



CHAMBLEE SOCCER 2019 PLURIBUS UNUM – OUT OF MANY, ONE

Coaching Contact Information

Girls Varsity Coach:	Mattie Kaspar	Mattie_Kaspar@dekalbschoolsga.org
Girls Varsity Assistant Coach:	Spenser Sumpter	ssumpter2@gmail.com
Boys Varsity Coach:	Rob Richmond	Robert_Richmond@dekalbschoolsga.org
Boys Varsity Assistant Coach:	Henry Musey	hkmusey@yahoo.com
Junior Varsity Coach:	Elliot Yarboro	Elliot_Yarboro@dekalbschoolsga.org
Community Coach:	Pat Williams	patnbeth3@mtaonline.net

Paperwork Requirements

Due on/before Monday, **JANUARY 14, 2019**

All paperwork may be found on website

NO PAPERWORK MEANS NO TRYOUT

- GHSA Physical Form
- Copy of Insurance Card
- Player Information Sheet
- CCHS Athletics Form

DATED & SIGNED BY PHYSICIAN
FRONT & BACK

Important Dates

Friday, January 11, 2019	Paperwork due
Monday, January 14, 2019	Tryouts begin @ N Dekalb Stadium
Wednesday, January 16, 2019	Teams posted PM online
Thursday, January 17, 2019	Teams posted AM
Thursday, January 17, 2019	1 st day of practice
Tuesday, January 22, 2019	Bulldog Night (Player Registration) @ CCHS, 6pm
Tuesday, March 19, 2019	Senior Night
Thursday, April 18, 2019	Banquet Night @ CCHS, 6pm

2019 Booster Club Notes

- \$200 – Varsity Dues
- \$115 – JV Dues
- All players are **REQUIRED** to purchase socks ordered by the Booster Club

Additional Information

This form packet can be found on the FORMS page of the soccer website, www.chambleesoccer.com.

***Both player and parent need to ensure that we have correct phone numbers and emails for communication. All information is on the website. Additional information is sent out using apps such as TeamSnap & GroupMe.



CHAMBLEE BOYS/GIRLS VARSITY SOCCER SCHEDULE 2019

<i>DATE</i>	<i>OPPONENT</i>	<i>SITE</i>	<i>TIME (G/B)</i>
2/1 – Friday	<i>North Atlanta (Scrimmage)</i>	AWAY – North Atlanta	5:00/7:00
2/6 – Wednesday	Marist School	HOME – N Dekalb Stadium	5:55/7:55 (B/G)
2/9 – Saturday	Lakeside	HOME – N Dekalb Stadium	1:00/3:00
2/12 – Tuesday	Decatur	AWAY – Decatur	5:30/7:30
2/20 – Wednesday	Centennial	HOME – N Dekalb Stadium	5:55/7:55 (B/G)
2/22 – Friday	Dunwoody	HOME – N Dekalb Stadium	5:55/7:55
3/1 – Friday	Wesleyan	AWAY – Wesleyan	5:00/7:00
3/4 – Monday	Columbia*	HOME – N Dekalb Stadium	5:55/7:55
3/7 – Thursday	Clarkston*	HOME – N Dekalb Stadium	5:55/7:55 (B/G)
3/8 – Friday	First Presbyterian Day School	AWAY - FPDS	6:00 (G Only)
3/12 – Tuesday	Miller Grove*	AWAY – Hallford	5:30/7:30 (B/G)
3/15 – Friday	Cross Keys*	AWAY – N Dekalb Stadium	5:30/7:30
3/19 – Tuesday	Atlanta International School	HOME – N Dekalb Stadium	5:55/7:55 (B/G)
3/22 – Friday	Arabia Mountain*	AWAY – Godfrey	5:30/7:30
3/25 – Monday	Buford	HOME – N Dekalb Stadium	5:55/7:55
3/28 – Thursday	Lithonia*	HOME – N Dekalb Stadium	5:55/7:55 (B/G)
4/9 – Tuesday	SW Dekalb*	AWAY – N Dekalb Stadium	5:55/7:55
4/12 – Friday	Atlanta Classical Academy	HOME – N Dekalb Stadium	5:55/7:55
4/17 – Wednesday	Paideia School	HOME – N Dekalb Stadium	5:55/7:55 (B/G)

* Region Matches

CHAMBLEE JV SOCCER SCHEDULE 2018

<i>DATE</i>	<i>OPPONENT</i>	<i>SITE</i>	<i>TIME (G/B)</i>
2/4 – Monday	Atlanta International School	HOME – N Dekalb Stadium	5:55 (B only)
2/5 – Tuesday	Buford	AWAY – Buford	5:30 (G only)
2/9 – Saturday	Lakeside	HOME – N Dekalb Stadium	10:00/11:30
2/14 – Thursday	Centennial	AWAY – Centennial	5:55/7:30
2/21 – Thursday	Druid Hills	HOME JVG – AWAY JVB (Druid Hills MS)	4:30
2/23 – Saturday	Dunwoody	HOME – Hallford	4:00/5:30
2/25 – Monday	Tucker	HOME – N Dekalb Stadium	5:55/7:30
2/28 – Thursday	Wesleyan	AWAY – Wesleyan	6:30 (B only)
3/6 – Wednesday	St. Pius X	AWAY – St. Pius X	5:30/7:00
3/8 – Friday	First Presbyterian Day School	AWAY – FPDS	4:15 (G only)
3/11 – Monday	Clarkston	HOME – Avondale	5:55 (B only)
3/13 – Wednesday	Cross Keys	AWAY – N Dekalb Stadium	5:55/7:30
3/18 – Monday	Lovett	AWAY – Lovett	5:15/6:45
3/21 – Wednesday	Marist School	AWAY – Marist School	5:00/6:15
3/27 – Wednesday	Decatur	AWAY – Decatur	5:55/7:30



CHAMBLEE SOCCER PLAYER INFORMATION 2019

Name: _____ Address: _____

Player Mobile: _____ Player Email: _____

Parent Name(s): _____ Parent Mobile(s): _____

Parent Email(s): _____

Grade: _____ Birthday: _____

Are you a transfer student: Y / N

Are you on a club team? Y / N If so, with whom? _____ What is your primary position? _____

Shirt Size: S M L XL

Short Size: S M L XL

Sock Size: AM

AL CLASS SCHEDULE:

PERIOD	CLASS TITLE	TEACHER	ROOM #
1			
2			
3			
4			
5			
6			
7			





CHAMBLEE CHARTER HIGH SCHOOL ATHLETIC PARTICIPATION FORM
 ALL **HIGHLIGHTED** AREAS MUST BE COMPLETED PRIOR TO STUDENT PARTICIPATION IN ATHLETICS



Student No. _____

Grade _____

MI _____

First Name _____

Last Name _____

CONTACT INFORMATION

Student Name: _____ School Year: _____

Home Address: _____ City: _____

Name of Parent/Guardian(s): _____

Address (if different from above): _____ City: _____

Mother: (Home Phone): (____) _____ - _____ (Cell): (____) _____ - _____

Father: (Home Phone): (____) _____ - _____ (Cell): (____) _____ - _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

(Home) (____) _____ - _____ (Cell) (____) _____ - _____

Personal Physician: _____ Phone: _____

ALTERNATIVE TRANSPORTATION LIABILITY RELEASE

Initial: _____

DeKalb County School System (DCSS) and Lakeside High School is not always able to provide transportation for students to off-campus extracurricular school activities. In cases when transportation is not provided by DCSS, as in the use of a school bus or charter bus, it is the responsibility of the student's parents/guardian to secure their student's attendance at such activities. DCSS, its officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off-campus activity when such transportation is provided by parents, student, staff or any other party.

MEDIA RELEASE

Initial: _____

I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by DCSS / Lakeside High staff or their designee. I understand that any such photographs, audio recordings, academic work and/or video recordings become the property of the local school or district and may be used by the school, district or others within their consent, for educational, instructional or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

ATHLETIC CODE OF CONDUCT

Initial: _____

DeKalb County School System and Lakeside High School athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation; self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime.

All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of DeKalb County School System and Lakeside High School. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.

The Athletic Code of Conduct is designed to establish high expectations and standards for all students participating in Georgia High School sanctioned athletic activities. The Code of Conduct also provides consistent consequences when violations occur. The consequences listed on the Code of Conduct are minimum standards. The schools can set consequences over and above those listed on the Code of Conduct.

I have read the DeKalb County Athletics Handbook and I understand the potential consequences that go along with violating the Athletic Code of Conduct.

PERMISSION TO TREAT

Initial: _____

I give my permission for the coaches, certified athletic trainers and/or their designees to administer treatment and/or medication for illness, injury or rehabilitation,

Initial: _____

In the event of an emergency and I cannot be reached, I grant permission to the school personnel, coaches and/or certified athletic trainers to activate the Emergency Action Plan.

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING

- Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.
- Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**
- By signing this permission form, you acknowledge that you have read and understand this warning.
- **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (we) hereby give consent for _____ to:

- (1) Compete in athletics at Lakeside High School of the DeKalb County School System in Georgia High School Association approved sports;
- (2) To accompany any school team of which the student is a member on any of local or out of town trips;
- (3) and I hereby verify that information included on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

The student is domiciled at the above address located in the _____ High School District.

Has student attended this DeKalb County school for at least one full school year? Yes _____ No _____

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

INSURANCE INFORMATION

Please **INITIAL ONE** of the following statements regarding insurance coverage for your son/daughter for the _____ school year.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in all interscholastic athletics (including, but not limited to, varsity and sub-varsity football).

Company providing insurance

Name of insured

Policy#

_____ I wish to purchase the Benefit Plan provided for the DeKalb County School System. **(A signed copy of this Benefit Plan must be stapled to this form.)**

MEDICAL AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____, may compete in high school athletics in DeKalb County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

PLEASE SIGN HERE:

THIS SIGNATURE CONSENTS TO TRANSPORTATION LIABILITY, MEDIA RELEASE, CODE OF CONDUCT, PERMISSION TO TREAT, ATHLETIC PARTICIPATION, VERIFICATION OF INSURANCE COVERAGE AND MEDICAL AUTHORIZATION. THIS SIGNATURE ALSO REPRESENTS THAT ALL INFORMATION PROVIDED IN THIS ATHLETIC PARTICIPATION FORM IS ACCURATE AND COMPLETE.

SIGNATURE OF ATHLETE

SIGNATURE OF PARENT/GUARDIAN

DATE



STAPLE COPY OF
FRONT SIDE OF INSURANCE CARD HERE

OR
COPY OF **COMPLETED & SIGNED** SCHOOL INSURANCE POLICY

STAPLE COPY OF
BACK SIDE OF INSURANCE CARD HERE

OR
COPY OF CHECK TO STUDENT INSURANCE PROVIDER
(2 pages may be used for Student Insurance info if not enough room on 1 page.)



GEORGIA

DR. RALPH SWEARNGIN, Executive Director
JOYCE KAY, Associate Executive Director

P.O. BOX 271
151 S. BETHEL STREET

GARY PHILLIPS, Assistant Executive Director
STEVE FIGUEROA, Director of Media Relations
DENNIS PAYNE, Associate Director

THOMASTON, GA 30286-0004
TELEPHONE 706-647-7473
FAX 706-647-2638

ERNIE YARBROUGH, Associate Director

www.ghsa.net



HIGH SCHOOL ASSOCIATION

TO: Whom It May Concern

FROM: Georgia High School

Association DATE: August, 2011

RE: Pre-Participation Physical Evaluation; pages 3-4

As per Georgia High School Association By-Law 1.41(c) and the new State of Georgia law, the "Pre-Participation Physical Evaluation" form may be signed by a licensed Nurse Practitioner or a Physician's Assistant provided this person has been delegated that task by an M.D. or D.O. Alterations (edits) to this copyrighted document are not permitted. Therefore, the doctor or his/her designee may print and then sign his/her (their) name on the appropriate line(s) found on page 3 and page 4 of the physical form.



■ Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

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

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

PHYSICIAN 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 ^a • 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		

^aConsider 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

