

SILOAM SPRINGS SCHOOL DISTRICT ATHLETIC DEPARTMENT STUDENT-ATHLETE & PARENT/GUARDIAN SIGNATURE FORM

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Acknowledgment of Injury Risks – Preparation for and participation in interscholastic athletics involves the risk of injuries ranging from minor to severe. By signing this form, parents acknowledge their understanding of these risks and indicate continued interest in participation.

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Athletic Insurance Information – The student-athlete's individual or family primary insurance will be responsible for medical coverage; however, the Siloam Springs School District does provide limited athletic insurance which serves only as secondary insurance. The Siloam Springs School District will NOT be responsible for the payment of medical expenses beyond those payments made by the district's insurance company.

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Trainer Release – The district provides certified athletic trainers who may provide healthcare and treatment for team members. This could necessitate the sharing of healthcare – related information with the coach, school administration and medical personnel for treatment and training.

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Emergency Release and Contact Information – In all situations requiring medical treatment, whether minor or emergency, effort will be made to contact parents or guardians. However, in the event of a medical emergency, district personnel are authorized to seek medical care at the nearest medical facility appropriate to the squad member's injury or illness. Therefore, parent authorization and emergency medical notification information are required.

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Concussion, Heat/Hydration/Infectious Disease Issues- I acknowledge that I have received, reviewed and understand the attached AAA Concussion in Sports Fact Sheet for Athletes and Parents, Heat and Hydration for Athletes and Infectious Disease Issues in Sports. I also acknowledge and I understand the risks of brain injuries associated with participation in school athletic activity. I also understand that it requires a team approach between the coach, parent and athlete to properly hydrate to prevent heat illness. The information presented is to provide you with the knowledge you need to help the athletic staff keep your child safe at practices and games.

Our signatures indicate that we have read and understand the information provided in this handbook:

Parent/Guardian (Print Name)

Student (Print Name)

Signature of Parent/Guardian

Signature of Student

Date

Date

SILOAM SPRINGS SCHOOL DISTRICT ATHLETIC DEPARTMENT

PART I: EMERGENCY PROCEDURES AND PERMISSION SLIP

In case of injury or serious illness, I hereby grant permission for school employees to secure medical services for the student below throughout grades 7-12.

Grade _____ Date of Birth _____ School Year _____

Student-Athlete Name _____
Last First Middle

Parent name and email address _____

Home Address _____

Home Ph: _____ Father Work Ph: _____ Mother Work Ph: _____

Alternate emergency contact _____ Ph: _____ Relationship: _____

Parent's Insurance Co: _____ Insurance Phone Number: _____

Insurance Policy #: _____ Medications presently taking: _____

Please list any medical concerns (diabetes, heart trouble, epilepsy, etc.): _____

Allergies: _____

Are you allergic to any medications? Yes / No If Yes, List Medications: _____

Family Physician: _____ Office phone: _____

Medical History: List Month and Year for Surgeries, Fractures, or other Chronic Problems:

Signature of Parent/Guardian _____ Date _____

Permission Slip

I/We give permission for _____ to participate in organized school athletics, realizing that such activity involves the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

Parent/Guardian Signature _____

Student-Athlete Signature _____

Date _____

Date _____

**SILOAM SPRINGS SCHOOL DISTRICT ATHLETIC DEPARTMENT
PERMISSION TO LEAVE CAMPUS & TRAVEL**

Student Name _____ Grade _____
(Please Print)

I understand there may be days when my child will leave campus during the school day because of athletic games, practices, team events, and facility requirements.

I understand that practices for athletic teams at Siloam Springs High School are sometimes conducted off-campus, both during school hours and after school hours, at other locations. Some sports also hold their home contests at off-campus sites.

Siloam Springs School District will provide bus transportation during and after school to all athletic practice and event locations to assist student-athletes in getting to required practices and events. There will be a shuttle bus to transport student-athletes back to school if they have a morning practice at a location not on their campus.

During the school day and right after the school day, there will be a shuttle bus available to take students from both the middle school and the high school to athletic practice and event locations. The head coach of a team sport will notify the transportation department about where the athletic shuttle bus should deliver students for off campus practice or events during and after school.

THERE WILL NOT BE BUS TRANSPORTATION PROVIDED BACK TO THE SCHOOL FOLLOWING AFTER SCHOOL PRACTICES OR GAME EVENTS, UNLESS THE COACHES HAVE REQUIRED ALL STUDENTS ON THE TEAM TO RIDE TOGETHER TO AN EVENT OR PRACTICE. Parents will need to drop off students for early before school practices and pick students up following after school practices and games at their practice or game locations.

There are four options for athletic transportation for your child for practices during or after the school day at off-campus locations. Please indicate which option(s) you approve for your child....Check all that you approve:

(Student drives) MY CHILD IS A LEGAL DRIVER THAT CAN DRIVE THEIR OWN CAR FROM PRACTICE AT AN OFF-SITE PRACTICE OR EVENT LOCATION BEFORE SCHOOL TO THE HIGH SCHOOL FOR CLASSES, AND/OR MY CHILD IS A LEGAL DRIVER AND CAN DRIVE THEIR OWN CAR FROM THE HIGH SCHOOL TO ANOTHER LOCATION FOR A PRACTICE OR EVENT DURING OR AFTER SCHOOL. I AND MY CHILD UNDERSTAND THAT IF MY CHILD DOES NOT DRIVE DIRECTLY TO THE OFF CAMPUS PRACTICE LOCATIONS AS SCHEDULED OR IF MY CHILD IS LATE OR ABSENT TO A PRACTICE, CLASS OR EVENT, THAT MY CHILD COULD BE CONSIDERED TRUANT OR TARDY BY THE SCHOOL.

(Student rides shuttle bus) MY CHILD IS TO ALWAYS RIDE THE ATHLETIC SHUTTLE BUS TO ALL OFF CAMPUS PRACTICE AND EVENT LOCATIONS DURING OR AFTER THE SCHOOL DAY. I UNDERSTAND THAT THERE WILL NOT BE BUS TRANSPORTATION AFTER ANY AFTER SCHOOL DAY PRACTICES. I UNDERSTAND THAT IT IS MY CHILD'S RESPONSIBILITY TO GET TO THE DESIGNATED LOADING ZONE IN TIME TO CATCH THE ATHLETIC SHUTTLE BUS. IF MY CHILD MISSES AN ATHLETIC SHUTTLE BUS TO AN OFF CAMPUS LOCATION, I UNDERSTAND THAT IT WILL BE MY CHILD'S RESPONSIBILITY TO REPORT IMMEDIATELY TO THE OFFICE, AND CALL ME FOR A RIDE TO PRACTICE. I UNDERSTAND THAT IF MY CHILD MISSES A PRACTICE OR EVENT DUE TO MISSING THE ATHLETIC SHUTTLE BUS, THEN THEY WILL BE SUBJECT TO CONSEQUENCES.

(Student rides with parent) I WILL PICK UP MY CHILD AFTER SCHOOL AND TRANSPORT THEM TO OFF CAMPUS PRACTICE AND GAME LOCATIONS. I WILL NOTIFY THE COACH WHEN I DO THIS. I UNDERSTAND THAT IF MY CHILD IS LATE FOR PRACTICE OR MISSES PRACTICE THAT THEY COULD HAVE UNEXCUSED TARDY OR ABSENCE PENALTIES.

All student-athletes MUST ride school provided transportation to away interscholastic contests. In extenuating circumstances a student-athlete may be transported to an athletic contest by their parent/guardian or another parent/guardian with written permission and Athletic Director approval. Parents/guardians ONLY may sign THEIR child out with the appropriate coach after these contests. All student-athletes not signed out by their parent/guardian MUST ride school provided transportation back to the Siloam Springs High School or Middle School campus.

Parent/Guardian Signature _____ Date: _____

Student-Athlete Signature _____ Date: _____