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Name of Student

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Sport(s)

**BEACH DISTRICT ATHLETIC MANUAL**  
**PARENTAL STATEMENT OF UNDERSTANDING**

The *Beach District Athletic Manual* can be accessed online at <http://www.vbschools.com/calendar/athletic/index.asp> and contains information concerning:

2.0 Mandate for Interscholastic Activities	Acknowledgement of Risk	Anti-Hazing Statement
Athletic Training	Collegiate Eligibility Requirements	Concussion Information
Individual Eligibility Rules	Insurance	Medical History
Out-Of-Season Practice Rule	Parent/Coach Communication	Participation Expectations
Permission for Emergency Care	Physical Examination	Social Media Position Statement
Sportsmanship Guide	Team Policy and Specific Sports	VBCPS Grade Scale

**Parental Statement of Understanding:**

- I have reviewed the Concussion in Sports – Information Sheet for Parents and Guardians provided to me at the sports informational meeting, in the Beach District Athletic Manual, or by some other means.
- I have reviewed the ImPACT Concussion Management Program Information Sheet provided to me at the sports informational meeting, in the Beach District Athletic Manual, or by some other means.
- I give permission for my son/daughter to participate in the ImPACT Concussion Management Program as outlined in the *Beach District Athletic Manual*. VBCPS may release the ImPACT (Immediate Post-concussion assessment and Cognitive Test) results to my child's primary care physician, neurologist, or other treating physician, as requested.

I understand the policies governing interscholastic athletics in the Virginia Beach City Public Schools through attending a sports informational meeting, the *Beach District Athletic Manual*, or some other means, and by my signature, grant permission for the student's participation. I also understand that participation in school-sponsored activities is a privilege and not a property right; and therefore, the school's principal may suspend my son/daughter from participation by declaring him/her not in good standing if the student's character or conduct is such as to reflect discredit upon his/her school.

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Name of Parent/Guardian

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Signature of Parent/Guardian

Attended Sports Informational Meeting: Yes \_\_\_\_ No \_\_\_\_