



Routing
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VIRGINIA HIGH SCHOOL LEAGUE, INC.  
1642 State Farm Blvd., Charlottesville, Va. 22911

# Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form 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

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

(To be filled in and signed by the student)

PRINT CLEARLY

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

### INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

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. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

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

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



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

**PART II - - MEDICAL HISTORY- Explain "Yes" answers below**

**This form must be completed and signed, prior to the physical examination, for review by examining practitioner.**

**Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.**

<b>GENERAL MEDICAL HISTORY</b>	<b>Yes</b>	<b>No</b>	<b>MEDICAL QUESTIONS (cont)</b>	<b>Yes</b>	<b>No</b>
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/> *	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. 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 <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. 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"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
17. 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"/>	48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
19. 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"/>	<b>FEMALES ONLY</b> 50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. 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"/>	51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN "YES" ANSWERS BELOW:</b> # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ *List medications and nutritional supplements you are currently taking here:		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>			
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>			
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)	<input type="checkbox"/>	<input type="checkbox"/>			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			

☀️▶▶ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_



### PART III – PHYSICAL EXAMINATION

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

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

<b>Date of EXAMINATION:</b>					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

**Medical Practitioner to School Staff (please indicate any instructions or recommendations here)**

Emergency medications required on-site  Inhaler  Epinephrine  Glucagon  Other: \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

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 WITH FOLLOWING NOTATION:** \_\_\_\_\_

Cleared **AFTER** documented further evaluation or treatment for: \_\_\_\_\_

Cleared for **Limited participation** (check and explain "reason" for all that apply): "*Limited Until Date*" when appropriate

Not cleared for (specific sports) \_\_\_\_\_ Until Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION Reason** \_\_\_\_\_

*By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.*

Physician Signature: \_\_\_\_\_ (\*MD, DO, LNP, PA) . Date\*\* \_\_\_\_\_  
Circle one

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

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

**\* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted**



# 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, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). \_\_\_\_\_

I have reviewed 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 varies 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 student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of Medical Insurance 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.

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 for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

## PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

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

HIGH 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. \_\_\_\_\_

Is the student currently prescribed an inhaler or Epi-Pen? \_\_\_\_\_ List the emergency medication: \_\_\_\_\_

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

Does student wear contact lenses? \_\_\_\_\_ Date of last Tdap or Td (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 \_\_\_\_\_ High 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) \_\_\_\_\_

Cell phone \_\_\_\_\_

☀▶▶ **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**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

# Arlington Public Schools

1439 North Quincy Street Arlington, Virginia 22207

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## ATHLETIC PARTICIPATION AGREEMENT

**Acknowledgment and Assumption of Risk:** We, the student athlete and parents or guardians who have signed the form below if the student athlete is under the age of eighteen (18), consent to the student athlete's athletic participation and transport through Arlington Public Schools. We agree to follow the rules and instructions of the student's school, the coaching staff, athletic trainers and the Virginia High School League (VHSL) and to abide by their administrative decisions. We agree to and understand the many risks involved in athletic participation. We understand that injuries requiring medical attention, serious injuries, permanent disability or death can result from such participation. Further, because athletic participation involves shared facilities, equipment and physical contact, student athletes are at increased risk for exposure to communicable diseases and skin infections. I choose to voluntarily accept all such risks. With the full understanding of the risks involved, we agree and accept all responsibility for the student athlete's safety, health and welfare while participating in athletics.

**Student Behavior and Disciplinary Responsibilities:** If a student participating in athletics violates the rules and responsibilities of the APS Handbook (p.26), the school staff may, in lieu of or in addition to otherwise-applicable school disciplinary consequences, impose appropriate and fair disciplinary consequences specifically in connection with the athletic activity.

**Skin infections and communicable diseases:** Risks for exposure to these conditions can be minimized by good hygiene, showering, daily washing of athletic clothing and not sharing personal use items.

**Consent to release health information:** We hereby authorize the use or disclosure of the student athlete's personally identifiable health information (PHI) should, in the opinion of APS staff, treatment for illness or injury become necessary. We understand that it is the parent or guardian's sole responsibility to provide health insurance and/or to assume financial responsibility for any medical bills arising from any accident, illness or injury to the student athlete, including any ambulance fee. We understand that we have the right to withdraw this consent to release medical information at anytime upon written notice to the Athletic Director at the school.

**Proper Use and Fitting of Equipment:** Athletic participation may require the use of equipment, pads, helmets, life vests and other safety equipment. We understand that the proper and consistent use of such equipment is mandatory. We further agree to follow manufacturer instructions and all appropriate training and rules regarding safe conduct and proper equipment use and fitting during athletic participation. We further understand that the use of such equipment does not avoid or necessarily diminish the risk of injury, including paralysis, disability or death.

If using a helmet, the student athlete agrees not to use this helmet to ram, spear or butt an opposing player or teammate. This is violation of the rules and can result in injury, paralysis or death to you or others. Football players must exercise good tackle, blocking, contact and other skills.

**Good Sportsmanship Pledge:** We acknowledge that as parents, guardians or as a student athlete that we each are role models. We will remember that school athletics is an extension of the APS learning environment, offering learning experiences for all students. We must show respect for all players, coaches, other student athletes, referees/umpires and spectators. We understand the spirit of fair play and the good sportsmanship expected by APS, our conference and VHSL. We hereby accept our individual responsibilities to be a model of good sportsmanship.

**Transportation for Athletic Events:** APS makes every effort to provide transportation to its student athletes. If transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent or adult drivers should be aware that they may be held responsible for property damage or any injuries to any individuals they are transporting. All drivers must certify that any private vehicle used is covered by at least the Virginia State required insurance coverage and must hold a valid drivers license. We agree and understand that APS is not responsible for, nor accepts any liability for, transportation provided by private vehicle. APS does not insure any operator of a private vehicle, even if such vehicle is used to transport persons or equipment to or from a school-sanctioned event.

**Concussions and Students:** Concussions can occur in any sport. An athlete who is identified as having, or is suspected of having, a brain injury will be removed from practice/game and not allowed to return unless cleared by a licensed health care

provider. An athlete should not return to physical activity while still experiencing symptoms since the brain is particularly vulnerable to further injury and more permanent damage or even death. Concussions are managed best by a multi-disciplinary approach that includes the student-athlete, parent, school and medical personnel. By our signatures below, we (the student-athlete and his/her parent or guardian) acknowledge receipt of, and certify that we have read in its entirety and understand, "Concussion Fact Sheet" provided by the Arlington Public Schools which is also found at the secondary schools web site. We further understand that if we have any questions about the information we can contact the high school athletic trainer or director of student activities, or the middle school student activity coordinator.

This form should be signed by both parents and/or guardians. In the event that the signature of one of the parents or guardians cannot be provided in time for the student athlete to tryout or participate, the signing parent certifies that he or she is signing on behalf of both parents and/or guardians and gives permission for the student athlete to tryout and participate in the APS athletic program.

BY SIGNING BELOW, I STATE THAT THIS AGREEMENT HAS BEEN CAREFULLY READ AND UNDERSTOOD BY ME. I ACKNOWLEDGE ITS TERMS AND AGREE TO BE BOUND BY THEM.

\_\_\_\_\_

Student Athlete

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or legal guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or legal guardian

\_\_\_\_\_

Date