

F ATHLETICS AND THE LAW

1 Physical Examinations

“An ounce of prevention is worth a pound of cure” is still true in many cases especially when it comes to prevent legal concerns from athletic participation. It is mandatory that schools require a physical exam to be on file in order to ensure student safety in athletic participation. The Michigan High School Athletic Association mandates physical examination annually dated after May 15th. This is our recommendation that all athletes have a yearly physical that indicates athletic participation is considered safe for the individual. A number of examples for physical forms are included. (See **Appendix G-1**).

2 Medical Treatment Form

- a. Parental participation at athletic events often is not as common with today’s single parent family or two employed parents. The nature of athletic competition means there is a risk of student injury. Each school should have an emergency card, (see **Appendices F-1, F-2, F-3**) which allows for medical treatment when a parent is not present. Schools may wish to duplicate this card keeping one copy in the office for classroom teacher usage and giving one copy to a coach to carry at all practices and contests.
- b. Examples of forms are included (see **Appendices F-1, F-2, F-3, F-4**) but should include:
 - i a paragraph explaining purpose
 - ii Biographical information
 - iii Insurance Company
 - iv Family Doctor
 - v Known Allergies

3 Permission Forms

- a. Communication is an often-overlooked piece of the puzzle regarding liability. Schools should seek to inform parents and provide a paper trail that indicates what communication they have received. Each school should
 - i Receive written parental permission for their child to participate in athletics. This can be a blanket form listing all athletic opportunities or one that is sport specific. A number of examples are included. (See **Appendix F-1**)
 - ii Provide an emergency card (see **Appendix F-4**) that allows for parents to permit emergency medical treatment in case of their absence from a contest or practice.
 - iii Have on file parental permission regarding transportation. Since many Lutheran schools provide car pools it is advisable to inform drivers that in case of an accident their insurance will be used, not the schools insurance as many presume. Schools must ensure that drivers are licensed, insured and proper seat belts provided and utilized. Written guidelines could be developed for each driver. Consideration should also be given regarding seating children in front seats by air bags.

4 First Aid Guide

Each school should arrange for basic first aid training for those people involved in athletics. Annual CPR classes, basic first aid and other training experiences are terrific ways to show planning and preparation was evident. Also an athletic director should make sure an athletic

training kit is available at practices and games. Written procedures should be developed and shared with coaches in the event of serious injury. If possible, arrangements may be made for a trained parent (nurse, firefighter, etc.) to be present at games or practices in the event of an injury. A First Aid Guide example is provided (See **Appendix F-5**).

5 Accident Report Form

Each school should have a central location, which holds blank accident reports and completed reports. The report should contain biographical information but also what happened, who witnessed it, first aid administered, home contact etc. A copy of each report should be shared with the parents and another copy kept on site. They could be sorted by seasons and after the season by athlete, to show a cumulative history over the years. Sample forms are included (See **Appendix F-6**).

6 Return to Athletic Participation

A general rule of thumb is if a doctor *restricts* an athlete's participation then a doctor *submits* permission when participation can resume. A student injured seriously enough to see the doctor and have restricted participation should see the doctor again and have a written note indicating that they can participate. Sample forms are included (See **Appendix F-7**).

7 Supervision

An important component of a safe environment is providing adequate supervision. Each school should have a plan that allows for responsible adults to supervise spectators and athletes. A written expectation of behavior could be given to all spectators but should be distributed and gone over with the home crowd. A faculty supervision list (see **Appendix F-7**) is one method of accomplishing this goal. Booster clubs, PTO and other support groups can also accomplish this task.

8 Rental Agreement

Schools often find demand for their facility from groups outside the jurisdiction of the church. It is important that a written agreement that spells out expectations of both parties be signed and kept on file. Schools should be certain that groups have adequate insurance and that first coverage is through the group not the school. Also a down payment (security deposit) offers protection when the group is an unknown agency. A sample agreement is included. (See **Appendix F-8**).

9 Legal Foundations for the Administration Of an Athletic Program

- a. Due Process: The 14th Amendment guarantees due process for persons accused of wrongdoing. This right may not be removed by state law or educational policies and has caused difficulty for some athletic directors when administering discipline. Legal challenges have been initiated and court precedents have been established for failure of athletic directors to:
 - i Publish and disseminate regulations.
 - ii Apprise alleged violators of the specification of the charges.
 - iii Provide evidence or witness (es) to an alleged violation.
 - iv Allow the accused a reasonable opportunity to be heard or present extenuating evidence or witnesses.
 - v Apprise the accused of findings or judgments concerning an alleged violation within a

- reasonable time frame.
- vi Define an appeal process or allow the accused to appeal an adverse finding.
- b. Local Policy Requirements: It is suggested each school have a handbook for athletes and parents that include the following topics: 1.
- i Philosophy and Objectives
 - ii Eligibility Regulations
 - iii Locker Room and Equipment Regulations
 - iv Transportation Regulations
 - v Rules Concerning Changing/Dropping a sport
 - vi Vacation Policy
 - vii Conduct and Grooming
 - viii Discipline Policy
 - ix Appeal Procedures
 - x Due Process
 - xi Awards
 - xii Warning statement (danger of involvement)
 - xiii Athlete and Parent Comprehension statement
- c. Negligence: Negligence is the failure to exercise reasonable care in the execution of assigned duties. Generally, negligence allegations cite commission of a hazardous act or omission of reasonable care (failure to act) in the performance of supervisory responsibility. Several obligations or duties have been identified as absolute requirements for athletic programs. These standards have evolved as a result of case law against districts or individuals.
- i Duty to Plan- A coach must demonstrate awareness of the maturity, physical development and readiness of athletes with appropriate plans for instruction, conditioning and supervision.
 - ii Duty to Supervise- A coach must be physically present, provide competent *instruction*, structure practices that are appropriate for the age and maturity of players, prevent foreseeable injury and respond to injury or trauma in an approved manner. This duty requires supervisors to ensure that facilities are locked and that students are denied access when a competent staff person cannot be physically present to supervise. This duty may also require coaches to control reckless player behaviors. Supervision responsibilities also pertain to athletic directors who are expected to supervise coaches competently.
 - iii Duty to Provide a Safe Environment: Coaches are considered trained professionals who possess a higher knowledge and skill that permits them to identify foreseeable causes of injury inherent in defective indoor or outdoor facilities or hazardous environment.
 - iv Duty to Provide Safe Equipment: Courts have held athletic supervisors responsible to improve unsafe environments repair or remove defective equipment or disallow athletic access.
 - v Duty to Teach Properly: Athletic practices must be characterized by instruction that accounts for a logical sequence of fundamentals that lead to an enhanced progression of player knowledge, skill and capability.
 - vi Duty to Condition Properly: Practices must account for a progression of cardiovascular and musculoskeletal conditioning regimens that prepare athletes sequentially for more challenging practices and competitive activities.
 - vii Duty to Warn: A school is required to warn parents and athletes of unsafe practices specific to a sport and the potential for injury or death. This warning should be issued in writing and both athletes and parents should be required to provide written certification of their comprehension.

- viii Duty to Prepare an Emergency Plan: A school is expected to develop a plan to administer standard emergency care (first aid, CPR) in response to a range of traumatic injuries.
- ix Duty to Design a Proper Emergency Response Plan: A school must design plans to ensure an expedited response by EMS and an effective transition to the care and supervision of emergency medical personnel.
- x Duty to Select, Train and Supervise Coaches: Administrators have responsibility to ensure that appropriate skill and knowledge levels exist among members of the coaching staff to ensure appropriate levels of safety and well being among athletes.

10 Foundations of Negligence Litigation

In order to prove negligence, a plaintiff must demonstrate tangible injury and/or loss and prove that the supervisor(s) of an activity or program:

- a. Had a duty that was not fulfilled.
- b. Failed to perform a duty through commission of a dangerous act or omission of a required supervisory responsibility.
- c. Was the proximate cause of an injury.
- d. Caused actual loss or damage.

11 Defenses against Negligence Litigation

- a. A defendant had no supervisory responsibility for the circumstances related to the loss.
- b. The proximate cause of injury or loss cannot be directly attributed to the duties or performance of a supervisor.
- c. The injury resulted from an unforeseeable event or factor.
- d. The injured player accepts a certain degree of risk by participating in a sports program.
- e. The athlete contributed totally or partially to his/her injury by ignoring prohibited actions or engaging in actions that were identified as dangerous.

12 Specific Sports Checklists

The following items are of safety considerations specific to individual sports. It is not intended to be a comprehensive list but instead stimulate discussion, encourage inspections and aid in long range planning.

Baseball/Softball

<u>Equipment</u>	<u>Components</u>	<u>Check for</u>	<u>Date Inspected/Initials</u>
Playing Equipment	Protective Equipment	Current NOCSAE Certification Properly Fitted Proper Wearing	
	Bats	Splintering Metal stress on aluminum bats	
	Sliding Pads	Proper Fit Proper Wearing	
Field Condition	Playing Field	Fill holes/pits Secure base posts Keep receptacles Free of debris Oriented so that pitches	

Adapted from: NAIAA Athletic Administration: A Comprehensive Guide

Chain Link Fence	Are at 90° to sun's rays Wire repaired Top of fence capped
Backstop & Batting Cage	Mesh in good repair Post rules for use Use orange balls inside
Pitching Machine	Grounded Properly Accuracy/dependability Of machine's use Post rules for use

Basketball

<u>Equipment</u>	<u>Components</u>	<u>Check For</u>	<u>Date Inspected/Initials</u>
Backboards & Rims	Bottom edge and Corners of boards	Padded	
Ceiling Suspension	Cable stress	Motor in good repair Metal stress at Ceiling Attachment	
	Rims	Breakaway or flex Rules posted prohibiting Hanging on rim	
Electrical Equipment	Public Address Scoreboard Wall Plugs	Emergency lights function Grounded plugs Control Panels recessed	
Floor & Bleachers	Boards or artificial Surfaces	Handrails in place Defined aisles Splinters and cracks repaired Free of debris, padded walls As needed, recessed water Fountains, thermostats, etc.	
Storage	Barrier free Playing area	Adequate, organized, locks in good repair, barrier and debris Free	

Shower and Locker Room

<u>Equipment</u>	<u>Component</u>	<u>Check for</u>	<u>Date Inspected/Initials</u>
Locker Room	Lockers	Corrosion free and Free of bent or jagged Metal	
	Shower Area	Easy to modify temp. Non-skid floor surface Post safety rules	
Safety Code	Thoroughfare	Litter-free, non skid Surfaces in locker rooms And hallways	
	Electrical	Plugs, receptacles, dryers, Lights, and public address System grounded properly. Lights and PA powered by Emergency generator.	

Soccer

<u>Equipment</u>	<u>Component</u>	<u>Check for</u>	<u>Date Inspected/Initials</u>
	Field and field Equipment	Adequate space between fields; free of Debris; holes filled; trees And shrubs setback from Fields; safety space to Keep spectators away From sideline; goal nets Of soft mesh; no hooks Or fastening devices	

Player equipment	Protruding toward field Of play. Shin/elbow pads and Shoes properly fitted And worn; proper cleat Length.
Uniform	Adequate contrast; Adequate ventilation.
Sanitation	Plan for control of Bloodborn pathogens.

Track and Field

<u>Equipment</u>	<u>Component</u>	<u>Check for</u>	<u>Date Inspected/Initials</u>
Facility	Track	Free of debris; Fill holes; adequately Separated from Spectators.	
	Jumping, vaulting Areas	Free of debris; landing covers and foam in Good repair; fill holes In runway.	
	Throwing areas	Free of debris; fill Holes; proper caging in Good repair	
Equipment	Hurdles	Locked at specified height; Counter weighted	
	Shoes	Proper cleat length; cleat Wrenches.	
	Uniforms	Ventilated properly and Appropriately for Temperature extremes.	

Volleyball

<u>Equipment</u>	<u>Component</u>	<u>Check for</u>	<u>Date Inspected/ Initials</u>
Backboards	Retracted		
Electrical Equipment	Public address Scoreboard, wall Plugs, record Player, facility lights	PA and lights powered by emergency generator grounded plugs, ground fault interrupter In sockets, control panels Recessed.	
Floor and Bleacher area	Boards or artificial Surface	Handrails in place; defined aisles to highest seating areas. Repair splinters and cracks Or replace boards free of debris. Adequate safety space to walls, Bleachers and between courts Or padded danger areas. Recessed Fire extinguishers, fountains, Thermostats.	
Storage	Barrier free Playing area	Adequate space for bulk items such as portable baskets, Trampolines, gymnastic apparatus Or wrestling mats.	
Net Standards	Cables	Marked with bright material Frayed cable	
Net Poles	Floor Mounts	Anchor plates secured to floor, secure poles padded.	
Nets	Pole Pads Tension Cable	In place, frayed cable, worn Pulleys.	
Judges Stand	Padding anchorage	Protective pads in place Stand securely anchored.	

Adapted from: NAIAA Athletic Administration: A Comprehensive Guide

Wrestling

<u>Equipment</u>	<u>Component</u>	<u>Check for</u>	<u>Date Inspected/Initials</u>
Facility	Mats	Securely anchored, Taped; cleaned properly; Attention to control of blood Borne pathogens.	
	Walls	Recessed fountains, thermostats, Fire extinguishers, light Switches or safety padding.	
	Floor Space	Free of debris, loose equipment Stored adequately, adequate Safety padding.	
	Electrical	Scoreboard, lights, public Address connected to Emergency generator.	
Personal Equipment	Clothing and Protective Equipment	Knee pads properly fitted, worn, sanitized. Ear protectors properly fitted, Certified, and sanitized.	
	Scale	Calibrated properly by Municipal official.	
	Sanitation	Plan for management of blood- Borne pathogens.	

APPENDIX F-1

1) Combination Participation, Physical Examination and Emergency Medical Form

ATHLETIC PARTICIPATION FORM

STUDENT INFORMATION _____
 NAME AS IT APPEARS ON BIRTH CERTIFICATE GRADE DATE OF BIRTH

Special Attendance Permit (CIRCLE ONE): Yes No
 Administrative Transfer (CIRCLE ONE): Yes No

RESIDENCE: _____ since _____
 Street Address City M D Y within the

INSURANCE: One or more of the following plans must be in force:
 (1) Individual or Group Health/Accident insurance:
 COMPANY NAME POLICY NO _____
 (2) Special Athletic Insurance purchased (CIRCLE WHICH SPORT): FOOTBALL SOCCER
 (3) Student Classroom Accident Insurance purchased

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student's travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for above-named student.
 (1) Allergies and/or special medical problems (list medications carried by student)
 (2) Date of last Tetanus shot _____ 3) Family Physician _____ Phone _____

STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment rule changes, have reduced these risks, but is impossible to totally eliminate such occurrences from athletics. I hereby give my consent for my/her school in athletic activities, including team travel for local or out-of-town trips, except for those activities crossed out below:

Baseball	Cross Country	Soccer	Track	Wrestling
Basketball	Cheerleading	Softball	Volleyball	

STATEMENT: The above-named student has resided with me continuously for one (1) calendar year and I do hereby certify that I have read this form **herein, and** that the information supplied is true **and correct** to the best of my knowledge. I understand that this **student must continue** to reside in this area and assume responsibility to inform the school of any future change of this information.

Student's Signature _____ School Attended last year _____

Signature of Legal Parent/Guardian Home/Work Telephone Date Relationship to Student

Legal Signature of Parent/Guardian Home/Work Telephone Date Relationship to Student

If only one Parent/Guardian signature above, explain reason: _____

PHYSICIAN COMPLETE THIS SECTION

HEALTH EXAMINATION

Health examination for athletes should be rendered after May 15 preceding school year concerned

AGE _____ HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

LIST SIGNIFICANT PAST ILLNESS OR INJURY _____

EYES R20/ L20 HEARING R /15: L /15
 CARDIOVASCULAR _____ RESPIRATORY _____
 SPLEEN _____ LIVER _____
 MUSCULO-SKELETAL _____ HERNIA _____
 NEUROLOGICAL _____ SKIN _____
 URINALYSIS _____ GENITALIA _____

COMMENTS _____

I have examined this pupil and find him/her physically able to compete in supervised activities N/A

Baseball	Cross Country	Football	Soccer	Track
Basketball	Cheerleading	Golf	Softball	Volleyball

SIGNATURE OF EXAMINING PHYSICIAN _____ DATE _____
 ADDRESS OF PHYSICIAN _____ PHONE _____

Adapted from: NAIAA Athletic Administration: A Comprehensive Guide

APPENDIX F-2

**ATHLETIC DEPARTMENT
EMERGENCY MEDICAL AUTHORIZATION**

The coach, at all team practices and contests, must make this form available for each team member to ensure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name: _____

Birth Date _____ Grade _____ Sex _____

Parents' Name _____

Home Phone _____ Business Phone _____

Address _____ Zip _____

In the event the parents cannot be contacted, please contact:

_____ at phone# _____

List sports the above-named athlete plays:

1. _____

2. _____

3. _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician _____

Preferred hospital _____

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian)

Date

APPENDIX F-3

**LUTHERAN SCHOOL
EMERGENCY MEDICAL AUTHORIZATION**

Student's Name	Date of Birth	School Attending	Bus Number
Address	Zip Code	Telephone #	Neighbor or Alternate Contact
Parents'/Custodian's Names		(If unlisted, circle the telephone #) Telephone # Where Alternate Can Be Reached	
Custodial Parent in Case of Separation	Grade	Neighbor or Alternate Contact	
		Telephone # of Alternate Contact	

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

**(Part I or II Must Be Completed)
PART I - TO GRANT CONSENT**

In the event reasonable attempts to contact me, _____ at _____ or _____ Name of Parent (phone #) _____ at _____ have been unsuccessful, I hereby give my consent for: (1) the (alternate) Phone # _____ administration of any treatment deemed necessary by Dr. _____ (preferred physician) Phone # _____ or Dr. _____ (preferred dentist) phone # _____ or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____, _____ (preferred hospital) phone # _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date	Signature of Parent/Custodian
	Address

If you wish school to take no emergency medical action, do not sign this portion but fill out Part II.

APPENDIX F-3b

**(Do Not Complete Pad II If You Completed Part I)
PART II - REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date

Signature of Parent/Custodian

Address

**APPENDIX F-4
EMERGENCY CARD**

Home Phone (____) _____

Student Name _____ Grade _____

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Place of Business _____ Place of Business _____

Business Phone (____) _____ Business Phone (____) _____

All parents are contacted immediately. However, if we are unable to contact one,
please furnish us with the name and phone number of a responsible person.

Name _____ Phone (____) _____

Address _____

Student's Doctor _____	_____	_____
Name	Office Phone	Home Phone

Hospital Name _____ Phone (____) _____

Insurance Carrier _____ Policy No. _____

EMERGENCY CARD

Home Phone (____) _____

Student Name _____ Grade _____

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Place of Business _____ Place of Business _____

Business Phone (____) _____ Business Phone (____) _____

All parents are contacted immediately. However, if we are unable to contact one,
please furnish us with the name and phone number of a responsible person.

Name _____ Phone (____) _____

Address _____

Student's Doctor _____	_____	_____
Name	Office Phone	Home Phone

Hospital Name _____ Phone (____) _____

Insurance Carrier _____ Policy No. _____

APPENDIX F-4b

I hereby give _____, expressly the Principal, and/or teacher/coach, permission to use their judgment in case of extreme emergency when no parent or other member of the immediate family of my child can be located. They may give the hospital permission to do whatever is necessary with regards to medical or surgical treatment.

Date _____ Signature of Parent _____

Special conditions of health, of which the school should be informed, in case of emergency:

My son/daughter has an allergy to: _____

My son/daughter is subject to: _____

I give my son/daughter permission to participate in interscholastic athletics at _____. I understand that because of the nature of competitive sports there is a possibility of serious bodily injury.

Parent Signature _____ Date _____

I understand that my participation in athletics is voluntary on my part and that I am expected to adhere to all established athletic policies of my school and the Michigan High School Athletic Association.

Student Signature _____ Date _____

I hereby give _____, expressly the Principal, and/or teacher/coach, permission to use their judgment in case of extreme emergency when no parent or other member of the immediate family of my child can be located. They may give the hospital permission to do whatever is necessary with regards to medical or surgical treatment.

Date _____ Signature of Parent _____

Special conditions of health, of which the school should be informed, in case of emergency:

My son/daughter has an allergy to: _____

My son/daughter is subject to: _____

I give my son/daughter permission to participate in interscholastic athletics at _____. I understand that because of the nature of competitive sports there is a possibility of serious bodily injury.

Parent Signature _____ Date _____

I understand that my participation in athletics is voluntary on my part and that I am expected to adhere to all established athletic policies of my school and the Michigan High School Athletic Association.

Student Signature _____ Date _____

APPENDIX F-5**First Aid for Athletics**

In the event a player is hurt:

1. Assess the situation

- A) Is it simple enough for basic first aid?
- B) Will it involve emergency measures?
- C) Should 911 be called?
- D) Should the parents be called?

2. Unconscious

Call 911 if unconscious for over a minute.

Call Parents.

If a head injury, do not move until paramedic helps.

3. Abrasions

Wash with soap and water.

Band-Aid if necessary.

If cinders and tar are still present in the wound, notify parents for further treatment.

4. Lacerations

Wash with soap and water.

Pressure bandage or Band-Aid if necessary.

If wound is deep and gaping, call parents for further treatment.

5. Dislocations

Soak in cold water, immobilize and call parents.

6. Fainting

Child becomes pale, may complain of being hot and feeling funny.

Place child's head below knees.

Breathe deeply keep quiet until color returns.

Let rest for 15-20 minutes.

7. Falls

If the player falls on abdomen, he may have difficulty in breathing. Stay with him, telling him to take deep breaths slowly. Do this until color and normal breathing returns. If he complains of pain in upper abdomen, nausea, or is very pale, notify parents.

8. Foreign bodies in eye

Sometimes natural tearing of the eye clears dirt, etc. Give child tissue to gently pat eye. May keep tissue over eye for 15 minutes or so to relieve soreness. If object can be seen gently lift off with corner of tissue. Call parents if symptoms persist.

APPENDIX F-6

ATHLETIC DEPARTMENT INJURY REPORT

_____ School,
(Name)

This report will be made out **on the date the injury occurred**, by the ATHLETIC TRAINER/HEAD COACH.

This report will be submitted to the Athletic Office NO **LATER than the day following** the injury.

ATHELETE'S NAME: _____ SPORT: _____ GRADE: _____

MALE: _____ FEMALE: _____

DATE INJURED: _____ DATE REPORT MADE: _____

?? Date report submitted(leave blank) _____

?? Were parents notified of injury? _____

?? Injury occurred in: Practice _____ Game _____

?? Area of injury: Left side _____ Right side _____

?? Specific Area or Nature of injury: _____

?? Type of injury: Contusion _____ Separation _____ Dislocation _____

Temperature Illness _____ Strain _____ Sprain _____

Fracture _____ Wound _____ (Stitches _____ Number _____)

?? First Aid Rendered (describe): : _____

?? Was the athlete advised to see a physician? Yes _____ No _____

?? Physician's Name: _____ Location _____

Hospital: _____ Location _____

?? If not advised to see physician, state reason: _____

?? Was an Xray taken of injury? Yes _____ No _____

?? Who was responsible for sending athlete for X-rays?

?? Was athlete given release date by physician, giving permission to practice?

Yes _____ No _____ Release Date: _____

Athletic Trainer/Head Coach's description of injury, how it occurred, possible injury:

Signature of Athletic Trainer/Head Coach submitting report

Adapted from: NAIAA Athletic Administration: A Comprehensive Guide

APPENDIX F-7

RETURN TO ATHLETIC PARTICIPATION FORM

This form is to be completed and returned to the coach prior to resuming athletic participation after being medically excluded because of disabling injury or illness

ATHLETE _____

DATE _____

INJURY _____

SPORT _____

To be completed by the examining physician

To be completed by parent/legal guardian:

I have re-examined the above-named athlete and find no restrictions from further activity and hereby discharged him/her and authorize full participation.

I give my consent for my child/ward to return to full participation in the above-named sport based on the recommendation of the examining physician.

Signature of Examining Physician

Signature of Parent/Legal Guardian

Physician's Name, Address, Phone _____
(stamp or print)

Home Phone _____

APPENDIX F-8

**CONTRACT AGREEMENT
FOR USE OF GYM FACILITIES
_____ LUTHERAN SCHOOL**

AGREEMENT by and between _____ Lutheran Church of Michigan, a Michigan Ecclesiastical Corporation, of _____, _____, Michigan, hereinafter called '____' and

of _____

hereinafter referred to as the 'Licensee'.

A. The Board of Trustees of _____ have approved the use of its gym and restroom facilities at _____, _____ by the residence of the community served by _____.

B. Licensee wishes to use the gym and restroom facilities upon the terms and conditions hereafter set forth by the Board of Trustees of _____.

C. DESCRIPTION OF FACILITIES AVAILABLE FOR USE:

1) The gym with ingress and egress through the DESIGNATED Entrance.

2) The Men & Women's restrooms adjacent to the gym.

3) The following athletic equipment: _____

D. DONATION FOR THE USE OF GYM & RESTROOMS:

1) A \$75.00 donation is due on the date of scheduling the use of the gym, in cash or money order with _____ as payee. The donation is non-refundable is Licensee should cancel.

2) Licensee will be libel to _____ for repairs and clean-up expenses in excess of donation.

