

# Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School \_\_\_\_\_  
Year \_\_\_\_\_

## PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ Middle School, and my \_\_\_\_\_ semester since first entering the sixth grade. Last semester I attended \_\_\_\_\_ Middle School and passed \_\_\_\_\_ subjects, and I am taking \_\_\_\_\_ subjects this semester. I have read the condensed individual eligibility rules of the Virginia Beach Middle School League that appear below and believe I am eligible to represent my present middle school in athletics.

### INDIVIDUAL ELIGIBILITY RULES

**Attention Athletes! To be eligible to represent your school in any interscholastic contest you:**

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle School League
- Upon transferring from another middle school, must participate at the attendance zone school in which a parent or guardian has physical custody of you.
- **FOR ALL STUDENTS WHOSE FIRST YEAR IN MIDDLE SCHOOL WAS AFTER THE 2006-07 SCHOOL YEAR:** must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled.
- **FOR ALL STUDENTS WHOSE FIRST YEAR IN MIDDLE SCHOOL WAS PRIOR TO THE 2007-08 SCHOOL YEAR:** must not have participated in the same activity more than (3) seasons while enrolled in grades six, seven, and eight. This rule applies to transfer students as well.
- must not have participated in more than the allowable number of contests in the sport you wish to play (six (6) regular season middle school contests in football or track, or eight (8) regular season middle school contests in any other sport) during the school year, either inside or outside Virginia Beach
- must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school
- must be in attendance at your school for at least three (3) hours on the day you wish to participate in a practice or contest

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

**INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

Student Signature: \_\_\_\_\_

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

# Providing false information will result in ineligibility for one year.

## PART II - - MEDICAL HISTORY

<b>This form must be completed and signed, prior to the physical examination, for review by examining physician.</b> <b>Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.</b>					
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: Date: _____		
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 a 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"/>
			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"/>
12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<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"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<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"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any broken or fractured bones or dislocated joints?	<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"/>
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"/>	53. What is the date of your last Tetanus immunization? Date: _____		
	<b>FEMALES ONLY</b>			<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	55. Age when you had your first menstrual period? _____		
				56. How many periods have you had in the last 12 months? _____	
24. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	57. Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>      		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
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

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30<sup>th</sup> of the current school year)\*\*

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			^Neuropsych 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 close monitoring during early conditioning because of weight/fitness/other
  - Recommend restrictions or monitoring of weight loss or gain
  - Other \_\_\_\_\_
 Reason(s): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ \* M.D. Date of Examination\*\* \_\_\_\_\_  
 \*(MD, DO, LNP, PA)

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

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, field hockey, football, soccer, softball, track, volleyball, wrestling.

I have reviewed and understand the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has athletic participation insurance coverage through the school; is insured by our family policy with:

Name \_\_\_\_\_ of \_\_\_\_\_ Company:

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. I grant this permission knowing that my child/ward could be seriously injured resulting in sizeable medical costs for which I am responsible.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval that the above named student's picture and name may be printed in any middle school, or VBMSL, or VBCPS athletic program, publication or video.

**PART V - EMERGENCY PERMISSION FORM**

(To be completed and signed by parent/guardian)

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

MIDDLE SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency \_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ Middle School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

\*Daytime phone number (where to reach you in emergency) \_\_\_\_\_

\*Evening time phone number (where to reach you in emergency) \_\_\_\_\_

\* Please make sure phone numbers are current for the duration of participation

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

**\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify all the above information is correct \_\_\_\_\_

Parent/Guardian Signature