



**Charter/Homeschool  
Interscholastic Sports  
Athletic Parent Handbook  
2020-2021**



Please review the [BCSD ATHLETIC GUIDELINES](#)

**Acknowledgement Statement**

By signing this statement, I acknowledge that I have read the **BCSD Athletic Guidelines** and agree to abide by the policies contained herein. I further understand that **BCSD** reserves the right to modify, amend or eliminate policies and procedures at any time. I further understand that policies in this handbook may be updated from time to time with or without prior notice. I acknowledge and agree that this **BCSD Athletic Guidelines** replaces all prior handbooks.

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

Date: \_\_\_\_\_

Students Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this statement is signed and retained in the student-athletes athletic file.

**CHARTER/HOMESCHOOL INTERSCHOLASTIC SPORTS  
PARTICIPATION APPROVAL FORM**

**DIRECTIONS:** This packet is to be filled out by the designated individuals and the Parent/Legal Custodian must be present. **All requested forms must be filled out completely and returned to the Operations Department located at 2900 Mink Point Blvd., Beaufort, SC 29901.** This packet is required for each activity in which the Charter/Home School student seeks to participate.

**SECTION ONE:** To be completed by Parent/Legal Custodian of student

Student Name:		Student Date of Birth:	
School:		Grade:	Gender:
Parent/ Legal Custodian Name:			
Street Address:			
City, State, Zip:			
Home:	Work:	Cell:	
Email address:			
Emergency Contacts/Phone/Relationship to Student:  1.  2.  3.		Physician Information:	
		Name:	
		Telephone:	
		Hospital of Preference:	
<p><b>I certify that the above address is our legal residence, the above named student resides with me, and I am his/her parent/legal custodian. I authorize the student's home school to release his/her educational records to the Beaufort County School District for the purpose of determining eligibility.</b></p> <p><b>Parent/Legal Custodian Signature: _____ Date: _____</b></p>			

**Request for Permission:** I, as the student's parent/legal custodian, would like to apply for permission for the above- named student to participate in interscholastic athletics in the following sports during the **2020-2021** school year:

- |  |                                   |                                     |                                       |
|--|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Lacrosse     |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Track      | <input type="checkbox"/> Cheer        |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dance        |
| <input type="checkbox"/> Football      | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Field Hockey |

CHARTER/HOMESCHOOL INTERSCHOLASTIC SPORTS  
PARTICIPATION APPROVAL FORM

**SECTION TWO:** To be completed by the Administrator of the student’s Charter/ Home School

Charter School/ Home School Association:	
Administrator of Charter School/ Home School Association:	
Email address:	Contact Number:
<p>I certify the following items regarding the above student’s information as being truthful and accurate:</p> <ol style="list-style-type: none"> <li>1. The student is eligible at our home school and has met all requirements for eligibility under the South Carolina Code of Laws (Section 59-39-160) and Article VII of the South Carolina High School League Constitution</li> <li>2. <b>Home School Students Only:</b> The student has been taught in the Home School setting for one full academic year prior to this application.</li> </ol> <p><b>Administrator Signature:</b> _____ <b>Date:</b> _____</p>	

**SECTION THREE:** Required Documentation

- Athletic Participation Application & Permission Form**
- Proof of Residence:**
  - Two Forms of Current major utility bill (Electric, Gas, Cable, Water), *or*
  - Government Issued Photo ID *or*
  - One form of current lease, property tax notice, or mortgage statement
- Report Card- Must be submitted quarterly**
  - Current report card *and*
  - Previous school year final/ Transcript (180-day period)
- Proof of vaccinations and immunizations** as required by S.C. Code Ann § 44-29-180 (once)
- Student Physical Examination/ Parent Permission Form** completed, signed, and attached (annually)
- State Certified copy of student’s birth certificate** (once)
- Parent Permission Agreement Forms** (annually)
- Parent/ Student GPA Acknowledgement** (annually)
- Risk Acknowledgement Form** (annually)
- Parent’s Permission for Son or Daughter to Participate in Athletics** (annually)
- Student-Athlete Concussion Acknowledgement Form** (annually)
- Drug Testing Consent** (annually)

**OFFICE OF AUXILIARY SERVICES USE ONLY:**

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	<input type="checkbox"/> Deadline Not Met
Signature - Chief Operations Officer:		Date:

# Preparticipation Physical Evaluation - Physical Form

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_

Examination						
Height:		Weight:				
BP:	/	(	/	)	Pulse:	
					Vision: R 20/	L 20/
						Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

### Preparticipation Physical Evaluation

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. If conditions arise after the athlete had 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

# 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: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

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): \_\_\_\_\_  
 \_\_\_\_\_

<b>General Questions.</b> Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No	<b>Medical Questions</b>		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
3. Do you have any ongoing medical issues or recent illness?				18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
<b>Heart Health Questions About You</b>							
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?				19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?				21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
7. Has a doctor ever told you that you have any heart problems?				22. Have you ever become ill while exercising in the heat?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.				23. Do you or someone in your family have sickle cell trait or disease?			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?				24. Have you ever had or do you have any problems with your eyes or vision?			
10. Have you ever had a seizure?				25. Do you worry about your weight?			
<b>Health Questions About Your Family</b>							
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?				26. Are you trying to or has anyone recommended that you gain or lose weight?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				27. Are you on a special Diet or do you avoid certain types of foods?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?				28. Have you ever had an eating disorder?			
<b>Bone and Joint Questions</b>				<b>Females Only</b>		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 game or practice?				29. Have you ever had a menstrual period?			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				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 a "Yes" answer 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 \_\_\_\_\_

# Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) \_\_\_\_\_

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete \_\_\_\_\_ Date: \_\_\_\_\_

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



## **PARENT ACKNOWLEDGEMENT**

**Parent Acknowledgement of Risk:** As a parent/Guardian of the above named student-athlete, I give permission for his/her to participate in athletic events and the physical evaluation for participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment recommended by a medical professional. I grant permission to nurses, trainers and coaches, as well as physicians or those under their direction who are a part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand the data acquired during these evaluations may be used for research purposes.

**Parent Pledge:** As a parent, I understand that I am a role model. My signature below indicates my agreement to each of the following: I will remember that school athletics are an extension of the classroom, offering learning experiences for students, whether participating or spectating. I will show respect for the opposing teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that the BCSD, its schools, the athletic conferences in which our schools participate and the SCHSL expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete. I agree to encourage and support my student by attending parent meetings as required by the school/coach. Lending support to the school/activity booster club, ensuring that my student follows all SCHSL, BCSD, school, and team conduct, rules, interacting with classroom teachers, counselors, and school administrators on a regular basis to monitor the academic success/progress of my student, demonstrating good sportsmanship at all times towards coaches, officials, competitors, and personnel, submitting all fees and forms as required for participation, following the established methods to address program/individual concerns by first contacting my student's coach, attending contests in which my students will be involved as often as possible, and ensuring my student has the necessary transportation to/from practices and events.

Student Name: (PRINT): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian (PRINT): \_\_\_\_\_

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

Date: \_\_\_\_\_





**PARENTAL PERMISSION AGREEMENT FORM**

School: \_\_\_\_\_ Activity: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of a Beaufort County School District student, choosing to participate in co-curricular activities, I agree to encourage and support my son/daughter and his/her activity by:

1. Attending parent meetings as required by the school/coach
2. Lending support to the school/activity Booster Club
3. Ensure that my son/daughter follows all state, district, student code of conduct and all discipline codes at all times
4. Interacting with classroom teachers, counselors, and school administration on a regular basis to monitor the academic success/progress of my student
5. Demonstrating good sportsmanship at all times towards coaches, officials, home team/visitors, competitors and personnel
6. Submitting all fees and forms as required for participants
7. Following the established methods to address program/individual concerns by making the initial contact for a scheduled conference by using the Chain of Command:

- |                        |               |                      |
|------------------------|---------------|----------------------|
| A. Assistant Coach     | B. Head Coach | C. Athletic Director |
| D. Assistant Principal | E. Principal  | F. District Office   |

8. Attending contest in which my student will be involved as much as possible
9. Ensuring my student has the necessary transportation to/from practices and events

As a parent/guardian, I understand that my direct involvement and support is necessary in order for this to be a valuable experience for my son/daughter. My signature below indicates that I have agreed to the above terms of this agreement.

Parent/Guardian (PRINT): \_\_\_\_\_

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

Date: \_\_\_\_\_



**DRUG TESTING CONSENT FORM**

I desire \_\_\_\_\_, (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County School District which includes: interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

- I have read and understand the Beaufort County School District’s administrative regulation governing random student drug testing.
- \_\_\_\_\_, (student) shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.
- Drug test of student under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, parent/guardian, the contracted Test Administrator for the Beaufort County School District, Medical Review Officer, Superintendent designee and the student’s School Principal.

\_\_\_\_\_  
Name of Student (PRINT)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

Dated: \_\_\_\_\_, 20\_\_\_\_



**STUDENT – ATHLETE CONCUSSION ACKNOWLEDGEMENT STATEMENT**

I, \_\_\_\_\_, understand that it is my responsibility to report all injuries and illnesses, including concussions, to my athletic trainer and/or head coach.

I have read and understand the CDC concussion fact sheet, *A Concussion Fact Sheet for Athletes*, and am aware of the following information:

1. A concussion is a brain injury, which I am responsible for reporting to the head coach or athletic trainer.
2. A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
3. I cannot see a concussion, but I might notice some of the symptoms right away. I understand other symptoms can show up hours or days after the injury.
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer.
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
6. Following concussion, I understand that the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play before symptoms resolve.
7. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

**I acknowledge that I have read and understand the CDC’s *A Fact Sheet for Athletes* and the Beaufort County Student Athlete Insurance Coverage policy and accept these responsibilities to protect my well-being. If I have any questions, it is my responsibility to ask the athletic training staff or my coach.**

Student Name:	Signature:	Date:
Name of Parent/Guardian:	Signature:	Date: