

# ATHLETIC ACTIVITY AGREEMENT



**Bayfield High School  
800 County Road 501  
Bayfield, CO 81122  
(970) 884-9521**

Revised 11/4/2009

# BAYFIELD HIGH SCHOOL ATHLETIC AGREEMENT

## MISSION STATEMENT

The Bayfield School District will provide competitive athletic programming fostering the social, emotional and physical development of all student-athletes and complementing our academic programs.

We will enthusiastically promote:

- Academics through participation in athletics.
- The values of good citizenship, good sportsmanship and high behavioral and ethical standards.
- A quality coaching experience by teaching sound fundamentals and competitive preparation in an open, honest, consistent and direct style of communication.
- A positive life style by encouraging exercise, sound nutrition and healthy choices.
- An understanding of different levels of competition based on ability.
- A respect and appreciation for all district programs.
- A tradition of excellence that is a source of pride for the Bayfield District and community.

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<b>SPORTS:</b>	Football	Mid August through Early November
	Cross Country	Mid August through Early November
	Boys Soccer	Mid August through Early November
	Volleyball	Mid August through Early November
	Wrestling	Mid November through Mid February
	Basketball	Mid November through Early March
	Baseball	Late February through Late May
	Track	Late February through Late May
	Girls Soccer	Late February through Late May
	Cheerleading	Mid August through Early March

**\*\*Exact dates for each sport team are set by the Colorado High School Activities Association.**

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*In order that a meaningful set of rules and regulations be established for the safety and well-being of all participants, each student participating in an athletic program is expected to recognize that the school's authority and responsibility extend from within the building itself to any area or activity that is sponsored by the school district.*

## REQUIRED PRESEASON MEETING

The parent(s) or guardian(s) of any student desiring to participate in an athletic activity must first attend a preseason meeting before that student is eligible for interscholastic competition at Bayfield High School. Should the meeting be scheduled for a time that a parent or guardian can not attend, they should make arrangements to meet with the athletic director and coach at an alternate time. The rules, regulations, and lettering requirements for each program and the Bayfield High School athletic agreement will be discussed at this meeting.

## **STATEMENT OF UNDERSTANDING**

Each student who declares himself/herself a member of a Bayfield High School athletic activity must return a signed Statement of Understanding to the head coach before the student is eligible for participation. Signing the Statement does not mean that the participants or parent/guardian agree in whole with the document, but that they understand that unrestricted participation will only be guaranteed through complete compliance with the Bayfield High School Athletic Agreement. The statement of understanding will be binding for any other athletic activity a student should decide to participate in during the current school year, school scheduled breaks, and in the summer when involved in a school-sponsored activity.

## **INSURANCE COVERAGE**

All participants in an extracurricular activity must carry medical insurance that will cover the cost of medical treatment in the case of required treatment for accident or injury. If you wish to purchase school insurance, please check at the high school office.

## **SPORTSMANSHIP STATEMENT**

In the pursuit of educational excellence and a commitment to upholding core values and positive sportsmanship, the Bayfield School District strives to create a constructive and supportive environment in which all student-athletes can compete and achieve to the best of their abilities and potential.

To fulfill this quest, the Bayfield School District will promote among the participants, coaches, parents, fans and students the following:

- ▶ A welcoming, non-threatening climate at all events/contests.
- ▶ A respect for and positive encouragement of the efforts of all including the student-athletes, coaches and officials.
- ▶ The modeling of positive and acceptable behavior.

## **COMMITMENT AND HONESTY**

Students, guardians, coaches, and administrators must know that by signing the Statement of Understanding they are committing themselves to the requirements of this document. Their signature is an honest statement of their intent to stand accountable for the standards of performance under the Bayfield Athletic Activity Agreement as well as the consequences which may occur as a result of any violation of the Agreement.

## **AWARDS CEREMONY**

At the end of each sports season, an awards ceremony will be held for all participants and their parents/guardians. The coaches will give the following awards at this ceremony:

- ▶ Participation Certificates
- ▶ Letter Certificates and pins
- ▶ All-Conference, All-State, League Champion Awards
- ▶ Most Valuable Player Award(s)
- ▶ Any other awards deemed appropriate by the coaching staff

At the end of the school year awards program, plaques for Most Valuable Player in each sport will be awarded. The recipient of the Chuck Sanchez Award will also be recognized.

## **ATHLETIC/ATHLETIC RULES AND REGULATIONS**

All athletics/activities will follow the guidelines set forth by the Colorado High School Activities Association (CHSAA). However, leagues and schools may make rules and regulations that are more stringent than those mandated by CHSAA. A student shall be ineligible to represent the school in an interscholastic activity when any one or more of the following conditions occur or exist:

1. **Academic Eligibility** - Teachers will be posting, via computer, all grades/scores in a *timely manner* with all athletic/activities eligibility grades/scores due on the last day of each week. The Athletic Director will run an eligibility report each Monday morning and share the results with each respective head athletic/activity coach and the Principal. A **warning week** will be accessed under the following: ***GPA under a 2.0 --- 1 F --- 3 D's***. If that student fails to reconcile the above problems in the second consecutive week, they will lose athletic/activity competitive eligibility until grades are improved adequately within the weekly reporting cycle. ***(2 or more F's will at any time cause the individual to lose eligibility until corrected.)***  
**Beginning of a semester** – At the end of each semester, students will become ineligible for 3 weeks under the following: ***GPA under a 2.0 --- 1 F. (2 or more F's will be ineligible for 9 weeks, a date established by CHSAA.)***
2. **Class absences** – The student-athlete will be ineligible if they are absent from any one or more classes the day of a scheduled game, or is absent from any one or more classes on a Friday prior to a Saturday game, unless such absence is excused by the principal.

### **Levels of and consequences for the use of alcohol, tobacco and controlled substance, and/or narcotics.**

**Level 1** – Any athletic individual caught by school personnel or law enforcement, either possessing, using or consuming tobacco, alcohol or any controlled substances, and/or narcotics will be ineligible for *forty percent (40%)* of that season. The athlete, parent, Head Coach and Athletic Director will meet to discuss the violation and sanctions. The format of the meeting will include reintroduction of the Bayfield High School Athletic Substance Abuse Policy and the health risks involved.

**Level 2 – Second violation** -- Any athletic individual caught by school personnel or law enforcement, either possessing, using or consuming tobacco, alcohol or any controlled substances, and/or narcotics will be ineligible for a period of *one calendar year (365 days)*. The athlete, parents, Head Coach and Athletic Director will meet to discuss the violation and sanctions. The format of the meeting will include reintroduction of the Bayfield High School Athletic Substance Abuse Policy and the health risks involved.

**Level 3 – Third violation** -- Any athletic individual caught by school personnel or law enforcement, either possessing, using or consuming tobacco, alcohol or any controlled substances, and/or narcotics will be ineligible for a period of *one calendar year (365 days)*. The athlete, parents, Head Coach and Athletic Director will meet to discuss the violation and sanctions. The format of the meeting will include reintroduction of the Bayfield High School Athletic Substance Abuse Policy and the health risks involved.

**Level 4 – Fourth violation** -- Any athletic individual caught by school personnel or law enforcement, either possessing, using or consuming tobacco, alcohol or any controlled substances, and/or narcotics will result in the student becoming ineligible for the remainder of their high school career. The athlete, parents, Head Coach and Athletic Director will meet to discuss the violation and sanctions. The format of the meeting will include reintroduction of the Bayfield High School Athletic Substance Abuse Policy and the health risks involved.

\*Self referrals will be addressed on an individual basis.

\*\* Should a student's suspension time fall within the end part of the season, the full suspension will be served to the end of that season and into the competitive part of the next season in which the student participates. This may also include the next activity during the following school year. If the penalty carries into another sport, that individual must successfully complete that activity in order for the penalty to count. Should a student violate a policy between seasons, they will be subject to the suspension during the next sport in which they participate. The student may practice, but not compete, suit-up or travel with the team.

\*\*\*This Athletic Agreement signed by all athletic individuals will be binding for any athletic teams a student should decide to participate in during the current school year, school scheduled breaks and in the summer when involved in a school-sponsored activity.

\*\*\*\*Other illegal actions - When illegal incidents are documented, they will be subject to the above documented levels of consequences.

4. **Other improper activity** - In the judgment of the principal, athletic director or coach, when/if a participant does not acknowledge the school's ideals in matters of citizenship, conduct, and/or sportsmanship, in the classroom, on school campus or at school sponsored events, the participant maybe penalized to represent the seriousness of the improper activity. (Example – suspended for a certain number of games.)

Because of the varied mental and physical demands of the different interscholastic athletic activities, the head coach may establish further training rules to insure the safety of the students participating in their activity. These rules may not reduce any of the standards of the Athletic Agreement. These rules will be given out at the preseason meeting.

## **TRANSPORTATION RULES/PROCEDURES**

1. Students traveling and representing the School District shall travel in school vehicles driven by qualified drivers assigned by the Transportation Director.
2. Coaches will enforce compliance with all policies regarding student behavior while on bus trips.
3. No co-ed seating will be allowed on any trips after dark. Coaches will be responsible for enforcing this policy.
4. The Transportation Director will be informed of all scheduled stops prior to a trip. The coach may request an unscheduled stop if unforeseen circumstances arise.
5. Students traveling to an event in a school vehicle must return in the same vehicle unless they are released in person by the coach to the student's parent(s)/guardian(s) after a waiver or note has been signed. Parent(s)/guardian(s) who want their student released to someone other than themselves must contact the school office prior to the trip and complete a waiver request.
6. Special precautions will be taken when there is a possibility of inclement weather:
  - a. The principal will make the first level decision whether or not a scheduled trip will proceed.
  - b. While at an "away" event, the driver will contact the State Patrol, Highway Department, etc., to gather current information on road conditions. After conferring with the coach in a case of questionable conditions, the driver will contact the Principal, Transportation Director, or Superintendent. If the driver is unable to reach any of these persons, the driver will then determine whether to stay, return, or alter the route.

## **Bayfield Schools – Sportsmanship Policy**

Bayfield Schools are committed to a high standard of good sportsmanship, citizenship and sporting behavior. Unruly, threatening or obscene behavior will not be condoned at our events. We thank you for your cooperation and support. If there are occurrences of misconduct, the following reprimands will take place:

- **Verbal Warning** given by AD or on-site administrator – Reminder given to individual/s that they are a representative of the Bayfield School District and the Bayfield community. In the spirit of ***GOOD Sportsmanship and Good Sporting Behavior*** they need to control their actions and words.
- **2<sup>nd</sup> Warning/violation** given by AD or on-site administrator will result in dismissal from the building for that event. - CHSAA – “*A ticket is a privilege to observe a contest, not a license to verbally assault others and be generally obnoxious.*” If the individual becomes belligerent/argumentative and refuses to leave the building, the Bayfield Marshal’s office (385- 2900) will be called for their assistance in removal.
- **3<sup>rd</sup> Warning/violation** given by AD or on-site administrator will result in their dismissal and banning from that sport for that year. - Bayfield Marshal’s office (385-2900) will be notified if any assistance is required.

\* Any incident of major proportion may/can result in a level three (3) violation and lead to immediate restriction for the year.

## **WARNING TO STUDENTS AND PARENTS**

SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

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

Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risk. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choices of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic participation.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal or athletic director for further information.

**THE FOLLOWING FORMS MUST BE RETURNED BEFORE YOUR SON/DAUGHTER CAN START PRACTICE.**

# EMERGENCY MEDICAL RELEASE FORM

THE UNDERSIGNED PARENT/LEGAL GUARDIAN GIVES PERMISSION FOR

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STUDENT NAME

DATE OF BIRTH

To receive emergency medical treatment in the event that the parent or legal guardian cannot be contacted. The undersigned parent or legal guardian hereby authorizes the school official, coach, athletic director, principal or superintendent to obtain emergency medical care for the above named student. The undersigned also agrees to pay for the cost of such medical treatment.

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PARENT/LEGAL GUARDIAN SIGNATURE

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IT IS MANDATORY THAT ALL STUDENTS PARTICIPATING IN  
INTERSCHOLASTIC SPORTS HAVE SOME TYPE OF INSURANCE**

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

NAME OF INSURED : \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**SCHOOL INSURANCE FORMS ARE AVAILABLE IN THE BHS OFFICE**

CHRONIC ILLNESSES, ALLERGIES, MEDICATIONS, ETC. \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_



**This acknowledges that we have read and understand the Warning to Students and Parents and choose to participate in the activities or sports indicated below. Furthermore, this acknowledges that we have read and understand the material contained in the Bayfield Athletic/Activity Agreement and agree to abide by the rules, regulations, and expectations for participation. This contract is valid for a calendar year from the date signed.**

Please check activity or activities:

- Football
- Basketball
- Cross Country
- Wrestling
- Baseball
- Volleyball
- Track
- Soccer
- Cheerleading
- Dance

Student's Name (print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



The Training Room at  
Mercy Regional Medical Center  
1010 Three Springs Blvd.  
Durango, CO 81301  
Office: (970) 764-2282

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Dear Bayfield High School Parents and Student-Athletes,

We are honored to provide athletic training coverage for Bayfield High School during the 2007-2008 academic year. We take our role very seriously. Our number one goal is to provide the highest level of healthcare in this region offered to all BHS student-athletes. NATA Certified Athletic Trainers (ATCs) will provide coverage at contracted home events. Our primary responsibilities will include the following:

1. Coordination of the sports medicine staff: ambulance coverage when necessary, team physician scheduling for in-school consultations & game coverage, and ATC / student athletic trainer practice and game coverage.
2. BHS athletic training room availability Monday and Wednesday from 3:00 p.m. to 6:30 p.m. During these hours we will tape and brace athletes, evaluate, treat, and rehabilitate injuries, and assist with determining practice or game participation status for injured athletes.
3. Home varsity event coverage.
4. Communication with coaches and parents or guardians regarding the participation status of their student-athletes due to injury. Coaches will not have an impact on participation status decisions. Those decisions will be made only by the ATC, physician, athlete, and parent – with all parties in agreement.
5. Recordkeeping of all consultations, treatments, evaluations and in-house physician notes.
6. Maintaining all consent forms for treatment as signed by the parents and/or student-athletes.

The athletic training room is located in the southeast corner of the gymnasium complex. It is our goal to provide a safe environment for the student-athletes to prevent injury, and if they are injured, to safely and efficiently return them to full sports participation. Receiving proper treatment and rehabilitation for an injury will also help prevent the recurrence of that injury and other injuries. All Athletic Training services at BHS are free of charge to the student-athletes.

In the coming weeks we will also provide access to our new business location in the Mercy Medical Plaza. We will be happy to accommodate walk-in requests for injury evaluations free of charge. We encourage you to take advantage of this so that we may assist you in determining whether you should see a physician or go to the emergency room. We want our new office to be an extension of the BHS Athletic Training Room and will not charge you for services unless you request an office visit for individual attention or rehabilitation. Please feel free to contact the athletic trainer below for any assistance or if you have any questions:

**Portia Kamps**      *BHS Head Athletic Trainer*      (970) 759-8174(c)      [pkampsATC@yahoo.com](mailto:pkampsATC@yahoo.com)

We will facilitate physician visits as well. Our team physician is an orthopedic surgeon who is fellowship-trained in sports medicine. It is important to understand that he volunteers his time for the high school and will only charge for office visits or services that occur in his normal place of business. For the sake of providing the best care for your student-athlete, please **SEE US FIRST** whenever possible! Dr. Lawton will make all reasonable attempts to fast track BHS student-athletes into his office schedule through the Athletic Trainer. His name and contact number is:

**Rich Lawton, M.D.**      **Durango Orthopedic Associates**      **247-5362 (Medical assistant is Char)**  
(Office located at the new Mercy Regional Medical Center in Three Springs)

We look forward to a great season working with BHS athletics. Please let us know if you have any concerns, questions or recommendations at any time. We are confident you will be pleased with the healthcare services we have established and we will continue to take them to a higher level.

Sincerely,

*The Training Room at Mercy Regional Medical Center*

BAYFIELD HIGH SCHOOL ATHLETIC DEPARTMENT

**Student-Athlete Authorization and Consent Form for Disclosure of Protected Health Information**

I hereby authorize the Head Athletic Trainer and other health care personnel representing Bayfield High School to release the below named student-athlete’s protected health information and related information concerning any injury or illness sustained by the student-athlete during his/her training for and participation in athletics at Bayfield High School. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, the athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status and related personally identifiable health information. This protected information may be released to other health care providers, hospitals, clinics, and other medical laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators.

I, \_\_\_\_\_ parent and/or guardian of \_\_\_\_\_ understand that as a parent/guardian my authorization and consent for the disclosure of the above named student-athlete’s protected health information is not a condition for participation as an interscholastic athlete at Bayfield High School. However I understand that should I choose not to sign this release, I must notify the school in writing. I understand that any health information may be protected by the federal regulations under the Health Information Portability and Accountability Act (HIPAA) and if so may not be disclosed without parent or legal guardian authorization under HIPAA. This authorization consent expires after one year from the undersigned date.

**Your Rights.** I understand my rights, as described herein.

- I may revoke this authorization at any time by notifying Bayfield High School’s Athletic Director in writing. My letter must be hand delivered or mailed to the school.
- A revocation will not affect any uses or disclosure that the school made before they received the revocation.
- If I request it, I may see a copy of the health information described in this form.
- The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA. I have the right to seek assurances from the above named entities or individuals authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

**REQUIRED SIGNATURES FOR THE DISCLOSURE OF MEDICAL INFORMATION**

Print Student-Athlete’s Name	Signature	Date

Print Parent/Guardian’s Name	Signature	Date



# PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

### PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.** By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

I hereby give my consent for \_\_\_\_\_ to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure*.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

**PART II -- MEDICAL HISTORY**

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY			YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY			YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:				
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Has a doctor ever told you that you have (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			42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	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"/>		
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____				
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>					
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	55.	Age when you had your first menstrual period?				
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?				
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>		
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>					
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>						
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>						
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>						

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

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

**PART III -- PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_

\*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_

\*Audiogram \_\_\_\_\_ \*(Exercise) \_\_\_\_\_

\* Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(Recovery) \_\_\_\_\_

Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*FEV or Peak Flow (rest) \_\_\_\_\_

\*(Exercise) \_\_\_\_\_

\*(Recovery) \_\_\_\_\_

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_
- Cleared for **Limited participation** (check and explain "reason" for all that apply):  
 Not cleared for (specific sports): \_\_\_\_\_  
 Cleared only for (specific sports): \_\_\_\_\_  
 Reason(s): \_\_\_\_\_
- NOT CLEARED FOR PARTICIPATION:**  
 Reason(s): \_\_\_\_\_
- Other Recommendations: \_\_\_\_\_  
 Recommend monitoring during early conditioning because of weight/fitness/other  
 Recommend restrictions or monitoring of weight loss or gain  
 Other: Reasons: \_\_\_\_\_

**MD/DO, PA, NP, DE-SPC#, Signature:** \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):**

\_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_