

Directions for filling out the Sports Forms:

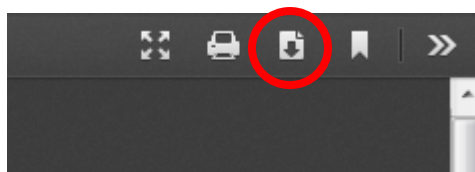
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

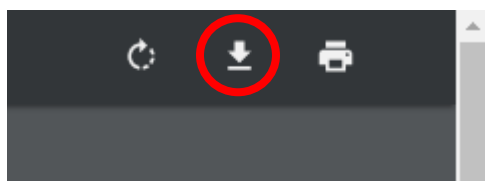


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

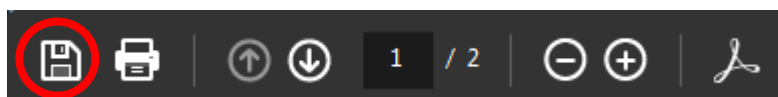
- **Firefox browser**



- **Google Chrome browser**



- **Edge browser**



3. Please **print and turn in completed forms to the School Office.**



Permission to Participate on an Interscholastic Sports Team School Year 2023-2024

Athlete's Full Name (PRINT): _____
FIRST MIDDLE LAST

Grade: _____ Birthdate: _____ Gender: Male Female

Please indicate one of the following: Enrolled at HCA Homeschooled* Affiliating Athlete*

**Homeschoolers and affiliates need principal approval prior to trying out. The homeschool sports fee is due before tryouts for every sport.*

Please mark all interested sports for the 2023-24 school: Basketball Beach Volleyball Bowling
 Cross Country Soccer Tennis Volleyball

Sports Fee: The following non-refundable sports fee will be billed to your account for each sport your child participates in during the school year:

HCA Athletes (6th-12th) - \$100

Homeschoolers and Affiliates - \$125

The sports fee helps to pay for IIAAG schedule fees, referees, maintenance, coaching stipends, and sports equipment/supplies. Additional uniform fees will apply.

AGREEMENT, PARENTAL CONSENT, AND RELEASE OF LIABILITY

I/We, the undersigned, being the parent(s) and/or legal guardian(s) of the child named above, hereby consent to and approve such applicant's participation in any and all athletic try-outs, practices, games, and other activities sponsored by Harvest Christian Academy (H.C.A.), Harvest Intramural Sports League (H.I.S.L.), Department of Education (D.O.E.), Interscholastic Sports Association (I.S.A.), and the Independent Interscholastic Athletic Association of Guam (I.I.A.A.G.). I/We assume all risks and hazards incidental to or that may arise in connection with the conduct of all such activities, including transportation to and from the activities. I/We give permission to H.C.A. to transport such applicant to and from all athletic practices and contests. I/We give permission to H.C.A. to use images of such applicant on the H.C.A. website and social media sites. I/We further release, absolve, indemnify, and hold harmless H.C.A., H.I.S.L., D.O.E., I.S.A., and I.I.A.A.G. as well as their officers, directors, managers, coaches, and other supervisors or agents from and against any liability for or claim arising out of any accident or injury to said applicant. I/We waive all claims against H.C.A., H.S.L., D.O.E., I.S.A., and I.I.A.A.G. and their agents, and I/We likewise release from responsibility or liability any person transporting such applicant to or from any practice, game or other sponsored activity sponsored by or held under the auspices of H.C.A., H.I.S.L., D.O.E., I.S.A., and I.I.A.A.G.

I/We certify that there is no medical reason that would place my/our child at risk while participating in team try-outs and games. I/We understand that it is my/our responsibility to make an appointment for my child's physical examination. I/We understand that my/our account may be billed to purchase a uniform for the respective sport my/our child is participating in.

AUTHORIZATION FOR EMERGENCY TREATMENT

As the parent(s) or legal guardian(s) of the child named above, I/we authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my/our child. I/We understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me/us.

PRINT NAME

PARENT/GUARDIAN'S SIGNATURE

DATE

Please turn in completed forms to the School Office before student athlete is eligible to tryout.

PHYSICAL EXAM FORM

Athlete's Full Name (PRINT): _____

Name of Medical Plan: _____ Insurance Policy Number: _____

Height _____ Weight _____ B.P. _____ Pulse _____ Visual Acuity O.D. _____ O.S. _____ O.U. _____

Skin normal _____
(Infection, Scars, Jaundice, Purpura, etc.)

Eyes normal _____
(Glasses, Contacts, etc.)

Ears normal _____
(Acute or chronic infection, Perforation, Hearing Loss, etc.)

Neck normal _____
(Range of motion, Presence of pain, etc.)

Chest normal _____
(Anterior, Percussion, Auscultation, etc.)

Heart normal _____
(Murmurs, Rate, Rhythm, etc.)

Abdomen normal _____
(Hepatomegaly, Splenomegaly, Masses, etc.)

Back normal _____
(Range of Motion, Scoliosis, etc.)

Extremities normal _____
(Abnormal mobility, Deformity, Instability, Muscle weakness, Atrophy, Scars, Varcosities, etc.)

Genitalia normal _____
(Absence, Masses, Hernia, etc.)

Neurological normal _____
(Balance, Coordination, Abnormal reflexes, etc.)

OTHER _____

PHYSICIAN'S APPROVAL

YES **NO** I approve this student for participation in all athletic activities at Harvest Christian Academy for one year from this exam date.

PHYSICIAN'S DISAPPROVAL

Reason(s) for disapproval: _____

LIMITATIONS

If there are any **limitations** on your approval, please state below:

This student may not participate in (**check all that apply**):

Basketball Beach Volleyball Bowling Cross Country Soccer Tennis Volleyball

Physician - Please Stamp Name/Name of Practice

Physician's Signature: _____ Date: _____



PARTICIPATION AGREEMENT

In consideration of the opportunity to have my child participate in Independent Interscholastic Athletic Association of Guam (IIAAG) activities, including School Year 2023-2024 school sports, I, the parent, guardian, or person having the care and custody of _____ (participant), on behalf of myself, spouse, co-guardian, agents, heir, next of kin and the participant, hereby agree to the following:

Waiver & Release: I agree to release, indemnify, and hold harmless, the Independent Interscholastic Athletic Association of Guam (herein referred to as the "IIAAG") and its respective member schools, coaches, development personnel, vendors and those contracted with the IIAAG to provide athletic facilities or services, employees, agents, members, directors, officers and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the IIAAG, that the participant may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in the IIAAG activity. I hereby also acknowledge and waive the benefits of the provisions of 18 G.C.A. § 82602 (formerly § 1542 of the Civil Code of Guam) which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in their favor at the time of executing the release, which if known by them must have materially affected with the debtor.

Covenant Not To Sue: I warrant and agree that I will not make a claim against or sue the foregoing parties and their agents, contractors, and/or employers and forever release them and waive all actions, claims or demands that I may have or hereinafter have of whatsoever nature or kind including without limitation claims for personal injury or damage to personal property, loss of services, past or present, known or unknown, or any other claim arising out of participant's participation in IIAAG activities.

Medical Care: In addition, I understand that the IIAAG does not provide medical insurance coverage and that I, as a member and participant in IIAAG activities, should provide personal medical insurance. In the case of injury or medical emergency, the IIAAG has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the IIAAG, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Assumption of Risk: Furthermore, I recognize that every IIAAG activity has certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which participant may incur, even if arising from the negligence of the IIAAG, while participant is participating in a IIAAG activity.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms.

Signed: _____

Relationship to Participant: _____

Printed Name: _____

Date: _____

Phone contact(s): _____

Email contact(s): _____



IIAAG SY 2023/24 Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a blow, a bump, or a 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 can’t 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• 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

IIAAG SY 2023/24
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to 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 young 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The IIAAG Concussion Management policy now requires implementation of well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach and/or Athletic Director if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. When in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date