



Bethune-Bowman Middle High School Athletics  
4857 Charleston Highway  
Rowesville, SC 29133

**Name**                      **Grade**                      **Sport(s)**                      **I.D. #**

I have received, read and signed the following documents **(PLEASE INITIAL NEXT TO EACH DOCUMENT or you will not be eligible to practice):**

Athlete                      Parent / Guardian

\_\_\_\_\_                      \_\_\_\_\_                      Physician Statement of Student Certification

\_\_\_\_\_                      \_\_\_\_\_                      Acknowledgement/Assumption of Potential Risk

\_\_\_\_\_                      \_\_\_\_\_                      Authorization & Consent for Medical Treatment and Health Insurance Verification

\_\_\_\_\_                      \_\_\_\_\_                      Concussion Information Sheet

\_\_\_\_\_                      \_\_\_\_\_                      NCS Ejection Policy

\_\_\_\_\_                      \_\_\_\_\_                      OCSD Extra-Curricular Rules & Regs/Student Contract

\_\_\_\_\_                      \_\_\_\_\_                      Code of Conduct

\_\_\_\_\_                      \_\_\_\_\_                      Complaint Procedure & Playing Time

\_\_\_\_\_                      \_\_\_\_\_                      I have watched the Video Clip "**Positive Sport Parenting**"  
online: [Nfhslearn.com](http://Nfhslearn.com)

\_\_\_\_\_                      \_\_\_\_\_                      Parent Code of Conduct

Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Athlete

\_\_\_\_\_ Date \_\_\_\_\_

**ATHLETICS / SPORTS VOLUNTARY ACTIVITIES  
PARTICIPATION FORM  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL  
RISK**

I authorize my son/daughter, to participate in the Orangeburg County School District sponsored activities: (list all sports planning to participate)

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A.) I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

B.) I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the Orangeburg County School District for course credit or for completion of graduation requirements.

C.) I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

D.) I understand, acknowledge and agree that the Orangeburg County School District, its elected or appointed officials, employees, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

E.) I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand **and agree** to its terms.

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the Orangeburg County School District before a student will be allowed to participate in the above extra-curricular activities.



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## AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to

\_\_\_\_\_ (son/daughter) while participating on the athletic team, I do hereby authorize the Orangeburg County School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## Athletic Complaint Procedure 2019-20

In the event that there is a concern or complaint (other than that of a criminal nature) with a coach, **the following procedure must be followed:**

1. Athlete talks to coach about the concern/complaint. If there is no satisfactory resolution then proceed to step 2.
2. Parent and athlete talk to coach about concern/complaint. If there is no resolution then proceed to step 3.
3. Athlete and Parent make an appointment to talk to the Athletic Director. Phone number is (803) 516-6059. If problem is not resolved then proceed to step 4.
4. Athlete and Parent make appointment to talk to Principal. If problem not resolved then proceed to step 5.
5. Athlete and Parent make an appointment to talk to Assistant Superintendent – Human Resources.

Please keep in mind that high school sports have no minimum required playing time. **Generally**, you can expect the following:

**Freshman Sports** – While all team members may not play in each and every game, it would be expected that team members will play in the majority of games. Naturally, the better players will get more playing time. Freshman sports are for skills development and preparation for J.V. and Varsity.

**J.V. Sports**- The better players will play the most, but every effort will be made to allow all players to participate.

**Varsity Sports**- There is no guaranteed playing time. Starters will play the majority of the time in an effort to put the very best team on the field.

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

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



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**"Let the Coaches Coach, Let the Athletes Compete & Let the Officials Officiate"**

The role of the parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life. There is a value system— established in the home, nurtured in the school –that young people are developing. Their involvement in classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness and respect are lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

As a parent/guardian of a student-athlete at our school, your goals should include:

1. Promote a healthy lifestyle that does not include the use of performance enhancing drugs or supplements;
2. Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of a game;
3. Encourage our students to perform their best, just as we would urge them on with their class work;
4. Participate in positive cheers that encourage our student-athletes; discourage any cheers that would redirect that focus – including those that taunt and intimidate opponents, their fans and officials;
5. Learn, understand, and respect the rules of the game, the officials who administer them and their decisions;
6. Respect the task that our coaches face as teachers; and support them as they strive to educate our youth;
7. Respect our opponents as student-athletes, and acknowledge them for striving to do their best; and
8. Develop a sense of dignity and civility under all circumstances. You can have a major influence on your student's attitude about academics and athletics.

The leadership role you take will help influence your child, and our community, for years to come.

**Violation of the above code of conduct may result in one or more of the following consequences: a warning, removal from the venue, suspension from attending home events, or further discipline to be determined by the administration.**

**"Let the Coaches Coach, Let the Athletes Compete & Let the Officials Officiate"**

The majority of fans come to events to watch the athletes. They deserve to do so in an atmosphere that is free from the distraction of others yelling at the coaches, other team's players or the officials.

Whenever the attention is diverted from the athletes playing the contest we are doing a disservice to our student athletes and ruining the experience of other fans.

**As parent/guardian I understand my role and expected conduct at all contests. I understand that the consequences of conduct or behavior that is in violation of these expectations may result in my removal from the venue.**

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

Date \_\_\_\_\_