

*After School and Extra Curricular*



Dear Parents/Guardian,

The health and safety of our students, staff, and volunteers remain our highest priority. Below, you will find a summary of actions we are taking to help ensure we are lowering COVID-19 risk as much as is reasonably possible while also allowing our students to participate after school activities/program. We are:

- Intensifying the cleaning of our facilities and premises by disinfecting our rehearsal facilities before and after each rehearsal.
- Reducing physical closeness or contact between students when possible by allowing students to focus on building individual skills, putting signs and tape on floors or fields to ensure that band staff and students stay 6 feet apart, and discouraging unnecessary physical contact, such as high-fives, handshakes, fist bumps, and hugs.
- Promoting healthy hygiene practices by providing hand sanitizer for rehearsals, reminding students to cover coughs and sneezes with a tissue or to use the inside of their elbow, encouraging students to wash their hands often, and reminding them to not spit.
- Encouraging students, band staff, and volunteers to wear masks or cloth face coverings during rehearsals
- Frequently touched surfaces and all equipment should be cleaned
- Students will have their own water bottle, no water fountains will be used.

Anyone who is sick or has been in contact with someone who has COVID-19— including students, family members, directors, and staff — should not attend BRMS Athletic events. Be on the lookout for symptoms of COVID-19, which include fever, cough, or shortness of breath. Call your doctor if you think you or a family member is sick.

If a student has an underlying health condition that puts that student at a higher risk than most for developing serious health complications from COVID-19, it is recommended that you discuss with your physician whether such student should participate in [list activity]under current conditions.

Following recommended guidance to lower the risks of transmission does not eliminate one's risk of exposure to COVID-19 or any contagious disease. Exposure to the virus is still possible.

If someone does get sick during BRMS practices, conditioning, and/or games, BRMS will have plans in place to isolate that person until they are picked up by a parent. If you have a specific question about this plan or COVID-19, please contact your school's athletic director Chad Bray or Penny Gorum for more information. You can also find more information about COVID-19 at [www.cdc.gov](http://www.cdc.gov).

We look forward to seeing you! Thank you and stay healthy!

Sincerely,

Penny Gorum, Principal

*After School/Extra Curricular Acknowledgement Form*

**COVID-19 Acknowledgment:** We acknowledge that the above named student is attending [list activity] voluntarily. If the student 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 sponsor. We understand that if the student is at [ ] and begins to show any signs of COVID-19, we will be contacted immediately and expected to pick up immediately. A student who becomes sick must either be quarantined for 14 days with no symptoms. Students will receive a temperature check and be asked a series of questions about COVID-19 risks before each activity.

**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, MCSD cannot prevent your child from being exposed to, contracting, or spreading COVID-19 if you decide your child will participate in school 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 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.

**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 MCSD 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 participation. We understand that the student will be under the supervision and direction of a MCSD employee. We agree to follow the rules of instructions of the sponsor in order to reduce the risk of injury to the student and other students. However, we acknowledge and understand that neither the sponsor nor MCSD can eliminate the risk of injury. Injuries may and do occur. 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.

**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 Muscogee County School District (MCSD) 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 MCSD. 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 MCSD 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 MCSD, 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 is injured while participating in extracurricular/after school activities and MCSD is unable to contact the parent, we grant MCSD 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.

Student Name: (Printed): \_\_\_\_\_

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

# MUSCOGEE COUNTY ATHLETIC FORM BOOKLET

<b>PERMISSION TO PARTICIPATE/ PERMISSION TO TREAT/HOLD HARMLESS/TRANSPORTATION AGREEMENT FORM</b>				
Student - Athlete: (Please Print)		Home Street Address:		
Date of Birth:	Student Cell Phone: (    )    -	City:	State:	Zip:
School:	Grade:	What extra-curricular activities will the student-athlete participate in?		
<b>Parent/Guardian Name:(Please Print)</b>		Parent Cell Phone: (    )    - Parent Work Phone: (    )    -	2nd Parent/Guardian Name / Phone #:	
<b>EMERGENCY CONTACT – Other than Parents listed above:</b>				
Name:		Relationship:		Phone#: (    )    -
<b>INSURANCE-</b> The MCSD requires that all students who participate in athletics be adequately covered by medical or accident insurance (proof of health insurance or school health insurance). <i>Changes/updates to student insurance coverage must be communicated by a parent/guardian at the time of the change and copies of new insurance information provided to the Site-School Athletic Director.</i>				
Check One: [    ] School Accident Insurance [    ] Name of Other Insurance Company:			Policy No:	
Address:			Group No:	
<b>General Requirement-</b> We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, school site athletic director, or the Building Principal.				
<b>Risk of Injury-</b> 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 MCSD 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 MCSD 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.				
<b>Transportation -</b> I understand that transportation may or may not be available through the Muscogee County School District (MCSD), Transportation Department (TD). If a MCSD bus or a MCSD approved charter bus is not available (site-school must cover rental costs), I understand that transportation will be the parent/guardian's responsibility. In most instances, the MCSD/TD will have buses available for teams with a licensed school bus driver that is a faculty member of the school. Car-pooling by parents/guardians with parents/guardians driving is allowed if this form is completed and on file with the site-school. Coaches will be notified in writing of any and all car-pooling.				
<b>Hold Harmless Agreement-</b> 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 Muscogee County School District (MCSD) 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 the behalf of MCSD. 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 MCSD 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 MCSD, 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 trip. I acknowledge and agree that unless I have purchased school insurance or have personal insurance that provides coverage for injuries to my child, there may not be school district insurance to cover any injuries, losses, or damages on this trip. 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.				
<b>CERTIFICATION AND MEDICAL AUTHORIZATION.</b> We certify that all of the information provided by us 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 MCSD is unable to contact the parent, we grant MCSD 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.				
<b>We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.</b>				
Student:			Date:	
Parent/Guardian:			Date:	

## ■ 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: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_  
 \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, 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  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	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?		
HEART HEALTH QUESTIONS ABOUT YOU	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
9. 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)?		
12. 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 polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE 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?		
MEDICAL 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 problems 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 months?		

Explain "Yes" answers here.

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**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: \_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date 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 preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_