



Amphitheater  
Middle



Coronado  
K-8



Cross  
Middle



La Cima  
Middle



Wilson  
K-8

# PARTICIPATION FORMS For INTERSCHOLASTIC ACTIVITIES

**AMPHITHEATER PUBLIC SCHOOLS  
INTERSCHOLASTICS DEPARTMENT**

**CONDITIONS FOR INTERSCHOLASTIC PARTICIPATION**

The Amphitheater Public Schools sponsors a comprehensive interscholastic program for all students enrolled in our middle and high schools. Student participation in interscholastic activities is governed by the rules and regulations established by Amphitheater Public Schools and the Northwest League.

Prior to participating in any practice session, in-season or off-season workout session, summer workout session, or athletic season, each student/participant **MUST**:

1. Be officially enrolled in and attend the middle school in his/her designated attendance area.
2. Be eligible in all areas of interscholastic eligibility in accordance with the rules and guidelines of the Northwest League, Amphitheater District, and site athletic department.

**AND**

As a condition of interscholastic participation in the Amphitheater Public Schools, each interscholastic participant and parent/guardian **MUST** read and agree to the attached rules and regulations. This information has been developed to provide for the safety and welfare of each participant. After reading this information each parent/guardian and participant **IS REQUIRED TO SIGN** the following documents and return these documents to their middle school. A student-athlete cannot participate until all items have been completed.

**TO BE COMPLETED AND SIGNED BY THE INTERSCHOLASTIC PARTICIPANT AND PARENT/GUARDIAN**

1. Acknowledgement of Rules and Terms for Interscholastic Participation (page 9)
2. Mild Traumatic Brain Injury (MTBI) / Concussion Statement (page 10)  
**(Concussion handouts available in the athletic office)\***
3. Annual Pre-participation and Physical Evaluation Forms (pages 11-14)

**TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN**

1. Consent for Interscholastic Participation and Emergency Information (page 8)

**ADDITIONAL REQUIRED INFORMATION**

1. Annual Preparticipation Physical Examination - Doctor (pages 11-14)
2. Paid athletic participation fee

## AMPHITHEATER SCHOOL DISTRICT ELIGIBILITY RULES FOR INTERSCHOLASTIC PARTICIPATION

The following are eligibility rules that are set forth by the Amphitheater District. Failure to comply with these rules can cause an athlete to be declared ineligible.

1. A student is privileged with eligibility for 3 consecutive seasons in each sport or activity and for 6 consecutive semesters after he/she enrolls in the 6th grade (including 6th grade year).
2. If a student becomes 15 years of age after September 1st, he/she is eligible to compete for the remainder of that school year if all other qualifications are met. (For exceptions, the Northwest League may grant a waiver.)

### 3. ACADEMIC ELIGIBILITY

- Nine-Week Grades – Students who receive a nine-week grade of “I”, “F”, “NC”, “NM”, “U” or a Grade Point Average of less than a 2.0, will be ineligible for at least four and one-half weeks. A student’s eligibility may not be reinstated prior to the Tuesday of the fifth week. (Please review the schedule of eligibility reinstatement dates with your administrator).
- Students may use summer school to regain eligibility for Fall participation if they meet the established criteria. You **MUST** see your administrator in charge interscholastic participation prior to enrolling in summer school for eligibility requirements.

4.

“The Amphitheater District therefore maintains a zero tolerance “24/7” policy on the use of tobacco, drugs or alcohol by interscholastic participants. Any interscholastic participant who uses, possesses, or transfers tobacco, drugs or alcohol at any time during their active season of competition will be immediately removed from the activity for the balance of the season. **This rule applies 24 hours a day, seven days a week, regardless of a student’s location.**”

5. High school eligibility will be determined by the grades from the spring semester of the 8<sup>th</sup> grade. Students may tryout and practice in an activity but cannot compete until academic eligibility is restored. (Refer to rule 3 above.)
6. Students assigned to in-school suspension or a suspension alternative shall not compete during the suspension period (schools may have more stringent policies).
7. Students **MUST** attend all classes on the day of practice or competition. **Exceptions** must be cleared through the office prior to the absence. Violation of this rule will result in a period of ineligibility of no less than one competition.
8. Each student participant must pay a \$37.00 athletic participation fee for each sport in which he/she competes.
9. Before an athlete can **TRYOUT OR PRACTICE** he/she must have the following on file:
  - a) Completed and Signed Pre-participation Forms and Physical Examination Forms
  - b) Signed Consent for Interscholastic Participation Form and Emergency Information
  - c) Signed Acknowledgement of Rules and Terms for Interscholastic Participation Form
  - d) Signed Mild Traumatic Brain Injury (MTBI) / Concussion Statement Form\*
  - e) **Paid Participation Fee - \$37.00**
10. Amphitheater District does not provide medical insurance coverage for students who are involved in interscholastic sports. The parent(s)/guardian(s) are responsible for all medical costs due to any injury that may occur during normal practice or actual competition.
11. Students involved in athletics may be issued school equipment. All equipment is numbered and **STUDENTS MUST RETURN THE EXACT EQUIPMENT THEY WERE ISSUED TO AVOID HAVING TO PAY FOR ITS REPLACEMENT. EQUIPMENT/UNIFORM LAUNDRY DIRECTIONS SHOULD BE CAREFULLY FOLLOWED.** Damage from improper laundering of equipment is the responsibility of the student. If the equipment is not returned within 10 school days following the end of the sport season (whether lost or stolen), students will be automatically charged full replacement value for the equipment. **Amphitheater District is not responsible for any items or valuables in locker-rooms/lockers.**

12. Athletes who are ejected from any contest are ineligible for the remainder of that contest and the next scheduled contest. Students ejected for a second time are ineligible for the next two contests. A third ejection will result in the student becoming ineligible for the remainder of the sport season. Athletes who are involved in altercations or disruptions of any kind before or after the contest may be subject to a two game suspension.
13. All students who travel to events on district transportation will abide by all district bus rules and regulations.

## **INTERSCHOLASTIC PARTICIPANT CODE OF CONDUCT**

Participation in Interscholastics is a privilege. Interscholastic participants **EARN** the privilege to participate by adhering to high standards of personal conduct and ethical behavior as found within the six core principles of sportsmanship; **Trustworthiness, Respect, Responsibility, Fairness, Caring, and Good Citizenship**. These standards are intended to exemplify good character traits and are rationally related to the educational process. **Students SHOULD be aware that their personal conduct and attitude MUST reflect high standards of respect, behavior, and loyalty.** Interscholastic participants are given **UNIQUE** opportunities. Therefore, they have a **REQUIRED** responsibility to themselves, their team, their school, and their community.

It is the **RESPONSIBILITY** of the interscholastic participants and his/her parent(s)/guardian(s) to be familiar with the standards of student participation conduct, residency requirements, Amphitheater, Northwest League, and school guidelines.

### **STUDENT CONDUCT**

1. Refrain from the use or possession of alcohol, drugs, or tobacco.
2. Refrain from any form of hazing of fellow students.
3. Refrain from the use of foul language.
4. Maintain high standards of conduct as a student and as a citizen.
5. Submit all "Participation Forms" with accurate information to the Athletic Department.
6. Do not attempt to circumvent any rules or guidelines of the Amphitheater District/Northwest League.

**I understand that the District rules and consequences regarding drugs, alcohol or tobacco apply to me as a student-athlete at ALL times during the season of participation, whether I am at a school function, away from school with friends, or by myself. (See pg 2, #4). Please refer to the Amphitheater District Student Code of Conduct for more specific information on drugs, alcohol and tobacco.**

### **STUDENT RESIDENCE REQUIREMENT**

1. Attend the school in the student's designated attendance zone (see office with problems).
2. Reside with parent(s)/legal guardian(s) at the primary residence address of the student's parent(s)/ legal guardian(s).

### **STUDENT ATHLETIC AGREEMENT**

1. Abide by the "Student/Athlete's Code of Conduct." Model the "Pursuing Victory With Honor," Six Pillars of Character in all that you do.
2. Pledge to be positive about your athletic experience and accept responsibility for your actions.
3. Seek academic help if grades are poor.
4. Maintain scholastic eligibility.
5. Create, maintain, and promote team morale and high ideals of sportsmanship.
6. Be a positive role model for others.
7. Dress properly at school and observe proper etiquette.
8. Be responsible for all issued equipment.
9. Respect and abide by decisions of officials on the court/field.

It is understood that it is impossible to have a regulation for every circumstance. Discretionary judgment will be used in situations not covered by a specific written rule or guideline. A student/athlete or his/her parent(s)/guardian(s) may obtain an explanation of any part of the Student/Athlete's Code of Conduct from a coach, the school's athletic director, or the school district's athletic administrative office.

I, the student/athlete, acknowledge that I have read the terms of this Code of Conduct. I agree to conduct myself according to the terms of this Code of Conduct. I also understand and agree that if I **CHOOSE** to violate any of the terms of the Code of Conduct, my **CURRENT** or **FUTURE** participation in interscholastic athletics may be limited or terminated in addition to penalties or consequences that may result or be imposed for the violation under Amphitheater School District rules and policies.

## **PARENT/GUARDIAN CODE OF CONDUCT**

The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: **Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship**. The highest potential of athletics is achieved when competition reflects this **“Six Pillars of Character.”**

A good faith effort to honor the words and spirit of the following code of conduct should be made.

### **PARENT/GUARDIAN CONDUCT**

1. Pledge to provide positive support, care, and encouragement to my student/athlete and his/her team, coaches and school.
2. Pledge to provide positive support and encouragement to the visiting team, their coaches, and school.
3. Maintain positive behavior and attitude at all athletic contests.
4. Respect the position and professionalism of the game official.
5. Refrain from the use of foul language.
6. Refrain from yelling criticism at my student/athlete and his/her coach or team.
7. Refrain from interfering with the coach.
8. Let the coach be responsible for my son/daughter during practice, games, and team related activities.
9. Refrain from making derogatory comments to players, other parents, game officials, or school administrators.
10. Sign and submit, with accurate information, all required participation forms to the athletic office.
11. Refrain from circumventing any rules or guidelines of the AIA, Amphitheater District, or school.
12. Refrain from interfering with practices or games.
13. Respect and accept the final decisions of officials with dignity.

### **PARENT/GUARDIAN AGREEMENT**

1. Abide by the “Parent/Guardian Code of Conduct.”
2. Encourage my son/daughter to abide by the “Student/Athlete Code of Conduct.”
3. Encourage good sportsmanship by personally demonstrating positive support for all players, coaches, and game officials.
4. Be involved in my son’s/daughter’s interscholastic program.
5. Ask my student/athlete to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
6. Encourage my student/athlete to attend school on a regular basis and strive to excel academically.
7. Inform my student/athlete of the dangers of using and discourage the use of illegal drugs, alcohol, or tobacco.
8. If my son/daughter is injured, I will see that he/she does not participate until the student/athlete has been released by the treating physician and athletic trainer.

**I understand that the District rules and consequences regarding drugs, alcohol or tobacco apply to my student-athlete at ALL times during the season of participation, whether he/she is at a school function, away from school with friends, or by him/herself. (See pg 2, #4). Please refer to the Amphitheater District Student Code of Conduct for more specific information on drugs, alcohol and tobacco.**

**It is the policy of the Amphitheater Public Schools Interscholastic Department that grievances should not be addressed during or immediately after any practice or athletic contest. If a situation arises where a parent/guardian wishes to meet with a coach or address a specific issue or complaint, the following steps should be followed: (1) request a meeting at school with the coach; (2) if the problem is unresolved, arrange an appointment with the school's Athletic Director.**

## **AMPHITHEATER PUBLIC SCHOOLS**

### **Sportsmanship/Communication**

Over the years, the Amphitheater Public School District has developed one of the states richest interscholastic traditions. Our interscholastic participants are known for their determination, hard work, and competitiveness. Many of our teams have been recognized at the local, state, and national level for their outstanding achievements.

Interscholastic activities play an integral part of a student's overall educational experience. The Amphitheater Public School District has taken great pride in producing a quality educational experience and a ... **"Tradition of Interscholastic Excellence."**

The National Federation of State High School Associations (NFHS), the Arizona Interscholastic Association (AIA), and Amphitheater Public Schools believe that co-curricular activities promote citizenship and sportsmanship. They instill a sense of pride in community, teach lifelong lessons of teamwork and self-discipline, and facilitate the physical and emotional development of our student-athletes.

As an educational institution, our school is committed to teaching our young people to set goals, strive for excellence, and to properly handle whatever adversity they encounter along the way. This aim is the same both in the classroom and on the playing field.

The greatest challenge to good sportsmanship is adversity. When things are not going well, it is easy to blame others rather than ourselves. When this is done, the focus shifts from a positive "play hard" attitude to a negative "woe is me!" We believe it is important for our students to maintain a positive approach to handling adversity. We need the support of our parents as role models if we are to accomplish this.

#### **Parent/Coach Relationship**

We are pleased that you and your child have chosen to be involved in the interscholastic program at your school. Our goal is to provide a positive experience for all involved. Open communication is the most important factor contributing to this goal. By developing lines of communication, we will be able to resolve questions before they become conflicts.

As a parent/guardian you have a right to know what expectations are placed on your child. The following is designed to spell out all levels of communication so that parents, coaches, and athletes are aware of the steps they have available to resolve anything they think is or might become an issue:

#### **Communication you should expect from your child's coach**

1. Philosophy of the coach
2. Coaches' expectations for your child, as well as the players on the team
3. Team requirements, i.e. fees, special equipment, off-season conditioning
4. Location and times of all practices and contests
5. Discipline that results in the denial of your child's participation

**Communication coaches expect from parents**

1. Concerns expressed directly to the coach
2. Notification of any schedule conflict well in advance
3. Specific concerns regarding a coach's philosophy and/or expectations

The interscholastic activity experience may offer some of the most rewarding moments of a student's life. However, it is important to remember that there may be times when things will not go the way that you or your child wishes.

**Appropriate concerns to discuss with coaches**

1. The treatment of your child, mentally and physically
2. Ways to help your child improve
3. Concerns about your child's behavior

It is difficult to accept that your child may not play as much as you hope. Coaches are professionals. They make judgment decisions based on what they believe to be the best for all students involved. As you have seen from the list above, certain issues can and should be discussed with your child's coach.

**Issues NOT appropriate to discuss with coaches**

1. Playing time
2. Team strategy
3. Play calling
4. Other student-athletes

There are situations that may require a conference between coaches and a parent. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedures should be followed to help promote a resolution to the issue of concern.

**If you have a concern to discuss with a coach, follow this procedure:**

1. Call the coach to set up an appointment.
2. If the coach cannot be reached, call the school office.
3. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature usually do not promote resolution.

**What can a parent do if the meeting with the coach did not provide a satisfactory resolution?**

1. Call and set up an appointment with the athletic director to discuss the situation.
2. At this meeting, the appropriate next step can be determined.

Research indicates that a student involved in co-curricular activities has a greater chance of success during adulthood. Many of the character traits required to be a successful participant are exactly those that will promote a successful life after high school. We hope the information provided will make both your child's and your experience with the Amphitheater Interscholastic Program less stressful and more enjoyable.

## **AIA POSITION STATEMENT**

### **SUPPLEMENTS, DRUGS AND PERFORMANCE ENHANCING SUBSTANCES**

**PURPOSE OF FORM:** All AIA Member schools are required to **ANNUALLY** communicate this AIA Position Statement on the use of supplements, drugs and performance enhancing substances to every participant in interscholastic activities. (See Article 14, Section 14.13.2)

The Arizona Interscholastic Association (AIA) views sport, and the participation of student-athletes in sport, as an activity that enhances the student-athlete's well-being by providing an environment and stimulus that promotes growth and development along a healthy and ethically based path.

- It is the position of the AIA that a balanced diet, providing sufficient calories, is optimal for meeting the nutritional needs of the growing student-athlete.
- It is the position of the AIA that nutritional supplements are rarely, if ever, needed to replace a healthy diet.
- Nutritional supplement use for specific medical conditions may be given individual consideration.
- The AIA is strongly opposed to "doping", defined as those substances and procedures listed on the World Anti Doping Agency's Prohibited List ([www.wada-ama.org](http://www.wada-ama.org)).
- It is the position of the AIA that there is no place for the use of recreational drugs, alcohol or tobacco in the lifestyle of the student-athlete. The legal consequences for the use of these products by a student-athlete are supported by the AIA.

In pursuit of **Victory with Honor**, the AIA promotes the use of exercise and sport as a mechanism to establish current fitness and long-term healthy lifestyle behaviors. It is the position of the AIA that the student-athlete, who consumes a balanced diet, practices sport frequently and consistently, and perseveres in the face of challenges, can meet these goals.



**CONSENT FOR INTERSCHOLASTIC PARTICIPATION  
AND EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Arizona Zip Code \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, and a parent/guardian cannot be contacted, the school is authorized to proceed as indicated below in the order listed.

Name (friend/relative) \_\_\_\_\_ Phone Number \_\_\_\_\_

Name (friend/relative) \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Known allergies \_\_\_\_\_

**Parent(s)/Guardian(s) Permission:**

I/We give our permission for the above named student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable disease that are inherent risks in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment and strict observance of rules, injuries and/or transmittable diseases are still a possibility. On rare occasions, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis or even death.

**Consent for Emergency Care:**

**If emergency medical action or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials.** I understand that any expenses incurred will be the financial responsibility of the parent/guardian, or insurance coverage provided by the parent/guardian, and that medical or other expenses are not the responsibility of the school or the school district. It is hereby understood that the consent and authorization given and granted by this form are continuing, and are intended to extend throughout the current school year.

**Extra-Curricular Activities Insurance:**

I certify we have medical and hospital insurance to cover the above named student. The name of the insurance company is as follows:

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

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

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

**AMPHITHEATER PUBLIC SCHOOLS  
INTERSCHOLASTICS**

**ACKNOWLEDGEMENT OF RULES AND TERMS OF INTERSCHOLASTIC PARTICIPATION**

We, the student/athlete and parent or guardian of the student/athlete, acknowledge that we have read and understand the terms, rules, and information presented in the attached documents:

1. Conditions for Interscholastic Participation
2. Eligibility Rules for Interscholastic Participation
3. Student/Athlete Code of Conduct
4. Parent/Guardian Code of Conduct
5. Sportsmanship/Communication
6. Physical Examination
7. Physical Evaluation
8. Consent for Interscholastic Participation Form and Emergency Information
9. AIA Position Statement
10. Acknowledgement of Rules and Terms of Interscholastic Participation
11. Mild Traumatic Brain Injury (MTBI) / Concussion annual statement form

We acknowledge:

1. Our family's primary residence address is \_\_\_\_\_;
2. This address is located in \_\_\_\_\_ Middle School's attendance area;  
and,
3. The student/athlete lives with the parent(s) or court appointed legal guardian(s) at the primary residence address.

We acknowledge that we have saved these documents for future reference and we will abide by all terms and conditions contained therein.

1. Conditions for Interscholastic Participation
2. Eligibility Rules for Interscholastic Participation
3. Student/Athlete Code of Conduct
4. Parent/Guardian Code of Conduct
5. Sportsmanship/Communication
6. AIA Position Statement

We agree that these rules and terms of interscholastic participation are important to the safety and well being of our interscholastic participant. We agree to abide by these rules and the terms of interscholastic participation and to conduct ourselves accordingly.

**Signed:** \_\_\_\_\_  
**Student/Athlete** **Date** **Parent/Guardian** **Date**



**Arizona Interscholastic Association, Inc.**

**Mild Traumatic Brain Injury (MTBI) / Concussion**

**Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/headsup/highschoolsports/index.html>) on what a concussion is and has given me an opportunity to ask questions. **(Concussion handouts available in the athletic office)**
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I 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.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



## 2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name:	Date of Birth:
Age:	Sex:
Height:	Weight:
% Body fat (optional):	Pulse:
	BP: ____ / ____ ( ____ / ____, ____ / ____ )
Vision: R20/____ L20/____	Corrected: Y__ N__
Pupils: Equal____ Unequal____	

	Normal	Abnormal Findings	Initials*
<b>Medical</b>			
Appearance			
Eyes/Ears/ Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary †			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\* Multi-examiner set-up only.

† Having a third party present is recommended for the genitourinary examination.

NOTES: \_\_\_\_\_

☐ Cleared Without Restriction  
☐ Not Cleared For: ☐ All Sports ☐ Certain Sports \_\_\_\_\_ ☐ Reason: \_\_\_\_\_

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

Name of Physician(Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_, MD/DO/ND/NMD/NP/PA-C/CCSP



## 2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Parent or Guardian should fill out this form with assistance from the student athlete.)

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

Name:
Sex:
Age:
Date of Birth:
Grade:
School:
Sport(s):
Address:
Phone:
Personal Physician:
Hospital Preference:

In case of emergency, contact:

Name:
Relationship:
Phone (Home):
(Work):
(Cell):
Name:
Relationship:
Phone (Home):
(Work):
(Cell):

Explain "Yes" answers on following page.  
Circle questions you don't know the answers to.

	Y	N
1) Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you have allergies to medicines, pollens, foods, or stinging insects? (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>
5) Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a doctor ever told you that you have (check all that apply): High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>

* 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 10) Have you had any broken/fractured bones or dislocated joints? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
* 11) Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? (If yes, circle affected area in the box below):	<input type="checkbox"/>	<input type="checkbox"/>
Head <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Upper Arm <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/>		
Hand/Fingers <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Low Back <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/>		
Knee <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Ankle <input type="checkbox"/> Foot/Toes <input type="checkbox"/>		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
15) Has a doctor told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
18) Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
19) Were you born without, are you missing, or do you have a nonfunctioning kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
20) Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
21) Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
22) Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?	<input type="checkbox"/>	<input type="checkbox"/>
24) Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
25) Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
26) Have you ever had numbness, tingling, or weakness in your arms or legs after being hit, falling, stingers or burners?	<input type="checkbox"/>	<input type="checkbox"/>
27) When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
28) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
30) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
32) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
35) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
37) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

### Females Only

	Y	N
38) Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
39) How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
40) How many periods have you had in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

### Explain "Yes" Answers Here




## 2017-2018 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The Physician should fill out this form with assistance from the Parent or Guardian.)

Student Name:

Date of Birth:

Patient History Questions: Please tell me about your child...

	Y	N
1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has your child ever had extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has your child ever been diagnosed with an unexplained seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?	<input type="checkbox"/>	<input type="checkbox"/>

Family History Questions: Please tell me about any of the following in your family...

	Y	N
8) Are there any family members who had sudden, unexpected, unexplained death before age 50? (including SIDS, car accidents, drowning, or near drowning)	<input type="checkbox"/>	<input type="checkbox"/>
9) Are there any family members who died suddenly of "heart problems" before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm problems:	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack, age 50 or younger	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Deaf at Birth (Congenital Deafness)	<input type="checkbox"/>	<input type="checkbox"/>

Explain "Yes" Answers Here

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Signature of athlete

Signature of parent/guardian

Date

Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

Date: