

HEBER-OVERGAARD U.S.D. #6
EXTRA-CURRICULAR ACTIVITY CONSENT FORM

Student Name _____

My student wishes to participate in the following activities: (Initial all that apply)

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football
<input type="checkbox"/> Music	<input type="checkbox"/> Robotics	<input type="checkbox"/> Ski Club	<input type="checkbox"/> Softball
<input type="checkbox"/> Track	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	

I realize that such activity involves the potential for injury which is inherent in all sports/activities. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observation of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, brain damage, paralysis, quadriplegia, or even death. I agree to accept these risks as a condition of participation.

Parent/Guardian Signature

Date

INSURANCE

Please fill in and sign one of the options below

1. Current Insurance Coverage

I currently have insurance that will cover this student:

Name of Insurance Company

Policy or group number

Parent/Guardian Signature

Date

2. Insurance Waiver

My signature below indicates that I am aware of the risk of injury and/or death that may result from athlete participation. I fully understand that the District strongly recommends that all students be covered by insurance and that the District is not financially responsible for injuries that may result from participation. By signing below, I hold harmless the Heber-Overgaard School District, it's coaching personnel, Administration, and Governing Board for my decision to not have insurance for my student listed above.

Parent/Guardian Signature

Date

MOGOLLON HIGH SCHOOL
Extra Curricular Activities
Emergency Medical Treatment Information Sheet

Student Name _____
Date of Birth _____ Age _____ Grade _____

Emergency contact information:

Father/Mother/Guardian Name _____ Address/City/State _____
(Please circle relationship to student)

Home Phone _____ Work Phone _____ Cell Phone _____

Father/Mother/Guardian Name _____ Address/City/State _____
(Please circle relationship to student)

Home Phone _____ Work Phone _____ Cell Phone _____

Family Doctor _____

Medical Problems _____

Medications _____

Allergies and Reactions _____

INSURANCE INFORMATION ON THE REVERSE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby give permission for a representative of the Heber-Overgaard Unified School District to authorize any emergency transportation or emergency medical and/or surgical treatment that my son/daughter, _____, might need.

Parent/Legal Guardian Signature _____ Date _____

Exhibit B

ACKNOWLEDGMENT & CONSENT TO TEST FORM

I, the undersigned, hereby acknowledge and agree: (a) that I have received a copy of the District's Alcohol and Drug Free Program Policy; (b) that I have read the Policy and fully understand the implications of the Policy with regard to its affecting my participation in extracurricular activities; and that I will fully comply with the said Policy during the term of my participation in covered activities.

I also understand that I will be tested for chemical substance (drug/alcohol) abuse. I hereby consent to such testing and authorize the release of information concerning the results of such tests to designated District personnel. I understand that I may be randomly and/or periodically tested throughout the designated time of my participation in covered activities.

And, I fully release and discharge the District and its subsidiaries, affiliates, predecessors, assigns and their officers, directors, employees, agents and attorneys, from any and all liabilities and claims now known or unknown, arising out of my participation in the programs referred to above or any actions which the District has taken or may take in connection therewith; and I will indemnify, defend and hold harmless the District from and against any and all actions, suits proceedings, judgments and orders, and the costs of defense and settlement thereof (including reasonable attorney's fees) arising out of my participation in such programs or any actions of the District.

I further understand and acknowledge that participation in any of the District's covered activities and programs is a privilege and not a right, and that my ability to participate is contingent upon my ability to successfully pass a drug and/or alcohol test, and that testing will be administered periodically throughout the season of participation in extracurricular activities. Furthermore, should this screening produce a confirmed and verified positive test result, I will be subject to discipline and assistance as outlined in the District's Alcohol and Drug Free Program Policy.

A STUDENT WILL REMAIN IN THE DRUG TESTING POOL FOR THE SEASON OF THE SPORT OR THE DURATION OF THE CLASS/CLUB THAT THEY ARE PARTICIPATING IN, REGARDLESS OF ELIGIBILITY OR WITHDRAWAL FROM SPORT/CLUB.

ACKNOWLEDGED AND AGREED TO:

Student Signature

Print Name

Date

Sport/Activity

Parent/Guardian Signature

Print Name

Parent/Guardian Home Phone Number

Parent/Guardian Work Phone Number

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/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- 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: _____



Code of Conduct for the Parents Of Interscholastic Student-Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the "Six Pillars of Character"). This Code applies to all parents of student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness – be worthy of trust in all you do.

- ☐ **Integrity** – live up to high ideals of ethics and sportsmanship; do what is right even when it's unpopular or personally costly.
- ☐ **Honesty** – live and act honorably, do not allow your children to lie, cheat, steal or engage in any other dishonest or un-sportsmanlike conduct.
- ☐ **Reliability** – fulfill commitments; do what you say you will do; be on time; when you tell your children you will attend an event, be sure to do so.
- ☐ **Loyalty** – be loyal to your school and team; put the team above your interests and those of your child.

RESPECT

Respect – treat people with respect all the time and require the same of your children.

Class – live and cheer with class; be gracious in victory and accept defeat with dignity; compliment extraordinary performance and show respect for all competitors.

Personal Conduct – refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where your conduct could undermine your positive impact as a role model.

Respect Officials – treat contest officials with respect; do not complain about or argue with official calls or decisions during or after an athletic event.

Respect Coaches – treat coaches with respect at all times; recognize that they have team goals beyond those of your child. Do not shout instructions to players from the stands; let coach's coach.

RESPONSIBILITY

Importance of Education – stress that student-athletes are students first. Be honest with your children about the

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be forbidden from attending games or practices if I violate any of its provisions.

likelihood of getting an athletic scholarship or playing on a professional level. Place the academic, emotional, physical and moral well-being of your children above desire and pressures to win.

Role-Modeling – Consistently exhibit good character and conduct yourself as a role model for your children.

Self-Control – exercise self-control; do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to demean others.

Integrity of the Game – protect the integrity of the game; do not gamble on your children's games.

Privilege to Compete – assure that you and your child understand that participation in interscholastic sports is a privilege, not a right, and that they are expected to represent their team, school and family with honor, on and off the field.

Healthy Lifestyle – safeguard your health; do not use any illegal or unhealthy substances including alcohol, tobacco and drugs.

FAIRNESS

Be Fair – treat all competitors fairly, be open-minded; always be willing to listen and learn.

CARING

Encouragement – encourage your children regardless of their play; offer positive reinforcement. Demonstrate sincere interest in your child's play.

Concern for Others – demonstrate concern for others; never encourage the injury of any player, official or fellow spectator.

Empathy – consider the needs and desires of our child's teammates in addition to your own; help promote the team concept by encouraging all team members, understanding that the coach is responsible for determining playing time.

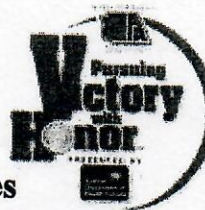
CITIZENSHIP

Know the Rules – maintain a thorough knowledge of all applicable game and competition rules.

Signature
Parent

Date

Sport



Code of Conduct for Interscholastic Student-Athletes

We believe that interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. We also believe that the highest potential of sports is achieved when participants are committed to pursuing victory with honor according the six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship, (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports.

TRUSTWORTHINESS

Trustworthiness – be worthy of trust in all you do.

- ☐ *Integrity* – live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what is right even when it is unpopular or personally costly.
- ☐ *Honesty* – live and compete honorably; do not lie, cheat, steal or engage in any other dishonest or un-sportsmanlike conduct.
- ☐ *Reliability* – fulfill commitments; do what you say you will do; be on time to practices and games.
- ☐ *Loyalty* – be loyal to your school and team; put the team above personal glory.

RESPECT

Respect – treat all people with respect all the time and require the same of student-athletes.

Class – live and play with class, be a good sport, be gracious in victory and accept defeat with dignity, help up fallen opponents, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.

Disrespectful Conduct – do not engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals of the sport.

Respect Officials – treat contest officials with respect; do not complain about or argue with the official calls or decisions during or after an athletic event.

RESPONSIBILITY

Importance of Education – be a student first and commit to earning your degree and getting the best education you can. Be honest with yourself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined or removed from a team if I violate any of its provisions.

Role-Modeling – Remember, participation in sports is a privilege, not a right, and that you are expected to represent your school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model.

Self-Control – exercise self-control; do not fight or show excessive displays of anger or frustration. Have the strength to overcome the temptation to retaliate.

Healthy Lifestyle – safeguard your health; do not use any illegal or unhealthy substances including alcohol, tobacco and drugs or engage in any unhealthy techniques to gain, lose or maintain weight.

Integrity of the Game – protect the integrity of the game; do not gamble or associate with or deal with professional gamblers.

Sexual Conduct – sexual or romantic contact of any sort between students and coaches is improper and strictly forbidden. Report misconduct to proper authorities.

FAIRNESS

Be Fair – live up to high standards of fair play; be open-minded; always be willing to listen and learn.

CARING

Concern for Others – demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to yourself or others.

Teammates – help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

CITIZENSHIP

Play by the Rules – maintain a thorough knowledge of and abide by all applicable game and competition rules.

Spirit of Rules – honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship

Signature _____

Student _____

Date _____

Sport _____



2019-20 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____

2019-20 ANNUAL PREPARTICIPATION PHYSICAL EVALUATION

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

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

In case of emergency contact:

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

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

 Explain "Yes" answers on the 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 conditional (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 stringing 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): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection		
7) Have you ever spent the night in a 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, check affected area in the box below in question 11)	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 11):	<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, check affected area in the box below):	<input type="checkbox"/>	<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"/> Lower 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		

	Y	N
12) Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
13) Have you ever 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 medication?	<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) 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"/>
26) While exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
27) 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"/>
28) Have you ever been tested for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
29) Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
30) Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
31) Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
32) Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
33) Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
34) Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
35) Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
36) Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

Females Only

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

Explain "Yes" Answers Here

2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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		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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
10) Are there any family members who have unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11) Are there any relatives with certain conditions, such as:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enlarged Heart	<input type="checkbox"/>	<input type="checkbox"/>	Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)	<input type="checkbox"/>	<input type="checkbox"/>
Hypertrophic Cardiomyopathy (HCM)	<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated Cardiomyopathy (DCM)	<input type="checkbox"/>	<input type="checkbox"/>	Marfan Syndrome (Aortic Rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rhythm Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack, Age 50 or Younger	<input type="checkbox"/>	<input type="checkbox"/>
Long QT Syndrome (LQTS)	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or Implanted Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Short QT Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Deaf at Birth	<input type="checkbox"/>	<input type="checkbox"/>
Brugada Syndrome	<input type="checkbox"/>	<input type="checkbox"/>			

Explain "Yes" Answers Here

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/PA-C/CCSP _____

Date _____

2019-20 ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____
Age: _____	Sex: _____
Height: _____	Weight: _____
% Body Fat (optional): _____	Pulse: _____
Vision: R20/____ L20/____	BP: ____ / ____ (____ / ____ / ____)
Pupils: Equal <input type="radio"/> Unequal <input type="radio"/>	Corrected: Y <input type="radio"/> N <input type="radio"/>

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/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

☐ Cleared With Following 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