

Appendix B

Johnson-Williams Middle School Emergency Care Information

*In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.*

STUDENT NAME	School _____
Last _____	Date of Birth ____/____/____ Sex: Male or Female
First _____ Middle _____	Grade _____

FATHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

MOTHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

Student resides with FATHER MOTHER BOTH LEGAL GUARDIAN

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED:

1.	Name	Relationship	Telephone
2.	Name	Relationship	Telephone

ADDITIONAL INFORMATION

Name of Student's Physician	Physician's Telephone #
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Name of Health Insurance Company	Policy/Group/Employee Number or HMO #	Insurance Company's Telephone #
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MEDICAL INFORMATION (Check all that are applicable)

<input type="checkbox"/> Allergies, Be Specific _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Medicine _____ <input type="checkbox"/> Bee or Insect Allergy _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Digestive, Be Specific _____ <input type="checkbox"/> Hearing _____	<input type="checkbox"/> Heart Problems, Be Specific _____ <input type="checkbox"/> Hemophilia _____ <input type="checkbox"/> Physical Disability, Be Specific _____ <input type="checkbox"/> Respiratory Disability, Be Specific _____ <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Other, Please List _____
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List all medical conditions for which your child receives continual care: _____

List all medications and dosages your child receives on a continual basis: _____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, where the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child. YES NO

Student Information Release: The school has my permission to use my child's name, stats, athletic team information and photo on the school website, emails or information submitted to the press. Please answer yes or no and sign below. YES NO

By signing below, I certify that the above information is correct.

Signature of Parent/Legal Guardian: _____ Date: _____

Appendix E

CLARKE COUNTY PUBLIC SCHOOLS ATHLETICS

(Please fill out either the insurance waiver or insurance verification.)

Insurance Waiver

We, the parents or guardians of _____ do hereby
STUDENT'S NAME

acknowledge that an insurance policy is not in force for our son/daughter that will pay the medical or surgical expense that results from any injury, major or minor, that the above named student/athlete may receive as a result of practicing or performing in athletics in the Clarke County Public School system.

Since we, the parents or guardians of the above named student/athlete do not have an insurance policy which will provide adequate financial coverage for any type injury or whatever might result therefrom, we, the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of time thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Insurance Verification

We, the parents or guardians of _____ have insurance with
STUDENT'S NAME

Name of Insurance Company

Policy Number

that will pay the medical or surgical expenses that result from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics in the Clarke County Public School system. This insurance will also cover the above-named student-athlete while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of the thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Assumption of Risk & Waiver
COVID-19 Athletics & Extracurricular Activities 2020-2021

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Clarke County, Virginia, and the Clarke County School Division (collectively, "CCPS"). I acknowledge the novel coronavirus known as COVID- 19 has been declared a worldwide pandemic resulting in the Governor of Virginia declaring a state of emergency in the Commonwealth. The virus is believed to be contagious and spread by person-to-person contact or proximity; and as a result, many government entities recommend or require face coverings and social distancing, and many have prohibited the congregation of groups of people who do not live in the same household.

COVID-19 is spread mainly among people who are in close contact (within about 6 feet) for at least fifteen (15) minutes or more. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose move through the air onto another person or a surface or object the other person subsequently touches while the virus remains live. Anyone can get or spread the virus. Everyone has a role in slowing the spread of the virus and protecting themselves, their family, and community.

CCPS anticipates conducting certain extracurricular activities beginning in December 2020. These activities (hereinafter referred to as "Activity") will be conducted with mandatory safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to comply with all safety protocols and are subject to immediate removal from the Activity if they do not comply. Participation in extracurricular activities is a privilege, and not a right.

By signing this document, I acknowledge and affirm commitment to follow and meet any and all safety protocols directed by CCPS as a condition of participation in the Activity and understand I/my child may be excluded from the Activity if not.

I also understand and acknowledge that despite any and all safety protocols or other measures undertaken by CCPS and others involved in the Activity, I/my child remains at risk of contracting COVID-19 due to participation in the Activity, which risk is elevated depending on how much physical proximity is inherent in the Activity. I voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in symptoms, sickness, serious complications, death, or other personal injury (collectively, "COVID Symptoms"), as well as subject others with whom I/my child may be in contact with in the normal course of life (coworkers, other family members, neighbors, friends) to COVID Symptoms. I understand that the risk of exposure or infection may result from acts, omissions, or negligence of myself/my child; other participants in the Activity; CCPS staff, volunteers, or agents; or others not listed. By signing this document, I expressly acknowledge and agree to assume all such risks in connection with participation in the Activity.

Finally, I acknowledge that safety protocols or other measures relating to COVID-19 applicable to the Activity may change at any time based on recommendations or requirements of the CDC, the Commonwealth of Virginia, the Department of Health, the Virginia High School League, CCPS, or other regulating entity. I acknowledge and accept the possibility that the Activity may be truncated, drastically altered, or eliminated in the future, even pre- or mid-season, due to such recommendations/requirements.

In consideration of the privilege of participation in the Activity, I (on my own behalf if student is over 18 or emancipated), or on behalf of my child, hereby waive, release, and hold harmless CCPS, and its employees and agents from any and all risks, claims, causes of actions, fees, costs, and any expenses of any sort or kind due to exposure to and/or infection from COVID-19 that I/my child have assumed hereunder or sustain during or related to participation or involvement in the Activity.

Signature of Parent/Guardian date
(if student is under 18/not emancipated)

Signature of Student date
(must be signed by all students, of any age)

Print name of Parent/Guardian

Print name of Student

Appendix F

JOHNSON-WILLIAMS MIDDLE SCHOOL

Athletic Handbook Acknowledgement

2019 – 2020

This Athletic Handbook was created to inform parents, coaches, and athletes of all procedures, policies, rules, and expectations for all athletic programs at Johnson-Williams Middle School.

All parents and athletes must sign the form below acknowledging that you have received, understand, and will abide by all regulations set forth in this handbook. All handbook procedures become effective on the first day of tryouts.

To try to reduce paper usage in the athletic department, we encourage everyone to download the handbook from our athletic webpage www.clarkecountyathletics.org.

Return the signed form to your coach. If you don't have access to the student athletic handbook online, please contact the athletic department to receive a hard copy.

I have read, understand and agree to abide by the terms and conditions of the Johnson-Williams Middle School Athletic Handbook for the 2016 - 2017 school year.

I received and reviewed information on concussions provided by Clarke County Public Schools in the Athletic Handbook, and at www.nfhslearn.com, as well as information about the baseline testing available to student-athletes. I understand the short and long term health and academic effects of concussions, and I understand my obligation to report any head injury I/my child sustains, even a head injury sustained outside of school, and my obligation to abide the return-to-learn and return-to-play protocols set for myself/my child.

I further understand that policies, guidelines and protocols can change from time to time, and I can obtain up-to-date information either from the Athletic Director or on the CCPS website.

Parent Name (Print) _____

Parent Signature _____ Date Signed _____

Athlete Name (Print) _____

Athlete Signature _____ Date Signed _____

Johnson – Williams Middle School

Athletics

PARENT CODE OF CONDUCT

Johnson – Williams Middle School's interscholastic athletics are an integral part of the educational program and are designed to have a positive influence on students. In addition to athletic skill development, we are charged with the responsibility of instilling proper attitudes and behaviors that reflect the ideas of citizenship, sportsmanship, and cooperation, as well as building self-discipline and self-esteem. These goals can best be achieved through a successful partnership between student athletes, coaches, and parents.

Player/Coach Communication – It is the responsibility of the student athlete, not the parent, to notify the coach well in advance of any scheduling conflict that may involve an absence from practice or a game.

If your son/daughter has a concern, encourage him/her to resolve it directly with the coach. The majority of issues are successfully resolved through direct communication between the student athlete and the coach. There is an open door policy for players. Players need to have confidence that their concerns will be heard and addressed with respect and confidentiality in a timely manner.

Parent/Coach/Player Communication – If an issue is not resolved after the student athlete has met with the coach, the student athlete's parent should then contact the coach directly at school via email or by phone. Leave your name, number, a short message, and the best time to call. The coach will contact you in a timely manner.

Please be prudent with your decision when contacting the coach. Coaches spend significant time preparing for, and supervising practices and games. Moreover, the period after a game can be an emotional time for student athletes, parents, and coaches, and therefore is less conducive to solving problems rationally. We respectfully request that you abide by the 24-hour rule, which states that you wait 24 hours after a game to contact/discuss any issue or concern with a coach.

It is very difficult to accept your child not playing as much as you had hoped. Yet, coaches make decisions based on what they believe to be the best for all student athletes involved. Therefore, coaches are not expected to respond to parents' questions about amount of playing time, positioning, team strategies or tactics, or any discussion about another student athlete.

Player/Parent Communication – Understand that you are a role model for your son/daughter. Emphasize the proper ideals of sportsmanship, ethical conduct, and fair play, and your child will too.

If your child's performance produces strong emotions in you, maintain a calm demeanor. Your relationship with your child remains long after competitive sport days are over. Keep your goals and needs separate from his/her experience.

The essential elements of character building and ethics in athletes are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of athletics is achieved when competition reflects these "six pillars of character".

Therefore, I agree:

1. I will let the coaches do the coaching for all team members.
2. I will support the program by volunteering to assist the team in some way.
3. I will respect the integrity and judgment of sports' officials.
4. I will eliminate criticism of coaches; this only diminishes my child's respect and has no place in high school athletics.
5. I will model good sportsmanship at all times during games.
6. I will encourage my child to speak directly to his/her coach if he/she is having difficulties in practice or games or cannot make a practice.
7. I will support the 24-hour rule: Parents are not permitted to discuss athletic concerns with the coach for at least 24 hours after an issue arises at a game, practice, or other instance.
8. I will conduct myself in such a manner as to bring positive feedback to our athletes, our school, and our community.
9. I will remember that the game is for the students not the adults.
10. I will demand that my child treats other players, coaches, officials, and spectators with respect.
11. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting, and using profanities.
12. It is never acceptable for a parent to attempt to discuss a child's playing time during a game or practice. It is never acceptable for a parent to attempt to discuss another student's playing time or performance.
13. I understand that any violation of this code will be cause for potential disciplinary action.

I have read and understand the Parent's Code of Conduct at all Clarke County High School's _____ sporting events. By signing, I acknowledge the receipt of these guidelines/expectations.

Student Athlete Signature: _____

Print Name: _____

Parent/Guardian Signature: _____

Print Name: _____

Parent/Guardian Signature: _____

Print Name: _____

Date signed: _____

*This form must be returned to the Coach prior to participation. Athletes will not be allowed to participate without completion of form.

Appendix A

Code of Conduct and Eligibility Requirements For Student-Athletes of Clarke County Public Schools

1. It is a privilege, not a right, to participate on an interscholastic team. Therefore, this privilege can be revoked for improper conduct of a student at school or in the community. Any appeal of the revocation of this privilege may be made through the Athletic Director's office.
2. The student-athlete shall be a regular bona-fide student in good standing of the school, which he/she represents.
3. A student-athlete who is disciplined by a school official for having on their person smoking, dipping, and/or chewing tobacco products will be removed from the team for the remainder of the season. This includes e-cigarettes and other similar devices.
4. On the student-athlete's first offense, a student-athlete who is caught stealing will be dismissed from the team for the remainder of the athletic season.
5. It is understood that being found in possession of drugs/alcohol and testing positive on the drug test are different events and carry different penalties or conditions.
6. In order to be eligible to try out for or to participate in any school-sponsored interscholastic athletic program, the student-athlete must agree to submit to a physical examination and random drug analysis. The physical exam must be conducted after May 1 for participation in athletics for the upcoming school year and must be completed before the student will be allowed to participate in any manner. All student-athletes must agree to the random drug testing throughout the season; a parent or guardian must also signify agreement with this policy in writing.
7. Every student-athlete will be encouraged to maintain a grade letter of "C" or better in every class during the season.
8. A student-athlete who is suspended to site (Alternative Education Program) will receive the following consequences:
 - First Offense – A conference with the parent/guardian, coach and athletic director. The student-athlete will also receive a one game suspension upon return to the high school.
 - Second Offense – The student-athlete will be dismissed from the team. In order for the student-athlete to be eligible for another sport he/she must have a conference with the athletic director.
9. Student-athletes must obey all team rules as well as policies and regulations of both the school and school division, including local, state and federal law. Student-athletes are accountable for their actions during contests, at school or away from school, 7 days per week, 24 hours per day, while in their athletic season.
10. If a student-athlete is ejected from a contest by an official, the player will not participate in the next contest unless successfully appealed. Then the situation will be reviewed by the coach, the player, the athletic director, and the school administration prior to final action being taken by the administration. Action could range from no additional restrictions to suspension for the rest of the season.
11. Social-Media: Student athletes are held to the student use policy and rules of good sportsmanship regarding other teams, schools, officials, etc. as it applies to all social media postings. (See IIBEA-R/GAB-R) Those that do not adhere to the rule may face team and/or school consequences.
12. Attendance criteria: It is expected that student athletes be in attendance at school the ENTIRE school day to be eligible to participate in practice and/or athletic contests; the only exception is a doctor and/or court note, and must be approved by administration.
13. **NO STUDENT-ATHLETE WILL BE ALLOWED TO TRY OUT FOR A TEAM UNTIL OUTSTANDING OBLIGATIONS ARE MET AND REQUIRED ATHLETIC FORMS ARE COMPLETED (CODE OF CONDUCT, DRUG TESTING, PHYSICAL EXAMINATION FORM, CONCUSSION FORM, INSURANCE RELEASE, AND EMERGENCY RELEASE AND ATHLETIC HANDBOOK ACKNOWLEDEMENT FORM).**

My signature verifies that I have read all relevant athletic policies of Clarke County Public Schools. I understand and accept the above criteria and the Code of Conduct for Athletes of Clarke County Schools as prerequisites to being allowed to participate on an athletic squad. If I am unclear about any policies, it is my responsibility to contact my coach or athletic director.

PARENT SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

J-WMS Uniform, Concession and Photo Agreement

I agree to be respectful of any uniform(s) given to me for participation in a J-WMS sport. I agree to take care of the uniform by keeping it clean and wearing it properly, to show pride in myself and my school. I understand that the team uniform is to be worn for competition only and should not be worn as school attire.

A deposit in the amount of \$20 has been made to the J-WMS Booster Club to secure a team uniform for the 2018-2019 school year. This is a one-time deposit that will cover all sports that the student participates in during the school year. Financial assistance is available towards the uniform deposit if needed and such requests must be submitted to the J-WMS Athletic Director or Team Coach.

I, the parent, agree to return the uniform and all equipment issued to my child once the season is over in the same condition that it was received, with the exception of normal wear and tear. I understand that I will be responsible for the replacement costs of the uniform in the event the uniform is not returned or has been damaged. (The cost to replace a team uniform varies by sport but is approximately \$80 - \$200).

I understand that once the uniform has been returned, a refund of my deposit from the J-WMS Booster Club will be available at the "End of the Year All Sports Banquet". I understand that refunds will only be given to parents. I understand that a \$10 cleaning fee will be deducted from the uniform deposit refund for any uniform turned in dirty, stained or wet. I understand that no refund requests will be honored after June 6, 2015 and that any unclaimed deposits will then be considered a donation to the J-WMS Booster Club after this date.

As a parent of a student athlete, I will fulfill my obligation to work at the J-WMS Booster Concession stand. This is a commitment of no more than 2 hours, at a time slot selected by me.

I give J-WMS Booster Club permission to photograph and post pictures of my child competing in athletic events on a photo website for the purpose of making these available for families to purchase and for the school yearbook.

_____	_____	Date _____
(Parent Name Printed)	(Parent Signature)	
_____	_____	Date _____
(Student Name Printed)	(Student Signature)	

_____ Yes – I would like to join the J-WMS Boosters and receive Booster information

*Phone Number _____

*Email Address _____

Appendix D * Only for athletes competing in a CCHS sport

**Johnson-Williams Middle School
Concussion Form**

Dear Parent/Guardian,

Valley Health has provided our middle school with an opportunity to use an innovative program for our student-athletes. The program is called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing) and is a computerized exam that the athlete takes prior to the season. If the athlete is believed to have suffered a head injury, he or she re-takes the test to help determine a) the extent of the injury, b) the location of the injury, and c) when the injury has healed. The system is used throughout professional sports, has been mandated in the NHL, and is fast becoming the “gold standard” in recognizing and better managing concussion-type injuries. The University of Pittsburgh Medical Center’s Sports Concussion founding group of this software (www.impacttest.com)Program is the

The test takes about 15-20 minutes. The program is basically set up as a “video-game” type format. What it is doing is giving the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. It is simple, and actually most who take it enjoy the challenge of the test. If a concussion is suspected, the test is re-taken, parents are notified, and the information is shared with your student’s physician to help determine when return to play is appropriate and safe.

Mariecken Fowler, MD, board-certified neurologist of Winchester Neurological Consultants, and John Lewis, PsyD, neuropsychologist of Neuropsychology Associates of Winchester, have successfully completed the ImPACT™ Concussion Management Software Training Workshop and will be involved throughout the year in monitoring the program. This program does not replace the involvement of your family physician with your student’s general healthcare. If there is evidence of cognitive dysfunction related to a concussion, a physician’s release will be required before your student returns to play.

The administration, coaches, and athletic training staffs are trying to keep your child’s health and safety at the forefront of the high school athletic experience. Please sign the section below and return it to the athletic department in order for your student to participate. If you have any questions regarding this program please feel free to contact me.

Sincerely,

Lindsay Griego MS, ATC
griegol@clarke.k12.va.us

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT™)

I have read the above information. My parent(s) and I agree to participate in the ImPACT™ Concussion Management Program.

(Please check one)

- Parent consents for student athlete to take the ImPACT™ test.
- Parent does not give consent, and athlete will not be tested.
- Athlete has had ImPACT™ baseline testing within the past two years at this school.

Printed _____ Name _____ of _____ Athlete _____
_____ Sport(s) in _____ which

Athlete Participates _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____

Appendix D - *Only for students competing at CCHS

ATHLETE RANDOM DRUG TESTING PROGRAM (ARDTP) - J-2CCPS-F

**Clarke County Public
Schools Drug Screening
Consent Form**

I, _____, knowingly and willingly authorize the Clarke
Student's Name

County School District to conduct a specific test on a urine specimen which I provide to ascertain whether or not there is evidence of my use of drugs and/or alcohol. I also agree to release information concerning the results of such a test to the Clarke County School Division, through its agents (the Superintendent and/or Superintendent's Designees) and to my parents and/or guardians.

If I am, or have been, taking prescription medication, I agree that I shall provide verification of the prescription medication (either by a copy of the prescription or a doctor's authorization) upon request. My refusal could be a factor in determining my privilege to participate in school athletics.

I am aware and agree that this requested information concerning prescription medication shall be provided to the system's appointed medical review officer for review.

I am further aware and agree that the consent form shall be binding for as long as I avail myself of the privilege of participating in athletics in the Clarke County School System.

I further understand and agree that the Clarke County School System is not assuming any medical obligations but is merely acting to help promote my health, safety and welfare and to achieve a safe athletic environment.

Student Signature *Date*

Parent or Guardian Signature *Date*

School Representative Signature *Date*

School

Adopted: November 8, 2007
Revised: July 15, 2015

Assumption of Risk & Waiver
COVID-19 Athletics & Extracurricular Activities 2020-2021

I desire to participate or allow my child(ren) to participate in one or more voluntary extracurricular activities sponsored by the School Board of Clarke County, Virginia, and the Clarke County School Division (collectively, "CCPS"). I acknowledge the novel coronavirus known as COVID- 19 has been declared a worldwide pandemic resulting in the Governor of Virginia declaring a state of emergency in the Commonwealth. The virus is believed to be contagious and spread by person-to-person contact or proximity; and as a result, many government entities recommend or require face coverings and social distancing, and many have prohibited the congregation of groups of people who do not live in the same household.

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I also understand and acknowledge that despite any and all safety protocols or other measures undertaken by CCPS and others involved in the Activity, I/my child remains at risk of contracting COVID-19 due to participation in the Activity, which risk is elevated depending on how much physical proximity is inherent in the Activity. I voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in symptoms, sickness, serious complications, death, or other personal injury (collectively, "COVID Symptoms"), as well as subject others with whom I/my child may be in contact with in the normal course of life (coworkers, other family members, neighbors, friends) to COVID Symptoms. I understand that the risk of exposure or infection may result from acts, omissions, or negligence of myself/my child; other participants in the Activity; CCPS staff, volunteers, or agents; or others not listed. By signing this document, I expressly acknowledge and agree to assume all such risks in connection with participation in the Activity.

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Signature of Parent/Guardian date
(if student is under 18/not emancipated)

Signature of Student date
(must be signed by all students, of any age)

Print name of Parent/Guardian

Print name of Student