

MOUNTAIN SHADOWS MIDDLE SCHOOL ATHLETIC PACKET  
COVER

2015-2016 SCHOOL YEAR

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

SPORT(S) PLAYING: \_\_\_\_\_

OFFICE USE ONLY

INFORMATION

<u>COMPLETE:</u>	<u>MISSING:</u>

<u>DATE</u>			
<u>GPA</u>			

PAID    YES/ NO

WATER RECEIVED    YES/ NO



# MOUNTAIN SHADOWS MIDDLE SCHOOL

## ATHLETIC INFO:

ALL STUDENTS WHOM WISH TO PARTICIPATE IN ANY SPORT AT MSMS DURING THE 2015-2016 SCHOOL YEAR MUST BE ENROLLED WITH THINKTOGETHER. THINK TOGETHER IS RUNNING ALL SCHOOL DAY SPORTS.

STUDENTS WHOM WISH TO PARTICIPATE MUST MEET THE ATTENDANCE REQUIREMENTS IN ADDITION TO THE REQUIREMENTS OUTLINED IN THE ATHLETIC PACKET. STUDENTS MUST BE ABLE TO ATTEND 5 DAYS A WEEK UNTIL MINIMUM OF 5PM.

SPORTS SCHEDULE IS AS FOLLOWS FOR ALL SPORTS:

**Immediately after school dismissal students meet at the locker room.**

*\*\*Students whom are late without an excused reason will be docked a practice day.*

**Students will dress out into practice clothes.**

**With the exception of game days, students practice daily until 3:30pm**

**3:30-3:45pm students will receive snack.**

**3:45-5:00pm = Homework component.\*\*Required DAILY**

FLAG FOOTBALL/VOLLEYBALL = AUGUST – NOVEMBER

BASKETBALL(GIRLS & BOYS) = NOVEMBER – FEBRUARY

SOCCER (GIRLS & BOYS) = MARCH - MAY

*Exact Schedule will be distributed prior to the start of the season*



## MOUNTAIN SHADOWS MIDDLE SCHOOL ATHLETIC POLICY

Athletics are an important part in total education and will help develop well-rounded young adults. The following goals will be stressed:

1. Improvement of physical fitness
2. Development of a positive self-image
3. Strengthen character and leadership through participation and acceptance of responsibility
4. Encourage sportsmanship and respect for rules, equipment and facilities, officials, teammates, and opponents.
5. Build pride in Mountain Shadows Middle School and Nuevo.

Athletes will follow directions and submit to authority for the welfare of the group. An athlete's action while representing Mountain Shadows Middle School shall not reflect unfavorably on the team, school, district, or community of Nuevo.

Athletes choosing to participate in the athletic program shall follow the established expectations, requirements, rules and regulations. Failure to comply will result in disciplinary action for the athlete.

### Definitions:

1. **Short-term suspension:** any period of time up to five consecutive school days. This suspension can include practice time and/or participation in games/meets.
2. **Long-term suspension:** any period of time exceeding five consecutive school days. Long-term suspension can include practice time, games/meets, and/or dismissal for the remainder of the current sports season.
3. **Emergency Expulsion:** immediate removal from practice, games/meets and/or dismissal for the remainder of the current sports season.

## MOUNTAIN SHADOWS MIDDLE SCHOOL ATHLETIC REQUIREMENTS

**Academic Requirements:** Athletes shall maintain passing grades in ALL classes (NO F's) and a minimum of a 2.0 grade point average based on the previous grading period. Failure to maintain passing grades and/or GPA will result in ineligibility to participate and/or being placed on academic probation, which will be reassessed on a WEEKLY basis with the Principal.

**Attendance Requirements:** Athletes are expected to be in regular attendance at school, practices and all scheduled contests with no unexcused absences or tardiness. Athletes will not practice nor participate in a contest if they have been absent from classes the same day without a pre-arranged excuse.

### Violations

Any student who physically assaults a coach or game official shall be banned from athletics for the remainder of the school year. Any student who physically assaults another participant shall be ejected from the game and will be banned from the following game. A second offense results in being banned for the remainder of the current sports season.

Any student who leaves the bench or team area during a fight that may be or has broken out shall be banned from participating in the remainder of the game and will be banned from the following game.

**Smoking, Drinking, Use of and/or Possession of Drugs (including paraphernalia)** shall not be allowed.

- **1<sup>st</sup> violation:** Athletes shall be immediately ineligible for competition for the remainder of the current sports season.
- **2<sup>nd</sup> violation:** Athletes shall be ineligible for competition for a period of one calendar year from the date of the second violation.
- **3<sup>rd</sup> violation:** Athletes shall be permanently ineligible for competition for the remainder of his/her years at Mountain Shadows Middle School.

**Criminal Activity:** The school district retains the discretionary authority to discipline, suspend or expel the student involved in criminal activity, in addition to any court penalty. The coach may recommend to the administration that appropriate disciplinary action be taken.

**Care and Treatment of Equipment:** All equipment and uniforms assigned to an athlete will be taken care of and returned in a condition that will allow its use by future participants. This is a responsibility assumed by the athlete when he/she tries out for a sport.

- Coach and administration will handle violations by suspensions, conferences, or limiting the athlete's participation in upcoming sports seasons and by requiring payment for damages or losses.

## MOUNTAIN SHADOWS MIDDLE SCHOOL ATHLETIC EXPECTATIONS

1. Each athlete must have an **annual** (yearly) physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics on file with the Athletic Director **before he/she can participate in any athletic competition...including try-outs!** Schedule your physical **NOW...don't wait!!**
2. Each athlete shall donate 2 cases of water and \$10 as well as snack bar items to help with the costs of being a part of the team. This applies to **each sport** an athlete participates in. This does not apply for try-outs, it applies only when the athlete makes the team.
3. Each athlete will be required to abide by and respect all school rules and regulations.
4. Any athlete receiving a disciplinary "write-up" (lunch detention, referral, etc.) as the result of breaking school/class rules by any adult staff member may result in additional discipline by the coaching staff for the first two infractions. For a third violation, the athlete will be removed from the team for the remainder of the season.
5. Athletes are expected to be at, and on time, for every practice. Athletes will be excused from practice with a prior note (when possible) from his/her parent for the following reasons only: (1) Funeral, (2) Doctor's or Dentist's Appointment (3) Illness/Absence from school. Any admissible exceptions to this policy must be agreed on with the coaching staff prior to the missed practice. Any unexcused missed practice(s) will be regarded as skipping practice and will result in disciplinary action.
6. Athletes are expected to display appropriate behavior and good sportsmanship at all times.
7. Athletes are expected to be a positive, cooperative, team player and work to become the best they can be.
8. Athletes are expected to follow and abide by the MSMS Athletic Policy.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

# PARENT CODE OF ETHICS

Athletics is an integral part of Mountain Shadows Middle School's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field/court, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Athlete Code of Ethics is presented.

As a parent, I understand that it is my responsibility to:

1. Place my child's academic achievement as the highest priority by helping him/her maintain a minimum 2.0 grade point average.
2. Show respect for all players, officials, coaches and other adults. No parent shall disrespect, threaten, yell at or attack (verbally or physically) an official, player, coach or other adult.
3. Respect the integrity and judgment of game officials. No parent shall challenge an official's call or show objectionable dissent about an official's decision.
4. Exhibit fair play, sportsmanship and proper conduct before, during and after the athletic event.
5. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
6. Know and follow all state, league and school athletic rules and regulations as they pertain to eligibility and sports participation for my son/daughter.
7. Teach my athlete how to win with character and lose with dignity.
8. Violations of this CODE OF ETHICS could result in removal from the current athletic event and possible suspension from attending future athletic events.

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Signature of Parent

Name (Printed)

Date

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Athlete's Name (Printed)

# ATHLETE CODE OF ETHICS

Athletics is an integral part of Mountain Shadow Middle School's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field/court, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Athlete Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority by maintaining a minimum 2.0 grade point average.
2. Show respect for teammates, opponents, officials and coaches. No athlete shall disrespect, threaten or yell at an official, player (own/opponent) or other adult.
3. Respect the integrity and judgment of game officials. No athlete shall challenge an official's call.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field/court.
5. Maintain a high level of safety awareness. This includes respecting all equipment and using it safely and appropriately.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
9. Know and follow all state, league and school athletic rules and regulations as they pertain to eligibility and sports participation.
10. Win with character, lose with dignity.
11. Violations of this CODE OF ETHICS could result in game suspensions or removal from the athletic team.

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Signature of Parent

Date

---

Signature of Athlete

School

Date

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Athlete's Name Printed



**INFORMED CONSENT  
AWARENESS OF SPORTS INJURY RISK  
WARNING AND AGREEMENT**

By its very nature, competitive athletics can put students in situations in which **SERIOUS, CATASTROPHIC, and perhaps FATAL** accidents could occur.

Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. Both the athlete and parent must understand that the dangers and risks of playing or practicing include but are not limited to: death, paralysis, brain damage, serious injury to any of the internal organs, bones, and/or soft tissue.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following the coaches' instructions regarding playing techniques, training, equipment and other team rules, etc., both in competition and practice, and agree to obey such instructions. We also recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this program. Each player is expected to follow the directions of the coaches.

It is understood that even though protective equipment is worn by an athlete, when needed, the possibility of an accident still remains. Nuvview Union School District does not assume any responsibility when an accident occurs. If, in the judgment of any representative of the school, the below named student should need immediate care and treatment as a result of any injury or sickness, I do hereby authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and hold harmless the school and any school or medical representatives from any claim by any person on account of such care and treatment of said student.

The school requires that both the athlete and the parent sign and date below, acknowledging that they have read the above statement and understand it thoroughly. This paper, with signature, will be kept on file with the administration. I have read and understand the information above and give my son/daughter permission to participate.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Athlete's Name (Print)

**MEDICAL ISSUES:** \_\_\_\_\_

**AUTHORIZATION OF CONSENT FOR EMERGENCY TREATMENT OF MINOR**

Please list the name and phone numbers of the parent/guardian to be notified in an emergency situation as well as an alternate emergency contact and your family physician.

Student's Name: \_\_\_\_\_ M or F Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

EMERGENCY Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Physician (Name): \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby authorize and give consent for the above named student (hereafter referred to as "my child") to compete in sports with/for Mountain Shadows Middle School. I authorize my child to travel with and be supervised by a representative of Nuview Union School District on any trips. I understand that the Nuview Union School District assumes any responsibility in case an accident occurs. I will not hold liable Nuview Union School District, its officers or employees for medical aid rendered and will reimburse Nuview Union School District for medical or other expenses incurred in my child's care.

If, in the judgment of any representatives of Nuview Union School District, my child needs immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given to my child by any physician, trainer, nurse, hospital, or school representative. I authorize any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is rendered under the supervision of any member of the medical staff and emergency room staff licensed under provisions of the Medicine Practice Act and on the staff of any hospital holding a current license to operate from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital emergency care being required but is given to provide authority and power to render care which the aforementioned adults in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact me prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. I will assume financial responsibility for any and all treatment rendered to my child. Nuview Union School District, its employees or agents, or volunteers will not be responsible for such costs.

This authorization is given pursuant to California Civil Code Section 25.8 and remains effective until the end of the school year, unless revoked sooner in writing and delivered to the Principal at Mountain Shadows Middle School. In accordance with Education Code, Section 49407, I, the parent/guardian hereby agree to waive and hold harmless Nuview Union School District, as well as any person whosoever provided care and treatment of my child, from all claims against them for injury, accident, illness, or death occurring to my child by reason of participation in athletics.

List any restrictions or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

Mountain Shadows Middle School Athletic Department Emergency Travel Cards

**\*\*PARENTS, PLEASE COMPLETE BOTH TRAVEL CARDS\*\***

Athletic Department Emergency Travel Card – School Year \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Mobile Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Mobile Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital in Emergency \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies or Conditions \_\_\_\_\_

Athletic Department Emergency Travel Card – School Year \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Mobile Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Mobile Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital in Emergency \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies or Conditions \_\_\_\_\_



## Athletic Insurance Coverage Verification

In accordance with California Education Code 32221.5, Nuview Union School District is required to inform you of the following information:

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by contacting:

- (1) The Healthy Families Program
- (2) Medi-Cal
- (3) Any other comparable no-cost or low-cost local, state, or federally sponsored health insurance program.

In accordance with California Education Code, before your son or daughter is eligible to participate in athletics, you must provide proof of insurance coverage for him/her. Please read the following form carefully, and if you currently have the required insurance coverage for your son/daughter, please sign this form and **PROVIDE PROOF OF SUCH COVERAGE by attaching a copy of your insurance membership identification card.**

I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Student)

is insured in accordance with California Education Code, through:

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

I understand that the aforesaid California Education Code requires that the above named insurance coverage apply to the above named student as he/she is a member of an athletic team and/or is a non-competitor who performs duties in connection with athletic events while he/she is engaged in or preparing for an athletic event promoted under the sponsorship or the arrangement of the Nuview Union School District or Associated Student Body (ASB), whether he/she is on the way to/from the school or other place of instruction, as well as at the place of the athletic event.

I further understand that the above insurance covers doctors' services and hospitalization. Furthermore, I will assume the cost of ambulance service in case of emergency. I understand that the school does not pay for ambulance services. I accept full responsibility for the cost of treatment for any injury which my child may suffer while taking part in the MSMS athletics program. I will continue to keep this policy in force throughout the sports season(s) my son/daughter is participating in.

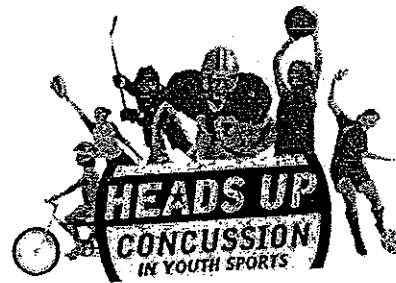
My signature on this form signifies that I, the parent/guardian of the above named athlete, certify that this information is correct.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date





# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



MOUNTAIN SHADOWS MIDDLE SCHOOL  
 30401 Reservoir Avenue, Nuevo, CA 92567  
 Phone: (951) 928-3836 Fax: (951) 928-3015

**ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION- PARENTS FILL THIS OUT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Glasses/Contacts: Yes No Age: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Explain "Yes" answers on the back of this sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 may require further medical evaluation. Written clearance you're your medical provider is required before any participation in practices or contests.

1. Have you had a medical illness or injury since your last check up or sports physical?  
 Yes  No

2. Have you been hospitalized overnight in the last year?  
 Yes  No

3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills using an inhaler?  
 Yes  No

4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  
 Yes  No

5. Have you ever passed out during or after exercise?  
 Yes  No

6. Have you ever been dizzy during or after exercise?  
 Yes  No

7. Have you ever had chest pain during or after exercise?  
 Yes  No

8. Do you get tired more quickly than your friends do during exercise?  
 Yes  No

9. Have you ever had racing of your heart or skipped heartbeats?  
 Yes  No

10. Have you had high blood pressure or high cholesterol?  
 Yes  No

11. Have you ever been told you have a heart murmur?  
 Yes  No

12. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?  
 Yes  No

13. Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?  
 Yes  No

14. Have you had a severe viral infection (for example, Myocarditis or mononucleosis) within the last month?  
 Yes  No

15. Has a physician ever denied or restricted your participation in sports for any heart problems?  
 Yes  No

16. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?  
 Yes  No

17. Have you ever had a head injury or concussion?  
 Yes  No

18. Have you ever been knocked out, become unconscious, or lost your memory?  
 Yes  No

If yes, how many times? \_\_\_\_\_

When was the last concussion? \_\_\_\_\_

How severe was each one? (Explain on back)

19. Have you ever had a seizure?  
 Yes  No

20. Do you have frequent or severe headaches?  
 Yes  No

21. Have you ever had numbness or tingling in your arms, hands, legs, or feet?  
 Yes  No

22. Have you ever had a stinger, burner, or pinched nerve?  
 Yes  No

23. Have you ever become ill from exercising in the heat?  
 Yes  No

24. Have you ever gotten unexpectedly short of breath with exercise?  
 Yes  No

25. Do you cough, wheeze, or have trouble

breathing during or after activity?

Yes No

26. Do you have asthma?

Yes No

27. Do you have seasonal allergies that require medical treatment?

Yes No

28. Have you had any problems with your eyes or vision?

Yes No

29. Are you missing any paired organs?

Yes No

30. Do you use any special protective or corrective equipment or devices for your sport? For example: knee brace, neck roll, foot

orthotics, retainer/mouth guard on your teeth, hearing aid, etc.

Yes No

31. Have you ever had a sprain, strain, or swelling after injury?

Yes No

32. Have you broken or fractured any bones or dislocated any joints?

Yes No

33. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?

Yes No

If yes, check the appropriate box and explain on back.

- Head
- Hip
- Forearm
- Thigh
- Wrist
- Chest
- Finger
- Upper Arm
- Shin/Calf
- Shoulder
- Elbow
- Neck
- Foot
- Back
- Knee
- Hand
- Ankle

34. Do you feel stressed out?

Yes No

35. Are you currently under a doctor's care? (If yes, explain on back)

Yes No

*Females Only*

36. When was your first menstrual period?

When was your most recent menstrual period? \_\_\_\_\_

How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_

How many periods have you had in the last year? \_\_\_\_\_

What was the longest time between periods in the last year? \_\_\_\_\_

A "yes" answer to any questions 7-13 on the previous page (relating to a possible cardiovascular health issue) should restrict this student from further participation until his/her primary care physician assesses him/her and decides if he /she needs to be evaluated by a cardiologist and/or undergo cardiac testing.

If, between today's date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the athletic director of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the named student to penalties determined by the School Administration.

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

# FOR MEDICAL USE ONLY

Student's name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Glasses/Contacts: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

- Cleared without restrictions
- Cleared, with recommendations for further evaluation/treatment/rehabilitation for: \_\_\_\_\_

Not Cleared for:       All Sports       Certain Sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name of medical provider (print) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of medical provider \_\_\_\_\_

MD/NP/PA-C/DC

