

Paul Laurence Dunbar Swimming & Diving



Please check off items as they are completed. Packets must be received on or before the first day of practice to be eligible to swim or dive. **Partially completed packets will NOT be accepted!** Turn packets into ROOM 509 at PLD or you can hand it to Coach Cole at your first practice. Electronic submission **WILL** be accepted.

KHSAA Physical Form*** Date of Physical _____

Pg. 1 Pg. 2 Pg. 3

HIPAA Privacy Form

Parent Volunteer Driver Form

Transportation Form

Address Verification Form

Transy Swim Test Form

Middle School Play Up Form (if applicable)

\$25 Check for Insurance
MADE OUT TO PLD HIGH
SCHOOL

**If you have already paid
the insurance fee for a
current PLD fall sport, you
do not have to pay again.

****Physicals must be done on or later than February 1st, 2023 to allow for eligibility throughout the entire season! They expire after 13 months****



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

*KHSAA Form GE04
High School Parental Permission and Consent
Rev. 7/23, page 1 of 4
© KHSAA, 2023*

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19. Any use of additional optional supplemental forms such as the PPE01 to gather medical information from both the family and the medical community is to be kept separate from this form and maintained in compliance with state and federal privacy laws.*

ATHLETE INFORMATION (This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

| Grade | School Name | School Year | Varsity Play – (Yes/No)? |
|-------|-------------|-------------|--------------------------|
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

I am planning to participate in the following (check all you might try to play):

| | | | | |
|---------------------------------------|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bowling | <input type="checkbox"/> Esports | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Dance | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis | <input type="checkbox"/> Other _____ |

EMERGENCY CONTACT INFORMATION

_____ Name (please print) _____ Relation to Student _____

_____ Emergency Contact Address, including City, State and Zip _____

_____ Daytime Phone _____ Cell Phone _____

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student following coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

*KHSAA Form GE04
High School Parental Permission and Consent
Rev. 7/23, page 2 of 4
© KHSAA, 2023*

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and the authorized representatives of the KHSAA permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested or presented. The student and parent/legal guardian, individually and on behalf of this student, agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such product used in the course of normal KHSAA business including commercial and internet-based video and still images. All of this material may be used without permission or compensation specifically related to the KHSAA and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion, head injury, or other ongoing health concerns, including the continuance of play after concussion or head injury.

The student and parent/legal guardian consent to this student receiving a physical examination from an authorized medical provider as required by the KHSAA.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility. The student and parent/legal guardian, acknowledge that transportation to a medical facility may involve having to provide the student's birthday and social security number solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <https://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility per the bylaw commonly referred to as the "Bylaw 6, Transfer Rule," upon participation in any varsity contest after enrolling in grade nine regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that per the appropriate bylaw, the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

| | | | |
|-------------------|---------------------------|--------------|------|
| Insurance Carrier | Policy Number / ID Number | Group Number | Plan |
|-------------------|---------------------------|--------------|------|

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

| | |
|-------------------------------|--------|
| Students' Name (please print) | School |
|-------------------------------|--------|

Student and Parent/Guardian Address including City, State and Zip

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

| | |
|---|------------------------|
| Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) | Emergency Phone Number |
|---|------------------------|

| | |
|---|------|
| Signature of Parent(s)/Guardian(s) who has/have custody of this student | Date |
|---|------|

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- 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. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has 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
or DC (if within scope of practice)

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

THIS PAGE IS TO ENSURE THAT THE GE04 IS DISTRIBUTED AS NEEDED TO GIVE PERMISSION FOR MEDICAL TREATMENT. THE GE04 FORM SHOULD BE KEPT ON FILE UNTIL ONE YEAR AFTER THE STUDENT GRADUATES. THE GE04 FORM ONLY MAY BE USED TO TRAVEL WITH THE TEAM IN THE EVENT OF AN EMERGENCY.

HOWEVER IF THE OPTIONAL PPE01 FORM IS USED IN ANY WAY, THE THREE PAGES OF THAT FORM ARE NOT TO BE KEPT WITH THE GE04 AND SHOULD NOT BE HELD AT THE SCHOOL. PER STATE AND FEDERAL PRIVACY LAWS, THIS IS CONFIDENTIAL COMMUNICATION BETWEEN MEDICAL PROVIDER AND PATIENT AND SECURITY OF THIS INFORMATION IS PROTECTED BY A SERIES OF LAWS AND SHOULD REMAIN WITH THE FAMILY AND THE MEDICAL PROVIDER.

PER GUIDANCE FROM AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF SPORTS MEDICINE, AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE, AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, AND AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE, THE CONTENTS OF THE OPTIONAL PPE01 TO BE KEPT IN THE STRICTEST OF PRIVACY IN COMPLIANCE APPLICABLE LAWS.

HIPAA PRIVACY RULE RELEASE FORM

The University of Kentucky Sports Medicine Center faculty and staff are committed to protecting the privacy of all health information obtained and maintained through this pre-participation physical examination. This “protected health information” (PHI) provides information about

_____’s past and present health. The
(Insert Student Athlete’s Name)

Purpose of this release form is to explain who this information will be released to and to obtain written authorization from the parent(s)/legal guardian(s) for release of this information.

This athlete’s PHI will be shared/released to a school official (such as the head coach) to certify approval of physical activity and for treatment purposes if the parent/guardian is not available. For these reasons, this signed form is mandatory for participation in KHSAA Insurance Portability and Accountability Act (HIPAA) at the clinic (details included in clinic Notice of Privacy Practices) and the Family Education Right to Privacy Act (FREPA) that applies at the school.

I have read and understood the information above.

Parent(s)/Legal Guardian(s) signature:

_____ Date: _____



FAYETTE COUNTY PUBLIC SCHOOLS

VOLUNTEER DRIVER CHECKLIST

TRIP INFORMATION

DATE: _____ SCHOOL: _____

PURPOSE OF TRIP: _____

DATE OF TRIP: _____

TRIP IS TO: _____

FROM: _____

MAXIMUM #. OF STUDENTS TO BE TRANSPORTED IN VOLUNTEER'S VEHICLE: _____

DRIVER SCREENING/INSURANCE REQUIREMENTS

NAME OF DRIVER: _____

VEHICLE YEAR/MAKE/MODEL: _____ LIC #: _____

Please respond to each item with a yes or no answer.

YES/NO

_____ I am older than 21 years of age.

_____ I have a valid Commonwealth of Kentucky driver's license.

License #: _____

Exp. Date: _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have had any, please list:

_____ I have never been convicted of any crimes against children or other persons.

_____ I carry minimum auto liability limits of \$500,000 per occurrence combined single limit of liability (or \$100,000 per person/\$300,000 per accident Bodily Injury; \$50,000 per accident Property Damage) and uninsured motorist coverage.

Company: _____

Policy #: _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

(Continued)

VEHICLE INSPECTION

Please respond to each item with a yes or no answer.

YES/NO

_____ There is a working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by all.

_____ My vehicle's brakes, including the emergency brake, are in good working order.

_____ My vehicle's tires have legal tread depth (at least 3/32").

_____ My vehicle's brake lights, turn indicators, and headlights are in good working order.

_____ My vehicle's windows are clear and provide an unobstructed view for the driver.

_____ My vehicle has functioning rear view mirrors (center and left side).

_____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.

_____ My vehicle has a rated capacity of ten passengers or less.

_____ If my vehicle has dual airbags, I will not seat children under 12 or small persons in front passenger seat.

_____ I agree to use booster seats/car seats when required by the Commonwealth of Kentucky state law. The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

_____ Signature of Volunteer Driver

Date

ADMINISTRATIVE REVIEW

_____ If the volunteer will drive for more than one day, the district has obtained the information to order a motor vehicle record (MVR) check (three-year comprehensive record) from the Department of Licensing.

_____ If the volunteer will drive for more than one day and will have unsupervised student contact, the district has obtained the information to order a Commonwealth of Kentucky background information check.

_____ All students have parental permission to ride with a volunteer driver.

_____ All "NO" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator/Designee

Date

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, Kentucky 40502
(859) 381-4100

**PARENTAL PERMISSION FOR
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION**

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____,
hereby grant permission to Fayette County Public Schools to transport my child to the activities listed on the attached schedule. My child participates in the extra-curricular activity of _____ at _____ School. I acknowledge the attached activity schedule denotes the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation is noted on the activity schedule.

By signing this form I am acknowledging and agreeing to the mode of transportation to be used. I do further certify that I am of full legal capacity to execute this authorization.

Date: _____

PARENT/LEGAL GUARDIAN

Address Verification

Must be completed and returned with other required materials (physical, insurance, etc.) allowing student participation in PLD Athletics.

I, _____, parent/legal guardian of _____, verify that
(Full Name) (Student's Name)

(Street Address)

(City, State ZIP)

is the address where the student named above resides with me.

I understand that my student-athlete must live with me within the PLD attendance area or have specific permission to attend PLD in accordance with Fayette County Board Policy 9.11 in order to participate in any school activity. I also understand that KHSAA shall not recognize guardianship or similar arrangements for purposes of eligibility.

I understand that if it is discovered that my student is not eligible under this guideline that she/he may be subject to penalty up to and/or including one school year of ineligibility and forfeiture of games won in which she/he played.

My signature below verifies that I have read and understand this information.

(Signature) (Date)

- Have you transferred to PLD from another school?(yes or no), if yes what school?

- What school(s) did you attend last year, this includes middle school or high school.

- If you did transfer, did you participate in athletics @ your previous school?(yes or no), if yes what sports

Student's Last Name: _____ First Name: _____

Transylvania University requires patrons to complete a swimming competency test before being permitted to enter the pool. There are two types of swim test: shallow water competency and deep water competency.

Swimmers who demonstrate shallow water competency are permitted to swim freely in the shallow end of the pool where the maximum depth is approximately 5 feet. Swimmers who undergo but do not successfully complete the shallow water competency test are considered beginning swimmers. Beginning swimmers must wear a Coast Guard approved Type III personal flotation device while in the pool and must stay within the shallow end of the pool. Swimmers who demonstrate deep water competency are permitted to swim freely in the deep end of the pool where the maximum depth is approximately 12 feet.

Any patrons under the age of 18 must have this form completed prior to be allowed to do the swimming competency test.

Please select one:

_____ My child is a non-swimmer. He/she is not authorized to undergo the swim test. I understand that my child will not be permitted to enter the pool.

or

_____ I authorize Transylvania University to administer **both** a shallow water swim test and a deep water swim test to my child so that his/her swimming competency can be determined.

or

_____ I authorize Transylvania University to administer **only** a shallow water swim test to my child so that his/her swimming competency can be determined. I understand that if my child successfully completes the shallow water swim test, he/she will be restricted to the shallow end of the pool. I understand that if my child does not demonstrate shallow water competency, he/she must wear a Coast Guard approved personal flotation device while in the pool.

Comments: _____

Signature of parent/legal guardian

Printed name of parent/legal guardian

Date