



Student Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Sports: \_\_\_\_\_

**JEFFERSON COUNTY PUBLIC SCHOOLS  
SPORTS SAFETY VIDEO FORM  
Combination Form (Parent and Student)**

\_\_\_\_\_ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

\_\_\_\_\_ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature



**Parent/Guardian Student-Athlete Concussion Statement 2.0**

**\_\_\_ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.**

**\_\_\_ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:**

**Parent/Guardian Initial Each Line**

**\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.**

**\_\_\_ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.**

**\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.**

**\_\_\_ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.**

**\_\_\_ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.**

**\_\_\_ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.**

**\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Student**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**



## **Ballard High School - ANTI HAZING POLICY**

Ballard High School prohibits recognized groups, organizations, athletic teams or those that attend events or are members of said groups that are sponsored, organized or supported in any way by Ballard, from hazing members, prospective members, or other persons seeking to be on a team, or to obtain benefits or services from any of our high school organizations. Further included are any members of the student body at large under the care and supervision of Ballard High School.

Hazing is an action or activity, with or without consent from a person, whether conducted on or off Ballard High School property, which is designated to or has the reasonably foreseeable effect of humiliation, denigrating, offending, physically or mentally abusing or exposing to danger a person, as a condition, directly or indirectly, of the person's consideration for, continuation in, admission to, membership in, participation in activities of, receipt of benefits or services from, an organization or group.

Any participant who chooses to not follow the above policy will be subjected to consequences on a case-by-case matter. **Consequence could involve suspension from school, legal action, removal from the team or group (if applicable) and other consequences that administrators and/or coaches consider appropriate.**

I have read and understand the Anti-Hazing statement adopted by Ballard High School.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

RESPECT PLEDGE: All people in our community need to know that respect is a lifetime value taught through interscholastic activities and it is a principle of good citizenship. By taking this pledge, a person chooses to accept the responsibility of his/her actions whether a participant or spectator.

I \_\_\_\_\_ will focus my actions as a student participant on respecting my opponents, coaches, parents, fans and officials. I believe that demonstrating respect for all people involved in my activity, I am a catalyst for positive interaction among participants for interscholastic activities and athletics. By taking this pledge I accept the responsibility of serving as a role model for all students in my community.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport(s)/Activity