



IMPORTANT DATES – DUNBAR BOYS SOCCER 2018

SPRING CANDY SALES	MAY 16-31
PRE-SEASON TRAINING AND CONDITIONING	JUNE 5
KHSAA DEAD PERIOD	JUNE 25 – JULY 7
ICE CREAM SOCIAL	JULY 15
TRYOUTS	JULY 16
TEAM POT LUCK	JULY 23
BLUEGRASS STATE GAMES	JULY 27-29
TEAM PICTURE DAY	JULY 30
JONATHAN NORRIS MEMORIAL GOLF SCRAMBLE	AUGUST 10
CAR WASH	AUGUST 11
TEAM DINNERS	TBD
FAYETTE COUNTY SOCCER SPECTACULAR	AUGUST 17-18
YOUTH SOCCER CAMP	TBD
VARSITY OVERNIGHT TRIPS	
• KENTUCKY – INDIANA CHALLENGE (EVANSVILLE)	AUGUST 31 – SEPT 1
• COLUMBUS FRIENDLIES	SEPT 22-23
• GO4 THE GOAL FALL CLASSIC (IOWA)	SEPT 28-29
JV TOURNAMENTS	TBD
SENIOR NIGHT	TBD
END OF THE YEAR BANQUET	TBD

2018 Summer and Preseason Schedule

5-Jun	Tuesday		7:00 - 10:00 a.m.		16-Jul	Monday		7:00 - 10:00 a.m.
6-Jun	Wednesday		7:00 - 10:00 a.m.		17-Jul	Tuesday		7:00 - 10:00 a.m.
7-Jun	Thursday		7:00 - 10:00 a.m.		18-Jul	Wednesday		7:00 - 10:00 a.m.
8-Jun	Friday				19-Jul	Thursday		7:00 - 10:00 a.m.
9-Jun	Saturday				20-Jul	Friday		7:00 - 10:00 a.m.
10-Jun	Sunday				21-Jul	Saturday		8:00 - 10:00 a.m.
11-Jun	Monday		7:00 - 10:00 a.m.		22-Jul	Sunday		
12-Jun	Tuesday		7:00 - 10:00 a.m.		23-Jul	Monday		7:00 - 10:00 a.m.
13-Jun	Wednesday		7:00 - 10:00 a.m.		24-Jul	Tuesday		7:00 - 10:00 a.m.
14-Jun	Thursday		7:00 - 10:00 a.m.		25-Jul	Wednesday		7:00 - 10:00 a.m.
15-Jun	Friday				26-Jul	Thursday		7:00 - 10:00 a.m.
16-Jun	Saturday				27-Jul	Friday		7:00 - 10:00 a.m.
17-Jun	Sunday				28-Jul	Saturday		8:00 - 10:00 a.m.
18-Jun	Monday		7:00 - 10:00 a.m.		29-Jul	Sunday		
19-Jun	Tuesday		7:00 - 10:00 a.m.		30-Jul	Monday		7:00 - 10:00 a.m.
20-Jun	Wednesday		7:00 - 10:00 a.m.		31-Jul	Tuesday		7:00 - 10:00 a.m.
21-Jun	Thursday		7:00 - 10:00 a.m.		1-Aug	Wednesday		7:00 - 10:00 a.m.
22-Jun	Friday				2-Aug	Thursday		7:00 - 10:00 a.m.
23-Jun	Saturday				3-Aug	Friday		7:00 - 10:00 a.m.
24-Jun	Sunday				4-Aug	Saturday		8:00 - 10:00 a.m.
25-Jun	Monday		Dead Period Starts		5-Aug	Sunday		
7-Jul	Saturday		Dead Period Ends		6-Aug	Monday		7:00 - 10:00 a.m.
8-Jul	Sunday				7-Aug	Tuesday		Home Scrimmage
9-Jul	Monday				8-Aug	Wednesday		7:00 - 9:00 a.m.
10-Jul	Tuesday				9-Aug	Thursday		Home Scrimmage
11-Jul	Wednesday				10-Aug	Friday		7:00 - 10:00 a.m.
12-Jul	Thursday				11-Aug	Saturday		8:00 - 10:00 a.m.
13-Jul	Friday				12-Aug	Sunday		
14-Jul	Saturday				13-Aug	Monday		Away Game
15-Jul	Sunday				14-Aug	Tuesday		4:00 - 6:00
					15-Aug	Wednesday		

2018 Schedule

Day	Date	Opponent	Location	Time	
August					
Scrimmages					
Tuesday	7	Oldham County	Home	6:00	7:30
Thursday	9	Mercer County	Home	6:00	7:30
Regular Season Games					
Monday	13	Colligate	Away	5:00	6:30
Friday	17	Highlands	Home		6:00 FCSS
Saturday	18	Ryle	Home	11:00 a.m.	FCSS
		Woodford County	Home	5:00	FCSS
Thursday	23	Douglas	Away	6:15	8:00
Tuesday	28	Henry Clay	Home	6:15	8:00
Friday	31	Evansville	Away		
September					
Saturday	1	Evansville	Away		
Thursday	6	Lexington Catholic	Away		
Tuesday	11	Tates Creek	Away	6:00	8:00
Thursday	13	Bryan Station	Home	6:15	8:00
Tuesday	18	Lexington Christian	Home	6:15	8:00
Thursday	20	Lafayette	Home	6:15	8:00
Saturday	22	New Albany	Columbus		3:00
Sunday	23	Dublin Coffman	Columbus		1:00
Tuesday	25	Franklin County	Home	6:15	8:00
Friday	28	Tournament	Iowa		TBA
Saturday	29	Tournament	Iowa		TBA
October					
Tuesday	2	St. Henry	Home	6:15	8:00
Monday	8	District Tournament starts			



**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. 4/15, page 1 of 2
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*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.*

**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 –
9			
10			
11			
12			

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

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

EMERGENCY CONTACT INFORMATION

_____ Name (please print) _____ Relation to Student

_____ Emergency Contact Address, including City, State and Zip

_____ Daytime Phone _____ Cell Phone

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

EMERGENCY TREATMENT INFORMATION

The following information is recorded 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.

_____ Social Security Number _____ Birth Date

**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 virtually all internal organs, serious injury to virtually all 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 obeying the 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 acknowledge that they have read and understood the KHSAA Bylaws by distribution at <http://khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest 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 the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives 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, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

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

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.

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 and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high 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.

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

<hr/>	
Students' Name (please print)	School
<hr/>	
Student and Parent/Guardian Address including City, State and Zip	
<hr/>	
Signature of Student	Date
<hr/>	
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used	
<hr/>	
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	Emergency Phone Number
<hr/>	
Signature of Parent(s)/Guardian(s) who has/have custody of this student	Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below. <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PROVIDER REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

STUDENT, PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

I have read and understand the contents of the Paul Laurence Dunbar High School Drug Testing Policy. I understand that by signing this document, I am obligated to pay \$25.00 for the test, as well as abide by the terms and conditions of the Paul Laurence Dunbar High School Drug Testing Policy. I further understand that compliance with this policy is a precondition of participation in athletics at Paul Laurence Dunbar High School.

Print Student Name

(X) Student's Signature

Date

Print Parent or Guardian's Name

(X) Parent of Guardian's Signature

Date

Print Athletic Director's Name

(X) Athletic Director's Signature

Date

FAYETTE COUNTY PUBLIC SCHOOLS

701 EAST MAIN STREET
LEXINGTON, KY 40502
(859) 381-4100

PARENTAL PERMISSION FOR MEDIA OR DISTRICT BROADCAST, WEB OR OTHER PUBLICATION OF STUDENT'S PHOTOGRAPH, LIKENESS, WORK AND/OR VOICE FOR SCHOOL YEAR _____ - _____

This form is used to establish formal parental permission for students and their work to be shown in photographs, audio/videotapes, and interviews with the news media, Fayette County Public Schools (FCPS) educational access channel or Web site. Please call your school if you have questions.

STUDENT RECOGNITIONS AND SCHOOL PUBLICATIONS

Throughout the year there may be programs, meetings or events (i.e. school-wide assembly or FCPS Board meeting) that are open to the public and where individual or large group photographs or videotapes will be taken by the media or school district staff to recognize student achievement. In addition, your child's name and photograph will appear in school publications such as the yearbook or newsletter. **Your consent to these types of photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.**

MEDIA COVERAGE AND DISTRICT PUBLICATIONS

- I give permission for my child to be individually photographed, audio/videotaped or interviewed by the **media**.
Yes No
- I give permission for my child to be individually photographed or audio/video taped by district personnel for broadcast **on the FCPS educational access channel, Web site or district publications**.
Yes No
- I give permission for my child's work, name, grade, and school to **appear on the FCPS educational access channel, Web site or district publications**.
Yes No

I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in its use of photographs, audio/videotapes or interviews for district dissemination via the website, print or cable access channel or the media's use of same. I do further certify that I am of full legal capacity to execute the above authorization and release.

Student's Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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

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: _____

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

**REQUIREMENTS TO PARTICIPATE ON THE
PAUL LAURENCE DUNBAR BOYS SOCCER TEAM**

1. Adhere to the drug policy established by the Boys Soccer team and the SBDM council of Paul Laurence Dunbar High School.
2. Attend and participate in all practices and meetings
3. Turn in a copy of each grade report to Coach Bretz within one week of receiving.
4. Maintain a minimum non-weighted GPA of 2.0 in all courses throughout the academic calendar year.
5. Travel with the team to and from all sites in which transportation is provided.
6. Meet with the Principal after expulsion from a game.
7. Comply with all school rules that apply to athletics and academics.
8. Do not behave in a manner that would be detrimental to the Paul Laurence Dunbar soccer program.

Failure to adhere to these requirements will result in suspensions and dismissal from the team.

I have read and understand the requirements to participate in the Paul Laurence Dunbar Soccer Program.

Player Signature _____

Parent Signature _____