** Stewart County Athletics **

**Medical Form**

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| Student Athlete Name: (Please Print) | Address:  |
| Date of Birth:  | Athlete Cell Phone:( ) -  | City: | State: | Zip Code: |
| Grade for 2021-2022 | Allergies/Medication | Other Medical Information:  |
| Parent/Guardian Name: (Mother)  | Parent Cell Phone: ( ) - Parent Work Phone: ( ) -  | Email Address:  |
|  |  |  |
| Parent/Guardian Name: (Father) | Parent Cell Phone: ( ) -Parent Work Phone: ( ) - | Email Address: |
| **EMERGENCY CONTACT – Other than Parents listed Above:**Name: Relationship: Phone: ( ) - |
| Name: Relationship: Phone: ( ) -  |
| **INSURANCE INFORMATION**Stewart County requires that all athletes who participate in athletics be adequately covered by health insurance (Proof of Health Insurance).***Changes/Updates to athlete’s insurance coverage must be communicated by a parent/guardian to the Coach or Athletic Director.***  |
| Name of Insurance Company: | Policy Number: |
| Address: | Group Number: |
| Family Physician Name:  | Telephone Number:  |
| **COVID-19 Acknowledgment**: We acknowledge that the above named student-athlete is attending these workouts/games voluntarily. If the student-athlete shows any signs of COVID-19 illness, such as a cough, sore throat or a temperature above 100.0, we will keep the student at home and contact the head coach. We understand that if the student-athlete is at workouts/games and begins to show any signs of COVID-19, we will be contacted immediately and expected to pick up immediately. A student-athlete who becomes sick must either be quarantined for 14 days with no symptoms or provide the head coach with a negative COVID-19 test. If one of the athletes in my child’s group tests positive for COVID-19, the entire group will be quarantined for 14 days. Students will receive a temperature check and be asked a series of questions about COVID-19 risks before each workout.**Waiver of Liability Relating to Coronavirus/COVID-19:** The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious. Every individual faces risks of infection from the virus, whether at work, at home or engaged in activities away from work. This guidance is an effort to share information. The below considerations should be followed as is reasonable under the given circumstances and re-evaluated as new orders and advisories are introduced through public health officials, and governmental agencies. The virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and through the air. People can be infected and show no symptoms but still spread the disease. There is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. **Even though steps are being implemented to reduce the risk of transmission, Stewart County cannot prevent your child from being exposed to, contracting, or spreading COVID-19 if you decide your child will participate in school athletic activities. It is not possible to eliminate the risk of contracting the disease. Therefore, if you choose for your child to participate you may be exposing your child, your family and others to a risk of contracting or spreading COVID-19.** **ASSUMPTION OF RISK**: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk that my child may contract COVID-19 while engaging in school athletic activities. I further accept the risk that, if my child contracts COVID-19, that he or she may spread the virus to others he or she comes in contact with, including family members. I accept these risks because I want my child to participate in school athletics. |

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**WAIVER OF LAWSUIT/LIABILITY:**  I hereby forever release and waive on behalf of myself, my heirs, executors or assigns any right to bring suit for myself or on behalf of my child against Stewart County School District and its officers, administrators, teachers, officials, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in school athletic activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or any other loss I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW**: I understand and agree that the law of the State of Georgia will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK ON BEHALF OF MYSELF AND MY CHILD AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.**

**General Risk of Injury**: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Stewart County athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor Stewart County School District can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and. in some cases. may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

**Hold Harmless Agreement**: As a lawful parent/guardian of the above-named student, I hereby give permission for my child to participate in school sponsored extra-curricular activities. By signing this form, I agree that I have fully read, understand and agree to the conditions set forth below: I acknowledge and agree that, during this school sponsored activity, my child will be subject to any and all Stewart County School District disciplinary rules and Student Code of Conduct to which he or she is subject during the school day. I further understand that, during this activity, my child will be subject to the supervision and direction of those adults who accompany the students on behalf of Stewart County School District. I consent for/to my child’s participation in extra-curricular activities. I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical needs of my child and authorize Stewart County School District personnel, or other chaperones, to take any and all medical actions they believe necessary for my child until such time as I may be contacted. I acknowledge and agree that Stewart County School District, its officers, employees, agents and volunteers do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this activity. I acknowledge and agree, there is not school district insurance to cover any injuries, losses, or damages during a school activity. I acknowledge and agree that any revocation of permission given by this form can only be in writing and must be delivered to the appropriate school officials to be effective.

**CERTIFICATION AND MEDICAL AUTHORIZATION:** We certify that all of the information provided on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and Stewart County School District is unable to contact the parent, we grant Stewart County School District permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.

**We, the undersigned student and parent/guardian, have read this document and understand all of the expectations for athletic participation at my school.**

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| Athlete’s Signature: | Date: |
| Parent/Guardian Signature: | Date: |