

Instructions for Completing the NCHSAA Student-Athlete Preparticipation Physical Evaluation (PPE)

In order to be medically eligible for participation in practice or in interscholastic athletic contests, a student must have a completed NCHSAA PPE and submit it to the school. The PPE is four (4) pages in length and includes the **History Form**, the **Physical Examination Form**, and the **Medical Eligibility Form**.

The PPE **History Form** (pages 1-2) is completed and signed by the parent or legal custodian on behalf of the student-athlete. The completed and signed PPE History Form must then be presented to the examining Licensed Medical Professional (LMP) (physician licensed to practice medicine (MD/DO), nurse practitioner or physician assistant) for review when they fill out the Physical Examination Form.

The completed PPE **Physical Examination Form** (page 3) is <u>signed</u> and <u>dated</u> by the LMP who performed the examination. The physical examination builds on information obtained in the medical history.

The PPE **Medical Eligibility Form** (page 4), which is also <u>signed</u> and <u>dated</u> by the LMP, indicates the student-athlete is either medically eligible or not medically eligible for sports participation.

■ PREPARTICIPATION PHYSICAL EVALUATION



HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name:	· · · ·	Date of birth:
Date of examination:		
Sex: M/F		
List past and current medical conditions.		
Have you ever had surgery? If yes, list all po	ast surgical procedures.	
Medicines and supplements: List all current	prescriptions, over-the-counter me	edicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)								
	Not at all	Several days	Over half the days	Nearly every day				
Feeling nervous, anxious, or on edge	0	1	2	3				
Not being able to stop or control worrying	0	1	2	3				
Little interest or pleasure in doing things	0	1	2	3				
Feeling down, depressed, or hopeless 0 1 2 3								
(A sum of >3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes)								

(A sum of \geq 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GEN (Exp Circ	Yes	No	
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	Yes	No	
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
 Do you get light-headed or feel shorter of breath than your friends during exercise? 		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
 Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly- morphic ventricular tachycardia (CPVT)? 		
 Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? 		

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BON	IE AND JOINT QUESTIONS	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	DICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any prob- lems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete:	
Signature of parent or guardian:	
Date:	

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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name:

PHYSICIAN REMINDERS

- 1. Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMI	NATION									
Height:					Weight:					
BP:	/	(/)	Pulse:	Vision: R 20/	L 20/	Correc	ted: 🗆 Y 🛛	□N
MEDICA	4L								NORMAL	ABNORMAL FINDINGS
	fan stigi					ched palate, pectus excavatum, arc d aortic insufficiency)	achnodactyly, hype	rlaxity,		
Eyes, ea • Pupi • Hear	ls equal		d throa	t						
Lymph n	odes									
Heart⁰ ● Muri	murs (ai	uscult	ation s	tandir	ıg, auscultat	tion supine, and ± Valsalva maneu	ver)			
Lungs										
Abdome	en									
tinec	a corpor		irus (H	SV), l∉	esions sugge	estive of methicillin-resistant Staphy	lococcus aureus (N	NRSA), or		
Neurolo	-									
MUSCU	ILOSKEI	letal							NORMAL	ABNORMAL FINDINGS
Neck										
Back										
Shoulde	r and a	rm								
Elbow a	nd fore	arm								
Wrist, h		d fin	gers							
Hip and	thigh									
Knee										
Leg and	ankle									
Foot and	d toes									
Function • Doul		squat	test, si	ngle-l	eg squat test	t, and box drop or step drop test				
nation of	those.		•			ırdiography, referral to a cardiolog	-			-
		are p	profess	ional (e):				te:
Address:								Pł		
Signature	ot hea	th ca	re prof	ression	al:					, MD, DO, NP, or PA

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Date of birth:

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: Date	e of birth:					
Medically eligible for all sports without restriction						
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of						
Medically eligible for certain sports						
 Not medically eligible pending further evaluation Not medically eligible for any sports 						
Recommendations:						
I have examined the student named on this form and completed the preparticip apparent clinical contraindications to practice and can participate in the sport examination findings are on record in my office and can be made available to arise after the athlete has been cleared for participation, the physician may re- and the potential consequences are completely explained to the athlete (and p	(s) as outlined on this form. A copy o the school at the request of the par scind the medical eligibility until the	of the physical ents. If conditions				
Name of health care professional (print or type):	Date:					
Address:	Phone:					
Signature of health care professional:		, MD, DO, NP, or PA				
SHARED EMERGENCY INFORMATION						
Allergies:						
Medications:						
Other information:						
Emergency contacts:						

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Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student- Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concu <mark>ssions can cause serious and lo</mark> ng-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Date

Signature of Parent/Legal Custodian

Revised: February 2021 – Approved for use in current or upcoming school year.

2022-2023 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE, AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT-ATHLETE'S PARENT OR LEGAL CUSTODIAN <u>BEFORE</u> PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.

I (the student-athlete and parent(s)/legal custodian) acknowledge that I have read and understand the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations, and the rules and regulations of the NCHSAA. I agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

STUDENT CODE OF RESPONSIBILITY

As a student-athlete, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and

consideration. I will be **fully responsible** for my own actions and the consequences of my actions.

I will respect the property of others.

I will respect and obey the rules of my school and the laws of my community, state, and country.

I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

PARENTS, LEGAL CUSTODIANS, OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.

I (the student-athlete and parent(s)/legal custodian) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases, death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. The student-athlete and parent(s)/legal custodian have a responsibility to help reduce that risk. I understand that student-athletes must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I (the student-athlete and parent(s)/legal custodian) authorize medical treatment should the need arise for such treatment while the student-athlete is under the supervision of the member school. I consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the parent/legal custodian if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I (the student-athlete and parent(s)/legal custodian) understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. I also acknowledge that I have received, read, and signed the <u>Gfeller- Waller Concussion Information Sheet</u>, as well as viewed the CrashCourse concussion education video.

I (the student-athlete and parent(s)/legal custodian) consent to the NCHSAA's use of the student-athlete's name, image, likeness, and athletic-related information in reports of contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics, and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school to the NCHSAA upon the NCHSAA's request, of all records relevant to the student-athlete's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness. The student-athlete and parent/legal custodian, individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA is officers, agents, attorneys, representatives, and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property, or both, which arise out of, result from, occur during, or are otherwise connected with the student-athlete's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named studentathlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.

Student's Signature	Date of Birth	Grade in School	Date	
Signature of Parent or Legal Custodian			Date	

STUDENT-ATHLETE PLEDGE

As a student-athlete, I know that I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA and hereby accept the responsibility and privilege of representing this school and community as a student-athlete. I acknowledge that being a student-athlete is a commitment and I am expected to attend all practices and games for the sport(s) I choose to participate in. I also agree to the "Athletics Code of Conduct" that is posted to our school website.

Student-Athlete Name: _____

Student-Athlete Signature:

Date: _____

STUDENT-ATHLETE PARENT PLEDGE

As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the student-athletes. I must show respect for all players, coaches, spectators, officials, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by our school, conference and the NCHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student-athlete. I also agree to the "Athletics Code of Conduct" that is posted to our school website.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature: _____



Student-Athlete Emergency Contact Form



STUDENT INFORMATION:

Address:	City	Zip:
Phone Number:	Year in sc	hool (please circle): 9 10 11 12
<u>EMERGENCY CONTACT</u> Please provide information who may be notified in ca	n for primary and a	
Name of Primary Contact:		Relation: :
Address: City:	7in [.]	
Primary Phone:	Zip	
Alternate Phone:		
Name of Secondary Conta	ct:	Relation:
Address: City:		
	Zip:	
City:		
Primary Phone: Alternate Phone:		

Please list any medical issues the student may have (i.e. asthma, allergies...)

The information requested on this form is confidential and for emergency use only. In the event of an emergency while participating in an athletic event, the information will be used by Triangle Math and Science Academy Athletic Department personnel. Please provide accurate, complete, and true information.

In case of an emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

TMSA WAIVER/RELEASE FOR PARTICIPATION INATHLETICS ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of TRIANGLE MATH AND SCIENCE ACADEMY athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING

FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms/conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TRIANGLE MATH AND SCIENCE ACADEMY, their board, administration, officials, coaches, and/or staff members, other participants, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I attest that:

 \cdot I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste orsmell.

- · I have not traveled internationally within the last 14days.
- · I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- \cdot I do not believe I have been exposed to someone with a suspected and/or confirmed case of the COVID-19.
- \cdot I have not been diagnosed with Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- · I am following all CDC recommended guidelines as much as possible and limiting my exposure to the COVID-19.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Printed Name of player:	Player signature:	Date:
Printed Name of parent:	Parent signature:	Date: