



Dear Parent/Guardian:

Attached is documentation required in order for your child to participate in middle school and high school athletics in Kershaw County School District. Please read this information completely, and feel free to contact the athletics department at your child's school should you have any questions or concerns. All forms must be completed prior to participation in any athletics related activity.

Please fill out the following and provide necessary documentation:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Parent/Guardian: _____ Contact No: _____

Parent/Guardian: _____ Contact No: _____

In Case of Emergency: _____ Contact No: _____

_____ Copy of Birth Certificate

_____ Athletic Participation Fee

_____ Completed SCHSL Physical Form *History completed thoroughly and accurately, athlete marked as "cleared" and physical signed by a MD, DO, PA or NP, dated after April 1 of the previous school year.

_____ Participation Form

In consideration of the student named above being permitted to voluntarily participate in the sport, activity, club, and program, I for myself, my child and our heirs, personal representatives, and /or assigns, do hereby release, agree to hold harmless, and waive any claim against, discharge for liability, and promise not to sue the Kershaw County School District, its officers, employees, volunteers, and/or agents for liability from all and all claims including the negligence of the Kershaw County School District, its officers, employees, and agents, with respect to any and all personal injury, accidents, illness, or property loss or property damage arising from, but not limited to the above-named student's participation in the activity.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Kershaw County School District Participation Form

Permission to Participate, Assumption the Risk, And Secondary Insurance Acknowledgement

As the parent or legal guardian of the above named student-athlete, I/we give my permission for his/her participation in athletic events and physical evaluation (PPE) by a physician, physician's assistant, or nurse practitioner for that participation. I/We understand that the PPE is simply a screening evaluation and not a substitute for regular healthcare. I/We know that the risk of injury/illness to my child comes with participation in sports and during travel to/from activities. I/We have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means and give my/our permission to participate in interscholastic athletics. Kershaw County School District carries athletic accident insurance on all students participating in extracurricular activities. This accident insurance benefits provided by the school system will pay only toward those covered expenses in excess of expenses recoverable from other insurance. There are limitations under this insurance coverage. It will not always pay all of the charges incurred for every accident. In the event of injury, while participating as a part of a SCHSL sanctioned sports team representing KCSD, the athlete should seek the attention of their school's Sports Medicine staff as soon as possible. A staff member will fill out the top portion of the insurance claim form. The parent/guardian should complete the remainder of the form, follow the directions, and mail the completed form to the insurance company. Medical care must be initiated within 60 days, and forms must be submitted directly to the Insurance Company by the PARENT within 90 days of the date of injury to be eligible for coverage. KCSD or its schools cannot be held responsible for the financial or other costs associated with injuries sustained while participating in athletics.

Concussion Information

I have received and understood information in some means regarding concussions and brain injury, which has informed me of the nature and risk of concussion and brain injury, including the risks associated with continuing to participate in physical activity after a concussion or brain injury. I understand that any symptom(s) of concussion should be reported to my child's coach immediately, and that my child should not participate in any physical activity, driving of a motor vehicle, or strenuous mental activity until evaluated for concussion and cleared by an appropriate healthcare provider (physician, athletic trainer, physician assistant, or nurse practitioner). If diagnosed with a concussion, I understand that my child must be symptom free, cleared by a licensed physician, and complete a gradual return to play protocol supervised by a qualified medical professional prior to resuming physical activity in accordance with South Carolina State Law. It is highly recommended that the clearing physician be specifically trained in the management of sports related concussion

Release of Medical Information

I/We grant permission to Nurses, Certified Athletic Trainers, Coaches, Physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to all necessary medical information. I/We grant the school's Sports Medicine staff access to medical information concerning my son/ daughter by a physician or their staff. Likewise, the school's Sports Medicine staff may release medical information to Physician's offices, Coaches, Nurses, Administrators, and school/district Faculty/Staff.

Consent for Medical Treatment

I/We give consent for treatment deemed necessary for a condition arising during participation of events, including medical or surgical treatment recommended by a medical doctor. I grant permission to Certified Athletic 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. Furthermore, I give permission for my child to receive medical care, without explicit parental notification, from the school's Sports Medicine staff and/or Team Physicians if he/she becomes injured while participating in an event.

By signing below, I attest that the provided information is correct, and that I understand and agree to the statements above regarding Permission to Participate, Assumption of Risk, Secondary Insurance Acknowledgement, Release of Medical Information, Concussion Acknowledgement, and Consent for Medical Treatment. I/We commit to reporting ALL injuries and illnesses to the Sports Medicine staff, especially any symptoms of a possible concussion. Please contact the school's Athletic Director/ Sports Medicine Staff prior to scheduling any appointments for injuries sustained as a result of participation in athletics. I/We also understand that the Sports Medicine staff requires written documentation and clearance from any medical care received prior to returning to activities, even if it is not the result of participation in athletics. When the Sports Medicine staff determines that advanced medical care is required, the athlete must provide written clearance from an appropriate provider, prior to returning to participation. I/we will not condone participation in any activities against medical advice or until the athlete is cleared by an appropriate medical provider (as determined by the school's Sports Medicine staff).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____