

OAK GROVE HIGH SCHOOL  
STUDENT ATHLETE PRE-PARTICIPATION ELIGIBILITY

## STUDENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (601) \_\_\_\_\_ Cell phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender (circle) Male Female

Year entered 9<sup>th</sup> grade \_\_\_\_\_

Do you live in the school district? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay tuition? Yes \_\_\_\_\_ No \_\_\_\_\_

Sport(s) (circle): Baseball Basketball Cheerleading Cross Country Football Golf Powerlifting Soccer Swimming Softball Tennis Track Volleyball

PARENT/LEGAL GUARDIAN: FATHER MOTHER OTHER (CIRCLE APPROPRIATE RESPONSE)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone (601) \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

OTHER PARENT/LEGAL GUARDIAN: FATHER MOTHER OTHER (CIRCLE APPROPRIATE RESPONSE)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone (601) \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home phone (601) \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## INSURANCE INFORMATION

Primary insurance name \_\_\_\_\_ Phone \_\_\_\_\_

Agent's name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Effective date \_\_\_\_\_

Secondary insurance name \_\_\_\_\_ Phone \_\_\_\_\_

Agent's name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Effective date \_\_\_\_\_

Athletic insurance is also available through the Athletic Office.

## PARENTAL AUTHORIZATION FOR PARTICIPATION &amp; TREATMENT RELEASE

I hereby give my consent for the above student to represent his/her school in interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I also give my consent for him/her to accompany the team on trips and will not hold the Trustees of the Lamar County School District or any of its agents or employees responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest. If I cannot be reached and in the event of an emergency, I also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities.

The Family Educational Rights and Privacy Act of 1974 protects the rights of parents and students in a way not heretofore provided. The school, from time to time, will be making available to the news media, and to the public in general, information about students who participate in athletics. The information may include such things as name, grade, height, weight, age, date and place of birth, address, telephone number, honors and awards received, etc.

I also note that my child's interest in interscholastic athletics is totally voluntary on our part and made so as his/her guardian. We also understand that eligibility standards are placed in which our child must abide under and within in representation of this school and have not and will not be violated in any way. We also understand that if our child does not meet the citizenship standards set by the school or is ejected from an interscholastic contest because of an unsportsmanlike act or does not abide by the rules set forth for the team, could result in our child not being allowed to participate in the next contest or being suspended from the team or all interscholastic athletics either temporarily or permanently. I understand that an athletic health examination is required for my child's participation in interscholastic athletics, and that I am responsible to have this completed by a proper medical facility and/or physician. I also realize that this examination is limited in scope and does not indicate that my child is completely free from impairments which may be affected by athletic participation.

I also understand the nature of interscholastic athletics and release hospitals, physicians, athletic trainers, coaches, other participating agencies, volunteers and paid personnel involved from any and all liability for all injuries, damages, or claims of every kind, character, or description which may arise from my child's/ward's participation in an athletic health examination and voluntary activity in interscholastic athletics. It is also my responsibility to obtain results from the physician for my child's/ward's examination.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY MEDICAL HISTORY**

Has any member of your family under age 50 had these conditions? (Check appropriate spaces and indicate approximate date and age)

Condition	Whom	Approximate Date and Age
<input type="checkbox"/> Sudden Death	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Heart Attack	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Heart Disease/High Blood Pressure	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Stroke	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Diabetes	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sickle Cell Anemia	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Arthritis	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Epilepsy	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Kidney Disease	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

**SELF ADMINISTERED HEALTH SCREEN**

Does any of the following pertain in any way to your child? (Check appropriate spaces)

<input type="checkbox"/> Presently under doctor supervision	<input type="checkbox"/> Hyperglycemia	<input type="checkbox"/> Swelling
<input type="checkbox"/> Presently taking medications	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Family with heart problems (death)	<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Surgery
<input type="checkbox"/> Heart irregularities/murmurs	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Advised for surgery
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Been hospitalized
<input type="checkbox"/> Concussion/head injury	<input type="checkbox"/> Respiratory asthma	<input type="checkbox"/> Wear glasses/contacts
<input type="checkbox"/> Been "knocked out"	<input type="checkbox"/> "Stingers"/"Burners"	<input type="checkbox"/> Eye related conditions
<input type="checkbox"/> Allergic to medicines	<input type="checkbox"/> Pinched nerves	<input type="checkbox"/> Frequent headaches
<input type="checkbox"/> Allergic to insect stings	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Frequent nose bleeds
<input type="checkbox"/> Allergic to any other	<input type="checkbox"/> Skin irritations/rashes	<input type="checkbox"/> Herniated/slipped discs
<input type="checkbox"/> Heat stroke/exhaustion	<input type="checkbox"/> Fracture to any bone	<input type="checkbox"/> Only one of any paired organ
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Strained a muscle	<input type="checkbox"/> Use special equipment (orthotics/prosthesis)
<input type="checkbox"/> Seizures	<input type="checkbox"/> Sprained a ligament	<input type="checkbox"/> Presently taking supplements/vitamins
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dislocated a joint	
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatic fever	

With exercise, does any of the following pertain to your child? (check appropriate spaces)

<input type="checkbox"/> Dizzy	<input type="checkbox"/> Cough
<input type="checkbox"/> Passed out (unconscious)	<input type="checkbox"/> Exercise induced asthma
<input type="checkbox"/> Chest pains (before, during, after)	<input type="checkbox"/> Muscle cramps
<input type="checkbox"/> Skipped or racing heartbeat	<input type="checkbox"/> Tire quickly (faster than others)
<input type="checkbox"/> Shortness of breath	

Has a physician ever denied your child participation in any sport? (circle)      Yes      No  
Has your child had his/her tetanus shot? (Circle)      Yes      No  
Has your child had his/her measles shot? (Circle)      Yes      No  
Are there any other medical conditions not listed above? (Circle)      Yes      No

I hereby release that all information to this point is correct to the best of my knowledge.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ATHLETIC HEALTH SCREEN (PHYSICIAN ONLY)**

Blood pressure:	Pulse:	Height:	Weight:	Body Composition:
Vision: R	L	Hearing: R	L	
MEDICAL			MUSCULOSKELETAL	
Appearance			Neck	
EENT			Back	
Lymph Nodes			Shoulder/arm	
Heart			Elbow/forearm	
Pulse			Wrist/Hand	
Lungs			Hip/thigh	
Abdomen			Knee	
Genitalia			Leg/ankle	
Skin			Foot	

ABNORMAL FINDINGS: \_\_\_\_\_

**PARTICIPATION CLEARANCE**☐ Cleared for participation      ☐ Restrictions      ☐ Not Cleared

Restrictions: \_\_\_\_\_

If not cleared, reason: \_\_\_\_\_

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

Physician \_\_\_\_\_ Date \_\_\_\_\_

Print name of physician or stamp \_\_\_\_\_ Phone \_\_\_\_\_

**OAK GROVE HIGH SCHOOL**  
**MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC.**  
**Concussion Information Form**  
*(Required by MHSAA Annually)*

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| • Headaches                       | Amnesia                             |
| • "Pressure in head"              | "Don't feel right"                  |
| • Nausea or vomiting              | Fatigue or low energy               |
| • Neck pain                       | Sadness                             |
| • Balance problems or dizziness   | Nervousness or anxiety              |
| • Blurred, double or fuzzy vision | Irritability                        |
| • Sensitivity to light or noise   | More emotional                      |
| • Feeling sluggish or slowed down | Confusion                           |
| • Feeling foggy or groggy         | Concentration or memory problems    |
| • Drowsiness                      | (forgetting game plays)             |
| • Change in sleep patterns        | Repeating the same question/comment |

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

(Continued on next page)

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

**MHSAA Concussion Policy:**

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually take 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a full supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season.

**I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.**

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

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

\_\_\_\_\_  
Date

## PERMISSION TO TEST (Urine Samples) and AUTHORIZATION FOR RELEASE OF INFORMATION

**TO:** Lamar County School District Board of Education, Administrative Personnel, Athletic Director, Coaches, and Project Care Personnel

I hereby acknowledge that I have received a copy of the Lamar County School District **Drug Screening Policy** and the **Voluntary Drug Screening Policy**. I further acknowledge that I have read said policies, that they have been outlined to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Lamar County Schools in this program.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Lamar County School District Drug Screening Program and at such other times as urinalysis testing is required.

I further authorize you to make confidential release to the district superintendent, assistant superintendent of operations, school principal, athletic director, coaches, my parent(s) or legal guardian(s), the head coach of any interscholastic sport in which I am a team member, the director of any extracurricular activity in which I participate, and the drug counseling program, all the information and records, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Lamar County School District Drug Screening Program. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Lamar County School District for actual testing.

I specifically authorize the release and exchange of information by and between the School District and the Employee Assistance Program at Wesley and HealthWorks LLC, a service of Forrest General Hospital and Hattiesburg Clinic.

The Lamar County School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility or liability for the release of such information and records as authorized by this form.

**I UNDERSTAND THAT I WILL BE TESTED IN ORDER TO PARTICIPATE IN ATHLETICS ON A RANDOM BASIS AND BASED ON REASONABLE SUSPICION OF DRUG USE. STUDENTS IN THE VOLUNTARY PROGRAM ARE NOT SUBJECT TO TESTING BASED ON REASONABLE SUSPICION.**

PRINT STUDENT NAME

**Band/Color Guard**

ACTIVITY / SPORT(S) PLAYED OR VOLUNTEER

STUDENT SIGNATURE

**Oak Grove High School**

SCHOOL

DATE

GRADE

We, the parent(s) or legal guardian(s) of the above student, join in the above statement for the above minor.

PRINT NAME OF PARENT(S) OR  
LEGAL GUARDIAN(S)

SIGNATURE(S) OF PARENT(S) OR  
LEGAL GUARDIAN(S)

DATE

PRINT NAME OF PARENT(S) OR  
LEGAL GUARDIAN(S)

SIGNATURE(S) OF PARENT(S) OR  
LEGAL GUARDIAN(S)

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**Lamar County School District  
Permission Form  
Field Trip or Activity (On/Off campus)**

School: Oak Grove High School Date of Activity See attached

Activity or Field Trip Name: Oak Grove High School Band Fall 2019

I hereby give permission for my child to participate in the above stated activity. Further, I understand that in the event of sickness or accident during this activity, every effort will be made to contact me as a parent/guardian. I may be reached by calling one of the following numbers listed, or using any of information I have provided.

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

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

**Cell phone #:** \_\_\_\_\_ **Work phone #** \_\_\_\_\_ **Alt Phone #** \_\_\_\_\_

**If taking a field trip off campus, please list any allergies your child has and list all medications your child must take while on this trip (including the dosage and schedule):**

\_\_\_\_\_

Further, I also give my permission for school personnel to seek any and all necessary medical services should they be needed due to sickness or injury of my child while he/she participates in this activity and or trip. Further, in the event such medical services become necessary in the opinion of school personnel, I agree to be fully responsible for any and all incurred medical services.

I do hereby agree to indemnify and save harmless the Lamar County School District, anyone affiliated with the Lamar County School District and all chaperones for any bodily injury, personal injury or any other damages involving my child which may occur during this activity/trip.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** July 22, 2019

Special Instructions: (optional)

**This permission form is for all OGHS Band activities in the Fall semester of 2019. Be sure to include the attached list of events.**

**THIS FORM MUST BE RETURNED TO THE SCHOOL ON OR BEFORE:** July 22, 2019

# 2019 OGHS Band Summer/Fall Schedule

*Guard and Percussion after school rehearsals will be EVERY Tuesday from 6:00-8:30 beginning Tuesday, August 6<sup>th</sup>.*

*Full Ensemble after school rehearsals will be EVERY Monday and Thursday from 4:00-6:00 beginning Thursday, August 8<sup>th</sup>.*

<u>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
<b><u>June</u></b>			
6/4	WW/Brass Rehearsal	OGHS	6:00-8:00
6/11	WW/Brass Rehearsal	OGHS	6:00-8:00
6/18	WW/Brass Rehearsal	OGHS	6:00-8:00
6/25	WW/Brass Rehearsal	OGHS	6:00-8:00
<b><u>July</u></b>			
7/15-19	CG/Percussion Camp	OGHS	<i>All Day (Exact Schedule TBA)</i>
7/22-26 & 7/29-8/1	Band Camp	OGHS	<i>All Day (Exact Schedule TBA)</i>
7/22	Band Registration	Band Hall	5:00-7:00 (come & go)
8/2	Camp Performance	OGHS	6:00
8/2	Booster Meeting	Band Hall	7:00
<b><u>August</u></b>			
TBA (Early August)	Meet the Warriors	OGHS (Gym)	TBA
8/30	OGHS v. Wayne County	OGHS	5:00 – 10:30
<b><u>September</u></b>			
9/2	Labor Day Holiday	N/A	N/A
9/3	Band Booster Meeting	OGHS	6:00
9/6	OGHS v. Gulfport	Gulfport (a)	4:00 – 11:30
9/13	OGHS v. Hattiesburg	Hattiesburg (b)	4:30 – 11:00
9/20	OGHS v. A.B. Rummel	OGHS	5:00 – 10:30
9/27	OGHS v. George County	George County (c)	4:30 – 11:00
<b><u>October</u></b>			
10/1	Band Booster Meeting	Band Hall	6:00
10/4	OGHS v. Petal	OGHS	5:00 – 10:30
10/5	Groovin' in the Grove	OGHS	All Day
10/11-15	Fall Break	N/A	N/A
10/11	OGHS v. Meridian	Meridian (d)	4:00 - 11:30
10/12	MHSAA Marching Eval.	Gulfport HS	TBA
10/18	OGHS v. Terry	OGHS	5:00 – 10:30
10/19	Hurricane Classic	West Harrison	TBA
10/25	OGHS v. Brandon	Brandon (e)	5:00 – 11:30
10/26	MHSAA CHAMPIONSHIPS	Germantown	All Day
<b><u>November</u></b>			
11/1	OGHS v. Pearl	Pearl (f)	4:00 – 12:30
11/5	Band Booster Meeting	Band Hall	6:00
11/7	Concert Auditions	OGHS	4:00-6:30
11/8	OGHS v. NW Rankin	OGHS	5:00-10:30
11/11	Veterans Day Parade	Hattiesburg	TBA
11/15	Football Playoffs	TBA	TBA
11/16	1st Round All-State Band	Pearl	All Day
11/22	Football Playoffs	TBA	TBA
11/23	2nd Round All-State Band	Pearl	All Day
11/29	South State Football	TBA	TBA
<b><u>December</u></b>			
12/6	Holiday Concert	OGHS	6:30
12/6	6A FB Championships	USM	TBA
12/12-14	All-State Concert Band	Natchez	TBA
12/23-1/7/2020	Holiday Break	N/A	N/A

**SIGNATURE PAGE***(turn this page in at registration on July 22nd)***STUDENT AGREEMENT**

By signing this document I agree to follow the policies, rules, expectations, and procedures required of me as a member of the Oak Grove High School Band and Color Guard.

STUDENT NAME (print)\_\_\_\_\_

STUDENT SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

**PARENT AGREEMENT**

I have reviewed the policies and procedures in the Band Handbook and I have discussed them with my student. By signing this document I understand and agree to follow the policies, rules, expectations, and procedures outlined in the OGHS Band Handbook.

(At least one parent/legal guardian signature is required)

PARENT/LEGAL GUARDIAN (1) NAME (print)\_\_\_\_\_

PARENT/LEGAL GUARDIAN (1) SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

PARENT/LEGAL GUARDIAN (2) NAME (print)\_\_\_\_\_

PARENT/LEGAL GUARDIAN (2) SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_