



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

Athlete Name (please print) : \_\_\_\_\_

As a parent or legal guardian of the above named student-athlete:

I am aware that participation in athletics carries inherent risk of injury to my child/ward while participating in the sport and during travel to and from play and practice, and I acknowledge and accept those risks on behalf of my child/ward for his/her participation in the SC Spartans football or cheerleading program for the 2023/2024 season. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE, or others, and assume full responsibility for participation.

I also grant permission for any treatment that may be deemed necessary for a condition arising during participation, including medical or surgical treatment recommended by a licensed medical doctor. This authorization extends to nurses, trainers, coaches, physicians, or other healthcare professionals. I understand that these individuals may need access to relevant medical information in order to provide appropriate care.

I acknowledge that the South Carolina Spartans and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me or my child/ward including traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The South Carolina Spartans and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

I AGREE TO INDEMNIFY AND HOLD HARMLESS, the entities or persons mentioned in this document from any and all liabilities or claims made as a result of participation in this activity.

**By signing below, I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

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

Signature of 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: \_\_\_\_\_ 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 \_\_\_\_\_