not have reached his/her sixteenth (16th) birthday before July 1, 2016.
- **B-Team:** In order to participate in B-Team athletics a student must not have reached his/her fifteenth (15th) birthday before July 1, 2016. Exception: **B-Team Football:** In order to participate in B-Team football, a student must not have reached his/her fourteenth (14th) birthday before July 1, 2016.

**TRANSFER RULES:**

A student who transfers after having: A. attended one class or B. filed the Agreement for Participation during the defined sports season or practices with team on or after the first official practice date must wait sixty (60) days to become eligible. This may be waived for a *bono fide* change in residence. The Sixty Days may be waived following league/Committee review if all of the following conditions are met to the satisfaction of the Committee at its sole and absolute discretion for a non-member to member transfer: A. The student has completed a Transfer Form; B. The parents provide a statement detailing the reason for the transfer; C. The student enrolls in the SCISA member school on or before: 1. *September 15th for fall sports*; 2. *January 8th for winter sports*. D. If approved, a transfer must participate in ten (10) days of practice before he/she is allowed to participate in a game. Second semester transfers are subjected to the Sixty Day Rule (*transfers after January 8th/end of 1st semester*). *The following additional policies are also in effect:*

- A transfer must have attended classes for thirty days prior to the start of the play-offs to be eligible to participate in the play-offs.
- An academically eligible transfer student (*school year transfer as defined above*) must have been eligible to represent his/her former school under any school, student, or athletic policy that was in place when the student transferred or the student must wait for ninety (90) calendar days to become eligible. The Committee reserves the right to extend this period if conditions so warrant.
- A student who transfers before the start of the school year (*has not attended one class and has not practiced with the team on or after the first official practice date*) and has met all eligibility standards is eligible for athletic participation.

**Medical Insurance Coverage Statement**

It is important for a parent to understand his/her school's medical insurance coverage policy. SCISA requires that each school participate in the associational catastrophic plan which provides coverage in the event of a catastrophic injury.

**New Student / Transfer Student**

Any new student to your school or transfer student who plays a varsity sport must complete a New Student/Transfer Student Form (Parent Form and School form).

**All-Star Participation:** If selected, you also give permission for your son or daughter to participate in SCISA All-Star Games. You also agree not to hold the South Carolina Independent School Association, the host school or any of its agents, members, employees, or affiliate organizations responsible in the event of an accident or injury. You further authorize any and all emergency medical treatment for the player named and will be responsible for any and all such cost.

***Participant and Parent/Legal Guardian Permission***

\_\_\_\_\_ (student's name) has my permission to participate in athletics. We have read and understand the philosophy of the SCISA, the Code of Conduct, and the Summary of Eligibility Rules. We understand that there are inherent risks in all athletics and that injuries do occur. The South Carolina Independent School Association may examine school records of the student whose name appears above in order to verify eligibility. I understand that this form is considered to be a binding contract. The student whose name appears above may only participate in athletics for the school named below. Transfer to another school after this form has been filed will subject the student to the Sixty Day Rule. I also agree not to hold the South Carolina Independent School association or any of its agents, members, employees or affiliate Organizations responsible in the event of an accident or injury. I further authorize any and all emergency medical treatment for the student named and will be responsible for any and all such cost.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

# SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Please Print

## Physical Examination Form

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial                      Date of Birth

Gender: \_\_\_ M \_\_\_ F                      Age: \_\_\_\_\_                      Grade: \_\_\_\_\_

**PHYSICAL EXAM** - To Be Completed By Physician or trained medical personnel under the supervision of a physician.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Medical	Normal	Abnormal Findings	Initials
1. Eyes (vision)			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck / Lymph Nodes			
5. Cardiovascular			
6. Abdomen			
7. Chest & Lungs			
8. Skin			
9. Genitalia-Hernia (male)			
10. Heart (squatting to standing & supine)			
Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine/Back			
• Shoulders/Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Thighs			
• Knees			
• Leg/Ankles			

\_\_\_ Cleared without restriction

\_\_\_ Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

\_\_\_ Not Cleared: \_\_\_ All Sports \_\_\_ Certain Sports: \_\_\_\_\_

I certify that I have examined this athlete on this date and found him/her medically qualified to participate in sports. I also certify that I am a licensed physician or work directly with a licensed physician.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

# FOOTBALL WARNING: HELMET, EQUIPMENT, AND TECHNIQUE

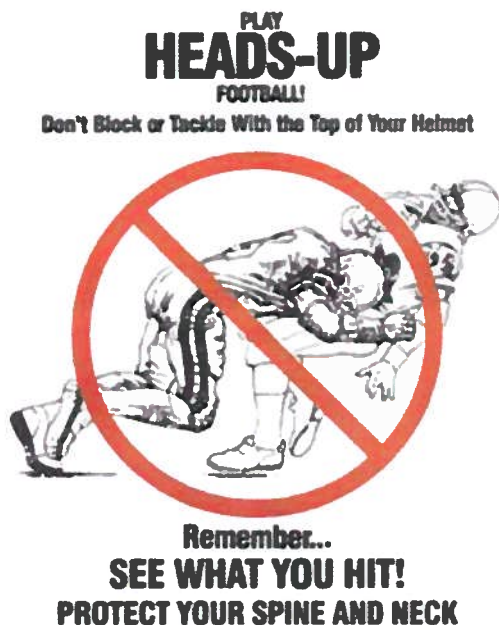
According to the National Federation (High School Rules) and NCAA Sports Medicine Handbook, "all players shall wear helmets that carry a warning label regarding the risk of injury". This warning label is secured to the exterior of the helmet shell and must be visible and legible at all times. The warning label states:

## WARNING

Do not strike an opponent with any part of this helmet or facemask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

## NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK.

The National Federation (High School Rules) has identified specific guidelines against a player using their head as a weapon and as the initial point of contact for blocking and tackling.



The equipment issued to you should not be modified, by you, in any way. Any potential modifications to your protective equipment must be brought to the attention of the Athletic Training staff and/or Football coaching staff in advance, this includes adapting or exchanging helmets, shoulder pads, and adding or deleting neck rolls.

**My signature below indicates that I have read this entire warning and understood it completely.**

\_\_\_\_\_  
Student's/Participant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# The South Carolina Independent School Association Student / Parent Concussion Awareness Form

Information for Student-Athletes and Parents / Legal Guardians (Keep This Page)

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document.

**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 a student-athlete has sustained a concussion?** If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

**What are the warning signs that a more significant head injury may have occurred?** If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

**What are some of the long-term or cumulative issues that may result from a concussion?** Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

**How do I know when it's ok for a student-athlete to return to participation after a suspected concussion?** Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

# Student-Athlete & Parent/Legal Custodian Concussion Statement

If there is anything on this sheet that you do not understand, please ask a coach/staff member to explain or read it to you.

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

**Parent/Legal Custodian Names** \_\_\_\_\_

**Yes. We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.**

Student-Athlete Check/Initials		Parent/Legal Custodian initials/checks
	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.	
	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.	

**SCISA CONCUSSION POLICY:** In accordance with South Carolina/Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management).

- 1) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- 2) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.
- 3) It is mandatory that every coach in each SCISA sport participate in a free, online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) every year
- 4) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

Student's Signature \_\_\_\_\_ Parent/Legal Custodian Signature \_\_\_\_\_

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

THE SOUTH CAROLINA INDEPENDENT SCHOOL ASSOCIATION

Pre-Participation History & Health Assessment Form

This form is to be filled out by the parent(s) and student prior to seeing the physician and presented to the physician at the time of the student's physical examination. The physician should keep this form with the student's records. A copy of this form will be submitted with the student's completed physical examination form to the school.

Date that this form is being completed: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_ Sports: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
In Case of an Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

Attention parent or guardian and athlete: answers to the following questions are very important!  
Please take the time to answer each question to the best of your knowledge.

Medicines and Allergies:

List all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?

Yes  No  
If yes, please identify specific al-  lergy  below.  
Medicines Pollens Food Stinging Insects Other \_\_\_\_\_  
 Please pro-  vide a  de-  scription of  cause and treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Concussions:

Have you ever had a head injury or concussion?  Yes  No If yes, when (date): \_\_\_\_\_

Have you had more than one head injury or concussion?  Yes  No If yes, how many? \_\_\_\_\_  
Provide the date of each concussion: \_\_\_\_\_

Have you ever had a blow to the head that caused confusion, prolonged headache, or memory loss?  Yes  No

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I grant permission for treatment deemed necessary for a condition arising during participation in these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers, coaches, doctors or those under their direction who are part of the athletic injury prevention or 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. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Pre-Participation Physical Evaluation Medical History Questionnaire

*Note: This form is to be filled out by the parent(s) and student prior to seeing the physician.*

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Attention parent or guardian and athlete: answers to the following questions are very important! Please take the time to answer each question to the best of your knowledge. Explain "Yes" answers below. Circle question if you do not know the answer.

General Questions	Yes	No	25. Do you have any history of juvenile arthritis or connective tissue disease?	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?					
2. Do you have any ongoing medical conditions, If so Identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____					
3. Have you ever spent the night in the hospital?					
4. Have you ever had surgery?					
Heart Health Questions About You	Yes	No	Medical Questions		
5. Have you ever passed out or nearly passed out during or after exercise?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
6. Have you ever had pain, discomfort, tightness, or pressure in your chest during exercise?			27. Have you ever used an inhaler or taken asthma medicine?		
7. Does your heart ever race or skip a beat (irregular beats) during exercise?			28. Is there anyone in your family who has asthma?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
9. Has a doctor ever ordered a test for your heart?			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
10. Do you get lightheaded or feel more short of breath more than expected during exercise?			31. Have you had infectious mononucleosis (mono) in the last month?		
11. Have you ever had an unexplained seizure?			32. Do you have any rashes, pressure sores, or other skin problems?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			33. Have you had a herpes or MRSA skin infection?		
Health Questions About Your Family	Yes	No	34. Do you have a history of seizure disorder?		
13. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, sudden death syndrome)?			35. Do you have headaches with exercise?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic, polymorphic ventricular tachycardia?			36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			37. Have you ever been unable to move your arms or legs after being hit or falling?		
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			38. Have you ever become ill while exercising in the heat?		
Bone and Joint Questions	Yes	No	39. Do you get frequent muscle cramps when exercising?		
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a game or practice?			40. Do you or someone in your family have sickle cell trait or disease?		
18. Have you ever had any broken or fractured bones or dislocated joints?			41. Have you had any problems with your eyes or vision?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast, or crutches?			42. Have you had any eye injuries?		
20. Have you ever had a stress fracture?			43. Do you wear glasses or contact lenses?		
21. Do you regularly use a brace, orthotics, or other assistive device?			44. Do you wear protective eyewear, such as goggles or a face shield?		
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			45. Do you worry about your weight?		
23. Do you have a bone, muscle, or joint injury that bothers you?			46. Are you trying or has anyone recommended that you gain or lose weight?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			47. Are you on a special Diet or do you avoid certain types of foods?		
			48. Have you ever had an eating disorder?		
			49. Do you have any concerns that you would like to discuss with a doctor?		
			Females Only	Yes	No
			50. Have you ever had a menstrual period?		
			51. How old were you when you had your first menstrual period?		
			52. How many periods have you had in the past 12 months?		

Explain any "YES" answers on an additional page and attach to this questionnaire.

I hereby state that, to best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



The South Carolina Independent School Association

**Warning of Inherent Risk  
Minor Waiver/Release**

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING**

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

IN CONSIDERATION OF (name of student participant) \_\_\_\_\_, my child/ward, being allowed to participate in any way in the related events and activities of the SCISA Athletic Association and this school's athletic program, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The South Carolina Independent School Association, this school (\_\_\_\_\_) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
5. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS,**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

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

**Student Participant Understanding of Risk**

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
Date Signed

The South Carolina Independent School Association

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Minor Waiver/Release**

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Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

IN CONSIDERATION OF (name of student participant) \_\_\_\_\_, my child/ward, being allowed to participate in any way in the related events and activities of the SCISA Athletic Association and this school's athletic program, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The South Carolina Independent School Association, this school (\_\_\_\_\_) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
5. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS,**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

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

**Student Participant Understanding of Risk**

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
Date Signed