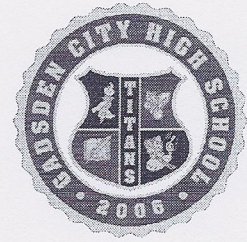




Cross Country
Participation
Packet



GADSDEN CITY HIGH SCHOOL

STUDENT ATHLETE INFORMATION & RELEASE AUTHORIZATION

I, _____, the parent of _____ have read the attached information, releases and waivers for the Gadsden City High School Athletic Department. I understand that by signing and initialing the following statements gives Gadsden City High School my permission, release of liability, and authorization to the attached forms. I also understand that it is mandatory for me to sign and return pages 1-5 or my child will not be allowed to participate in any sport with Gadsden City High School.

_____ I give my child permission to participate in athletic programs at Gadsden City High School and understand that there are risks involved and possibilities of injury including but not limited to brain damage, cardiac arrest, damage to bones, joint, ligaments tendons and other serious injury impairment to other aspects of the athlete's general health and well being. The law requires that you should be informed that participation in any sport might cause crippling injuries and very rarely fatalities.

_____ I DO/DO NOT (circle one) have adequate insurance that covers my child. If you circled DO NOT, the school will provide you with options for insurance coverage. The Gadsden City School System policy requires that any participating athlete MUST have accident/health insurance. If you circled that you DO NOT have coverage, please initial the following statement.

_____ I do not have accident coverage (There is a policy available through the school that will cover your child during sports season. If you wish to have this coverage, let us know.) I understand that Gadsden City High School will not accept the responsibility for any bills incurred as a result of participation and/or injury of my student athlete and that the responsibility of any bills is my own.

_____ I hereby release Gadsden City High School, Administration, Sponsors, Coaches, and/or Teachers of any medical cost caused by participation in athletics.

_____ I understand that should an emergency arise during a practice session, game or similar activity an effort will be made to contact us. We hereby grant consent to any and all health care providers designated by Gadsden City High School to provide my child any necessary medical care as a result of any injury/illness. This may also include transportation to and from a doctor's office or hospital. We will notify the school in writing of any changes or cancellation of my insurance.

_____ I hereby give irrevocable consent to and authorize the use and reproduction by Gadsden City Schools, or anyone authorized by Gadsden City Schools, of photographs bearing my child's image without compensation to me.

_____ I give permission for my child to leave during 5th block to go to practice, workouts, games, end of season (no class) etc.. I understand that the transportation of my child is my responsibility and I do not hold Gadsden City High School, coaches/staff, or the Gadsden City Board of Education responsible in any way.

_____ I hereby authorize the school to release school records relating to transcripts, grades, and test scores to any school officials and representatives or coaches in the athletic recruitment of the named student.

Parent/Guardian Signature

Date

ATHLETE INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ CELL: _____

E-MAIL: _____ I LIVE WITH: both parents mother father

Circle only one of the above or if other list here:

PARENT INFORMATION

FATHER: _____ OCCUPATION: _____

ADDRESS: _____

(IF DIFFERENT FROM ABOVE)

CITY, STATE, ZIP _____

PHONE: _____ CELL: _____

E-MAIL: _____

MOTHER: _____ OCCUPATION: _____

ADDRESS: _____

(IF DIFFERENT FROM ABOVE)

CITY, STATE, ZIP _____

PHONE: _____ CELL: _____

E-MAIL: _____

ATHLETE

GRADE: _____ DOB: _____ GPA: _____ ACT/SAT _____

HT: _____ WT: _____ POSITION: _____

What type of hobbies do you enjoy?

List any athletic experience and athletic accomplishments / awards (Include other schools and sports):

INSURANCE COVERAGE AGREEMENT

GADSDEN CITY HIGH SCHOOL
1917 BLACK CREEK PARKWAY
GADSDEN, AL 35904
256-543-3614 Office
256-543-4251 Fax

Dear Parent:

The Alabama High School Athletic Association requires all students participating in athletics be covered by an accident insurance policy.

If you **have** or **do not have** accident coverage on your child, please fill out the appropriate section below. Have your child return this form to the sponsor/coach immediately.

_____ I do have accident coverage and will be responsible for all claims resulting from injury incurred to my child while participating in athletics at Gadsden City High School. This includes travel, practice and games.

_____	_____
Policy Holder Name	Company Name
_____	_____
Insurance Name	Policy number
_____	_____
Student Name	Contract Number

_____ I do not have accident coverage (There is a policy available through the school that will cover your child during sports season. If you wish to have this coverage, let us know.) I understand that Gadsden City High School will not accept the responsibility for any bills incurred as a result of participation and/or injury of my student athlete and that the responsibility of any bills is my own.

I hereby release Gadsden City High School, Administration, Sponsors, Coaches, and/or Teachers of any medical cost caused by participation in athletics.

Student Signature: _____

Parent Signature: _____

Date: _____ Day time emergency phone: _____
Evening emergency phone: _____

GADSDEN CITY HIGH SCHOOL ATHLETICS

EMERGENCY MEDICAL INFORMATION

Student Name _____
Last First Middle

Parent / Guardian _____

In case of emergency, contact the following:

Contact 1
Name _____

Contact 2
Name _____

Phone (H) _____

Phone (H) _____

Phone (C) _____

Phone (C) _____

Phone (W) _____

Phone (W) _____

Insurance Company Policy Number: _____

Group Number: _____

Policy Holder Name/Relationship: _____

____ We will use All Kids Insurance. Ask for info from your coach.

Pediatrician _____ Phone Number _____

HEALTH HISTORY

List any conditions affecting your student, including allergies and medications:

Parent / Guardian Signature _____ Date _____

*Notice: No athlete will be allowed to begin practice or participate in competition until this form has been filled out, signed and turned in to the coach.

Gadsden City Board of Education Drug Free School Policy

Student Consent and Release Form

I, _____ have read the above statement of policy and agree to abide by the Board's drug and alcohol rules. I understand that no Activity or Parking Student testing positive, refusing to test, refusing to cooperate with testing, or being in violation of this policy will be penalized academically.

(Initials) I agree to submit to drug and/or alcohol tests in accordance with the Policy as a condition of my initial or continued participation in extra-curricular activities or to have the privilege of driving or parking on campus.

(Initials) I agree to voluntarily submit to drug and/or alcohol tests at any time.

Students, you are only required to sign this release if you: Park on Campus; Are a member of a Club; Are a Class Officer; Are involved in any other extracurricular activity, Band and/or Athletics.

I do hereby give my consent to the School Board to collect a specimen from me, and I further give my consent to the Board to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol and then to transmit the results to the Board's Medical Review Officer (MRO).

I authorize any laboratory or MRO to release test results to the Gadsden City School System. I authorize the MRO to release final test results to the Board.

I also expressly authorize the Board or its MRO to release any test-related information, including positive results:

- (a) As directed by my specific, written consent authorizing release of the information to an identified person.
- (b) To my decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf.

I understand that the refusal to submit to testing or a positive or adulterated test result will affect my initial or continued participation in extra-curricular programs or driving or parking on campus for Gadsden City Schools and result in consequences as described in the Gadsden City School System Drug-Free School Policy.

Student

Date

Parent or Guardian

Date

Witness

Date

GADSDEN CITY HIGH SCHOOL

Personal Vehicle Away Game Athletic Trip Permission

This is to certify that _____ has my permission to
(Student Name)
ride (to-from-both) the CROSS COUNTRY athletic contest on,
(Sport Name)
THE SEASON OF 20 _____ at AWAY GAMES
(Date) (Location of Contest)

I certify that I am personally allowing the above-named student to have arranged transportation with an adult (non-student) of my choosing for this student and / or the coach.

The reason for not riding the bus is: (Reason must be sufficiently urgent to family needs to justify not riding bus.)

n/a

I understand that the Alabama High School Athletic Rules require students to ride the buses to and from all athletic events and that departure from this requirement will release the Gadsden City School District from all liability for any adverse results that may occur.

I agree to release the Gadsden City School District and its employees, coaches and officers from **all liability** with reference to the above-stated transportation.

This form must be on file in the Athletic Office prior to the dismissal of school on the day of the contest.

Parent/Guardian Signature

Athletic Administrator Signature



Participant Agreement, Consent, And Release

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

_____.
List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. I agree that in the event I/we pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____/____/____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

____/____/____
Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed)

Signature of Student

____/____/____
Date

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Concussion Information Form

(Required by AHSAA Annually.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can't recall events prior to hit• Can't recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date



Gadsden City High School
1917 Black Creek Parkway * Gadsden AL 35904

Cross Country Athlete Information Sheet

Athlete's Personal Information

Full Name:	_____	Gender:	M / F		
Address:	_____	City:	_____	Zip:	_____
Date of Birth:	____/____/____	Current Age:	_____	Graduation Year:	_____
Athlete's E-mail:	_____	Athlete's Cell #:	_____		
Parent (1) Name:	_____	Parent (1) Home Phone:	_____		
Parent (1) Cell #:	_____	Parent (1) Work Phone:	_____		
Parent (1) E-mail Address:	_____				
Parent (2) Name:	_____	Parent (2) Home Phone:	_____		
Parent (2) Cell #:	_____	Parent (2) Work Phone:	_____		
Parent (2) E-mail Address:	_____				
What sport(s) are you currently playing or are planning to play at Gadsden City this year?	_____				

Medical Information

Do you have a condition in which you are currently under a doctor's care?	Yes / No		
Will this condition hinder you from athletic training/competition? If Yes please explain.	Yes / No		

Will you need to have medication for this condition with you during training & races?	Yes / No		
Emergency Contact: (other than parent)	_____	Contact #:	_____

Apparel Information (please circle size)

Uniform Singlet (top) Size:	S	M	L	XL	XXL
Uniform Shorts Size:	S	M	L	XL	XXL
T-Shirt Size:	S	M	L	XL	XXL
Hoodie Size:	S	M	L	XL	XXL
Long-Sleeve T-Shirt Size:	S	M	L	XL	XXL
Wicking Long-Sleeve Shirt Size:	S	M	L	XL	XXL
Wicking Short-Sleeve Shirt Size:	S	M	L	XL	XXL
Sweat Pants Size:	S	M	L	XL	XXL
Running Shoe (XC Spikes) Size:	Size: _____				

**Gadsden City High School
Cross-Country / Track & Field
Medical Release**

First _____ Middle _____ Last _____

Date of Birth ___/___/___ Grade Level _____ Age _____

Parent/Guardian's Name(s) _____

Address _____ City _____

Zip _____ Phone _____ Cell _____

Parent/Guardian Authorization:

In case of emergency, if family physician cannot be contacted, I hereby authorize my child to be treated by Certified Emergency Personnel.

Family Physician _____ Phone _____

Hospital Preferred _____

In case of emergency contact:

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Please list any allergies/medical problems, including those that require medical attention:

Medical Condition	Type/Name of Medication	Dosage	Frequency

I understand and release The Coaches from any medical liabilities that my son/daughter may incur in cross-country and/or track and field.

MR./ MRS. _____

Authorized Parent/Guardian Signature



1917 Black Creek Parkway Gadsden, AL 35904
Phone: 256.543.3614 Fax: 256.543.4251

Gadsden City Cross Country Internet Image & Name Usage Permission Form

I give my permission for the Gadsden City Cross Country team to use my child's name and or photograph on the team's web page. The address is:

<http://gadsdencityxc.weebly.com/index.html>

Student's Name: _____ **Grade:** _____

School: _____

Parent's Signature: _____ **Date:** / /

Parent's Email Address: _____

Please return to Coach Holdbrooks as soon as possible. A copy of this form will be kept in the school's office and a copy will be provided to Dr. David Asbury at the Central Office.



In Season Discipline Policy

Severe Offense

Any violation that requires you to be in ISS/OSS/Alternative School for three (3) or more days; a problem that is brought to my attention by an administrator.

- 100 Laps on the Track
- 500 Push Ups
- 500 Russian Twists
- 500 Crunches
- Suspended from team, pending completion of penalty. This includes competitions and practice with the team.

Major Offense

Any violation that requires you to be in ISS/OSS for at least 2 days, including dress code violation or any written up offense. Any written/verbal warning given by an administrator that is brought to my attention.

- 50 Laps on the Track
- 250 Push Ups
- 250 Russian Twists
- 250 Crunches
- Suspended from team, pending completion of penalty. This includes competitions and practice with the team.

Minor Offense (A)

Any violation that requires a conference/discussion of the Coach and a classroom teacher or administrator due to a discipline offense.

- 24 Laps on the Track
- 125 Push Ups
- 125 Sit ups
- 125 Crunches
- Suspended from team, pending completion of penalty. This includes competitions and practice with the team.

Minor Offense (B)

Any violation committed before, during and/or after practice. Missing practice without a legitimate excuse or being tardy for practice.

- 12 Laps on the Track
- 50 Push Ups
- 50 Sit Ups
- 50 Crunches
- To be done following practice (if incident happened during said practice) or the following practice (if incident happened after practice or an unexcused practice).

All punishment will be completed during practice time.

Minor Offense (B) will escalate to the next level each time the punishment is not completed. Failure to complete punishment will result in immediate dismissal from the team. 4 or more Minor Offenses will result in dismissal from the team. 2 or more Major/Severe Offenses will result in dismissal from the team.