



ATHLETIC PHYSICAL FORM

SCHOOL NAME _____ SCHOOL YEAR ____ / ____ GRADE _____
 SPORT(S) _____ / _____ / _____

PART I STUDENT INFORMATION

NAME _____ FEMALE / MALE AGE ____ BIRTHDATE _____
 ID # _____ ARE YOU A UNITED STATES CITIZEN? YES NO
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE # _____ CELL PHONE # _____ BEEPER # _____

PART II PARENTAL/GUARDIAN INFORMATION

FATHER _____ DAYTIME PHONE _____ CELL/PAGER _____
 MOTHER _____ DAYTIME PHONE _____ CELL/PAGER _____
 EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
 DAYTIME PHONE # _____ CELL/PAGER # _____

PART III-A SCHOOL BOARD INSURANCE INFORMATION

IN ACCORDANCE TO SCHOOL BOARD RULE 6Gx13- 6A-1.61, INTERSCHOLASTIC ATHLETICS, SENIOR HIGH SCHOOLS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport.** Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased. Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100 % of all bills for any one accident. Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. **All School Board-approved insurance is non-refundable.**

PART III-B PARENTAL INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION THAT INCULDES YOUR CHILD:

NAME OF INSURED _____ SOCIAL SECURITY # _____
 EMPLOYER _____
 INSURANCE COMPANY _____ ADDRESS _____
 INSURANCE CO. PHONE # _____ GROUP # _____ POLICY # _____
 PRIMARY CARE PHYSICIAN _____ PHONE # _____

FOR ATHLETIC OFFICE USE ONLY: Insurance: \$15.00 _____ \$42.00 (FB) _____ \$18.00 (SFB) _____
 GPA: 1st Semester _____ 2nd Semester _____

MEDICAL HISTORY

	YES	NO		
1. Has anyone in your family died suddenly at a young age (under 45)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have you ever had any of the following? If <i>YES</i> , check appropriate blank and explain below <input type="checkbox"/> Head injury or concussion <input type="checkbox"/> Been knocked out <input type="checkbox"/> Seizures <input type="checkbox"/> Heat cramps <input type="checkbox"/> Abdominal Injury <input type="checkbox"/> Became dizzy during or after exercise <input type="checkbox"/> Stinger or Burner (numbness or tingling in arms, legs, hands, or feet) <input type="checkbox"/> Passed out during or after exercise	
2. Does your family (parents, grandparents, brothers, sisters) have a history of angina, coronary artery disease, heart attack, bypass surgery, before the age of 55?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Have you been ill in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Do you or anyone in your family have high cholesterol, diabetes, or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Do you take any medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Has a physician, or your parents, ever told you that you have a heart murmur, or any type of medical problem with your heart?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever been told, you or anyone in your family has sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you had fainting spells, passed out, shortness of breath, difficulty in breathing, chest pains, dizziness in or out of exercise, or have asthma?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you ever had epileptic seizures, fits, convulsions, or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Do you have poor vision or wear contact lenses or sport glasses for participation?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Have you had an injury to the head or neck (a concussion or fracture)?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Have you had any injury to the knee, shoulder, arms, legs, or back?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Do you have only one, or one working organ in a pair or set (eyes, ears, kidneys, ovaries, testicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Has a physician ever told you not to participate in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following? If <i>YES</i> , check appropriate blank and explain below. <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Wrist <input type="checkbox"/> Upper arm <input type="checkbox"/> Chest <input type="checkbox"/> Foot <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Elbow <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Thigh <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Shoulder	
16. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Do you have any allergies to any type of medication or bees, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Do you have any skin problems such as itching, moles, breaking out, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Do you lose weight regularly to meet requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Do you use special pads or braces?	<input type="checkbox"/>	<input type="checkbox"/>		
FEMALE HEALTH HISTORY				
				YES NO
24. Are your menstruations regular?	<input type="checkbox"/>	<input type="checkbox"/>		23. Have you ever had any of the following? If <i>YES</i> , check the appropriate blank <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Stomach Ulcers <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Asthma <input type="checkbox"/> Hepatitis <input type="checkbox"/> Other
25. Is heavy bleeding ever a problem?	<input type="checkbox"/>	<input type="checkbox"/>		
26. Are cramps a frequent problem during menstruation?	<input type="checkbox"/>	<input type="checkbox"/>		
27. Have you ever had a blood clot in your menstrual flow?	<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you ever been treated for:	<input type="checkbox"/>	<input type="checkbox"/>		
Anemia	<input type="checkbox"/>	<input type="checkbox"/>		
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>		
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>		

COMMENTS:

TO BE COMPLETED BY MEDICAL STAFF AND PHYSICIAN

NAME :

CIRCLE ONE: **MALE** **FEMALE**

	NORMAL	ABNORMAL	COMMENT / FOLLOW- UP
HEIGHT			
WEIGHT			
DO YOU WEAR GLASSES OR CONTACTS? YES / NO			
VISION: LEFT 20 / _____			
RIGHT 20 / _____			
BLOOD PRESSURE			
PULSE			
SKIN			
NOSE, MOUTH, THROAT			
NECK GLANDS / LYMPH NODES			
CHEST, LUNGS			
HEART			
ABDOMEN			
HERNIA			

ORTHOPEDIC EXAMINATION

	NORMAL	ABNORMAL	COMMENT / FOLLOW- UP
SPINE			
HIP (R) (L)			
SHOULDER (R) (L)			
ELBOW (R) (L)			
WRIST (R) (L)			
KNEE (R) (L)			
ANKLE (R) (L)			
FOOT (R) (L)			
GAIT			
POSTURE			

ASSESSMENT

ONE OF THE FOLLOWING MUST BE CHOSEN FOR THE ATHLETE TO PARTICIPATE

1. Full, unlimited participation _____
2. Limited participation, indicate sort and/or type of limitation _____
3. Clearance pending release by family physician _____
4. No athletic participation _____

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

I have read and understood the previous information. Furthermore I have reviewed my child's health history form and agree that it is accurate and complete. I give consent for the medical staff to perform the pre-season sports physical examination on my child, which I understand is not a substitute for regular check-ups and care from our own family physician. I also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my child, if necessary, at any physical, practice, or game upon my absence. My signature in the space below indicates that the requirements have been carefully read and permission is granted for my child to participate in all interscholastic athletics, with the exception of

(IF NO EXCEPTION, WRITE "NONE")

PARENT / GUARDIAN _____
(Please print name)

SIGNATURE _____ DATE _____
Father Mother Guardian

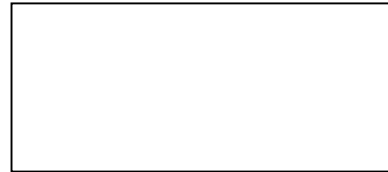
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

BY _____ WHO PRODUCED A FORM OF LEGAL IDENTIFICATION OR IS
PERSONALLY KNOWN TO ME.

NOTARY NAME _____
(Please print name)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____



(NOTARY SEAL)

SPORTSMANSHIP AGREEMENT

Dear Parents / Guardians:

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to compete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness, and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son/daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provide a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a *privilege* to participate and not a right.

As parents, you have committed yourselves to certain responsibilities and obligations as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and to cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guidelines and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By signing below, I agree to and understand the contents contained in this letter.

(PARENT/GUARDIAN SIGNATURE)

(DATE)