



Dear Parent/ Guardian,

The Athletic Department at Colleton County School District now hosts their Pre-Participation Athletic Forms online with PlanetHS. This digital platform will allow you, and your student(s), to complete and access athletic forms via computer, tablet, or mobile phone. It is HIPAA, COPPA and FERPA compliant. A link to the privacy policy is located at the bottom of the Sign in page at [www.planeths.com](http://www.planeths.com).

Parent and student must create separate accounts, using different emails and/or mobile numbers.

*Important: Students must be sure to create accounts using accurate information, including their Official Name from school registration, DOB, high school graduation year and school.*

*You can click SELF HELP on the right of the screen for walkthroughs of the account creation, account linking, and athletic forms functionality.*

STEP 1. Go to [www.planeths.com](http://www.planeths.com) and click on the yellow login button in the top right of the screen. 

Once on the Login page, click on 

- OR - With a smartphone, follow the Quick Account Instructions on the second page of this letter.

*Note: if students are under 13, and they create an account, they must know their parent/guardian's email address or mobile phone number. (COPPA COMPLIANCE)*

- Choose the type of account you wish to create.
- Complete the requested information.
- Be sure when choosing your school that you choose the school the student is attending.

STEP 2. Link the Parent account to the Student(s) account. 

You will be led through this process after creating an account. If you do not link accounts at the time of account creation, you can always click the LINK ACCOUNT button at any time to complete or initiate the linking process. Parents can link to as many student accounts as they wish by repeating the linking invitation process.

STEP 3. Complete Athletic Forms as Advised. 

Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the ATHLETIC FORMS button.

For additional help please refer to the one-page help-guide below, access the complete online forms tips located in the light green bar at the top of the Athletic Forms page in your account or use the light blue self help button located on the right-hand side of your screen.

Athletes cannot participate in sports until digital forms are complete and approved unless otherwise specified by your school. Forms will be valid for the entire school year for which they are filled out, with the exception of the physical exam provided by your physician which will reflect the policy set in place by your athletic department. *Completing and having your Pre-Participation Registration Forms accepted by your school does NOT guarantee you have made the team.*

If you need assistance with PlanetHS or need more information, please consult the help documents found here <https://bigteams.force.com/support/s/> or email [schoolsupport@planeths.com](mailto:schoolsupport@planeths.com). If you have questions regarding the content of form requirements, please contact your school Athletic Director.

Thank you

Colleton County School District Athletic Department



**\*Quick Account Instructions for account creation via mobile phone:** If you have not received a request to link accounts with your student; please use the code that corresponds to the school your student attends. If you have multiple students at different campuses, use the code that corresponds to your oldest student. Once you send the code you will immediately receive a text back with a hyperlink to create your account. *(Msg & Data rates may apply.)*

**Colleton County Middle School:** via mobile phone send a text to 69274 containing *S1715* in the message.

**Colleton County High School:** via mobile phone send a text to 69274 containing *S698* in the message.

*(Text HELP to 69274 for more information. Text STOP to 69274 to opt out. Msg & Data rates may apply. The wireless carriers are not liable for delayed or undelivered messages. Number of messages vary per user).*



## Athletic Pre-Participation Forms Getting Started Guide (Parent & Student)

Your school has elected to collect pre-participation forms online through . Follow the steps below to complete pre-participation registration:

<p><b>1. Create Accounts</b></p>	<ul style="list-style-type: none"> <li>• Both a parent and student are required to create separate accounts. Each account must have a unique email or mobile #.</li> <li>• Go to <a href="http://www.planeths.com">www.planeths.com</a></li> <li>• If your school has provided their <i>Quick Account Code</i>, TEXT the code to 69274 to create your parent &amp; student account. *Creation of accounts can be done on all devices with a connection: <i>Computers, Smart Phones, Tablets, iPads, etc.</i></li> <li>• <b>Home School selection</b>- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides.</li> <li>• <b>My student plays for both the Middle School and High School?</b> If your student plays on both a middle and high school team, upon account creation, select the home school in which your <i>STUDENT STUDIES</i>. You will be able to select a secondary school within the Additional Schools section after creating your account.</li> </ul>
<p><b>2. Link Parent &amp; Student Accounts</b></p>	<p>Once logged in, you will be prompted to link the parent and student account. Enter the email address or mobile # to send an invitation to the parent/student. The invited person clicks on the link in the email or text message to finish the linking process. The invited person can also login and accept the link request by clicking on the Link Account Button and selecting accept.</p> <p><b>Why do I have to link accounts?</b> Forms required by your school, often require both a parent and student signature to mark the form as completed. For the system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p><b>3. Athletic Forms button</b></p>	<p>Click the <b>Athletic Forms button</b> to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p><b>4. Select the Sports you will participate</b></p>	<p>In the <b>Sports Interest</b> section, check the sports you will be trying out for. By checking these sports, you are allowing the coach of that team to view your pre-participation paperwork...</p>
<p><b>5. Additional Schools (If Applicable)</b></p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank. Adding additional schools will allow the Athletic Director(s) at the additional school(s) view your pre-participation paperwork.</p>
<p><b>6. Complete &amp; Sign Digital Forms</b></p>	<p>Click on each form link, complete each form, and click the <b>Sign &amp; Submit</b> button. <b>Both the parent and student must complete this step.</b> Your school/district chooses which forms require the student, parent, or student AND parent signatures. Upon completion of each form, you should be auto promoted to the next form.</p>
	<p>Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the <b>ATHLETIC FORMS</b> button. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
	<p><b>Upload Buttons</b> are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p>
<p><b>7. Accepted Forms Notification</b></p>	<p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.</p>

If you need assistance with PlanetHS or need more information, please consult the help documents found here <https://schoolsupport.helpdocs.com> or email [schoolsupport@planeths.com](mailto:schoolsupport@planeths.com). If you have questions regarding the content of form requirements, please contact your school Athletic Director.

# Preparticipation Physical Evaluation - Physical Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Examination</b>			
Height:	Weight:		
BP: / ( / )	Pulse:	Vision: R 20/ L 20/	Corrected ___ Yes ___ No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

### Preparticipation Physical Evaluation

- Medically eligible for all sports without restriction.  
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: \_\_\_\_\_  
 Medically eligible for certain sports: \_\_\_\_\_  
 Not medically eligible pending further evaluation.  
 Not medically eligible for any sports.  
 Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_ MD, DO, NP, or PA

# Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): \_\_\_\_\_  
 \_\_\_\_\_

General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
Heart Health Questions About You	Yes	No
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography).		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
Health Questions About Your Family	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?		
Bone and Joint Questions	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

Medical Questions	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special Diet or do you avoid certain types of foods?		
28. Have you ever had an eating disorder?		
Females Only	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain a "Yes" answer here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date \_\_\_\_\_



This document will cover the 2021-2022 athletic sports seasons for Colleton County School District.

**ASSUMPTION OF RISK WAIVER FOR ATHLETICS (COVID-19)**

In consideration of being allowed to participate on behalf of Colleton County School District athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that (initial all below):

1.  Participation includes possible exposure to and serious illness from COVID-19. While specific rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2.  I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3.  I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Colleton County School District, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I further certify that as of the date of execution of this document, I do **not** have any of the following symptoms:
  - a.  Fever
  - b.  Cough
  - c.  Difficulty breathing
  - d.  Sore throat
  - e.  Loss of taste or smell
  - f.  Vomiting or diarrhea
  - g.  Any other symptoms related to COVID-19.
5.  I certify I have **not** been in contact with anyone known to be infected with COVID-19 in the previous 14 calendar days.
6.  I certify I have not travelled out of the country at any point during the past 14 calendar days.
7.  I acknowledge I have been advised to wear a mask or some type of face covering. If I do not wear a face covering, I am subject to immediate suspension or expulsion from the team.
8.  I agree to follow the posted guidelines and protocols required for athletics, which may include but is not limited to the following related to COVID-19: social distancing, sanitization and cleanliness, and health monitoring.
9.  I agree to have my temperature taken before every practice and/or game and to answer questions about my health status. I understand that if I have a temperature of 100.4°F or above or if my health status changes, I will be required to leave the property/facility immediately.
10.  I certify I will not use a water bottle that does not belong to me. Further, if I use a disposable cup to obtain water, I will dispose of the cup properly after use.
11.  I agree to comply with the stated and customary terms and conditions for participation as regards protection against COVID-19. If, however, my status changes as to any of the symptoms listed above or any other symptoms of COVID-19, or I contract COVID-19, that I must and will notify the coach **within 24 hours** via phone, email, and/or text.
12.  If I contract COVID-19, I will quarantine for a period of no less than 14 calendar days. I acknowledge that it is within the coach's discretion as to when or if I will be allowed to return to play or practice.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child understands and accepts these risks and responsibilities. I, for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

\_\_\_\_ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Colleton County School District, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_ I acknowledge that if my child, listed above, tests positive for COVID-19 and/or develops any symptoms related to COVID-19, I will notify the coach within 24 hours via the methods described above.

\_\_\_\_ I further acknowledge that a letter may be sent to the team informing each athlete that a team member has tested positive for COVID-19.

\_\_\_\_ I certify that I will remain in my vehicle to observe practice and/or games, if and until this restriction is lifted.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Parent/Guardian: \_\_\_\_\_

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

Date: \_\_\_\_\_

SWORN TO BEFORE ME ON THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR STATE OF \_\_\_\_\_

My Commission Expires: \_\_\_\_\_