



2020-2021

**MIDDLE SCHOOL INTRAMURAL PROGRAM  
PARENT OR GUARDIAN PERMISSION FOR STUDENT TO PARTICIPATE**

By its nature, participation by a student in an interscholastic intramural includes a risk of injury which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in school intramural programs, it is impossible to eliminate the risk of injury. Participants are encouraged to consult with a physician of their choosing to determine fitness to participate. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this permission form, we acknowledge that we have read and understand this warning, and accept and assume all risks associated with participation in the intramural program. This permission form must be signed in order to participate in the intramural program.

I hereby give my consent for \_\_\_\_\_ Grade: \_\_\_\_\_  
(Name of Student)

participate in \_\_\_\_\_ October 5th, 2020 \_\_\_\_\_  
(Sport) (Start Date)

My student attends \_\_\_\_\_

**Notes Regarding Specific Activity:**

*(Ex: Dates that intramural will take place)*

Contact Coach \_\_\_\_\_  
(Name) (Email)

**\*\*This form must be turned in directly to \_\_\_\_\_ on \_\_\_\_\_.**  
(Coaches Name) (Date)

**The student will be responsible for lost or damaged uniforms/equipment. Parents will be responsible for replacement cost.**

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

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

Student ID # \_\_\_\_\_

**NOTE:** This permission form **must** be on file prior to a student participating in any intramural middle school program.



## KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

Based on awareness of potential cardiopulmonary issues in adolescents who have had or been exposed to COVID-19, the American Medical Society for Sports Medicine, the National Federation of High School Associations and the KSHSAA Sports Medicine Advisory Committee recommend a preseason screening of students prior to participating in athletics.

This questionnaire is to be completed and turned in to the school prior to the student’s first sports practice (including Spirit) of the 2020-21 school year. It is recommended students/parents complete this form 1-2 weeks prior to the start of the season in case follow-up evaluation is necessary. If timing allows it should be done in conjunction with the student’s pre-participation physical exam. This form is NOT intended to replace the recommended daily screening procedures for all students participating in activities.

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

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

Please check **Yes** or **No** for each question and symptom listed below.

	YES	NO
Have you been diagnosed with or tested positive for a COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any of the following symptoms in the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Shaking chills	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain, pressure, or tightness with exercise	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or difficulty with exercise	<input type="checkbox"/>	<input type="checkbox"/>
Racing heart rate	<input type="checkbox"/>	<input type="checkbox"/>
Unusual dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Unusual rash or painful discoloration of fingers or toes	<input type="checkbox"/>	<input type="checkbox"/>
In the past 30 days, have you been exposed to a family member or household member with current or past COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

Any student-athlete marking any of the above questions or symptoms “YES” should be evaluated by a healthcare provider and submit written clearance from their healthcare provider to the school before being permitted to participate in sports (including Spirit activities).

### Signatures Required

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



## KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

**THIS PAGE ONLY NEEDS COMPLETED IF A "YES" ANSWER WAS PROVIDED ON ANY OF THE ITEMS ON PAGE 1.**

### Healthcare Provider Release Section:

(Must be completed by MD, DO, DC, PA-C, APRN)

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

I have examined the student named on this form and reviewed the student's previous history of COVID-19 illness and/or exposure.

Student is medically eligible for all sports without restriction

Student is not medically eligible for any sports at this time

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of healthcare provider: \_\_\_\_\_

Signature of healthcare provider: \_\_\_\_\_  
MD, DO, DC, PA-C, APRN

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

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



## STUDENT TRANSPORTATION CONSENT AND RELEASE FORM 2020-21

There are times during the school year when activity events and practices will be held away from the school. The School District provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form, and have your student return the form to the coach/sponsor.

\_\_\_\_\_  
(Print Full Student Name)

\_\_\_\_\_  
(Print Full Parent/Guardian Name)

I/We hereby give my/our student, for the 2020-21 school year, permission to: **(Please check all appropriate spaces.)**

**No    Yes**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ride to and from activity events and practices on school authorized vehicles,                |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with his/her parent,  |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with an adult licensed driver,  |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with a sibling who is at least 16 years of age and a licensed driver,                   |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with another participant who is a licensed driver and at least 16 years of age, or      |
| <input type="checkbox"/> | <input type="checkbox"/> | my student is at least 16 years of age, is a licensed driver, and can drive himself/herself. |

**I/We understand that School District employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledges, I/we knowingly and voluntarily release and forever discharge Unified School District No. 229 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activity events or practices by transportation other than a school authorized vehicle.**

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

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

\_\_\_\_\_  
Date

**Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parent. This Consent may be revoked or modified in writing at any time.**