

**ATHLETIC PARTICIPATION PERMISSION FORM
EMERGENCY, INSURANCE and PARENT CONSENT**

Name _____ Birth date _____ M/F Age _____
Address _____ Home phone _____ Cell _____
Father/guardian _____ Work phone _____ Pager _____
Mother/guardian _____ Work phone _____ Pager _____
Child's doctor _____ Phone _____
Child's dentist _____ Phone _____
Known Allergies _____ Date of Last Td _____

Name of persons who could assume temporary responsibility in case of emergency or illness:

Local friend/relative _____ Phone _____

Parent or Guardian Permission: I/We give our permission for the above named student to participate in organized Junior High School Athletics, realizing that such activity involves the potential for injury and/or transmittable diseases which are inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict observance of the rules, injuries or transmittable diseases are still a possibility.

Consent for Emergency Care: Be it known that I, the undersigned parent or guardian of the above named student, do hereby give and grant unto any medical doctor or hospital selected by the school my consent and authorization to render such aid, treatment or care to said student, if neither the parents or guardians can be contacted, in the judgment of the said doctor or hospital, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing and intended by me to extend throughout the school year.

IT IS FURTHER understood that insurance or the parent of the student would pay for any expenses incurred. Payment of any medical expense is not a school responsibility.

STATEMENT OF INSURANCE COVERAGE (Check either Option #1, #2 or #3)

_____ **OPTION #1:** I/We affirm that I/We am/are the parent(s) of the legal guardian(s) of the above named student. I/We certify that the above named student is currently covered and will be covered during the present school year by an accident insurance policy which includes coverage in the event of injury in a school supervised game or activity.

** Health Insurance (name): _____ Policy#: _____ **

_____ **OPTION #2:** I/We desire to purchase student activity insurance coverage.
FROMS ARE AVAILABLE IN THE OFFICE.

_____ **OPTION #3:** I/We do not desire to have insurance through the school. Any expenses incurred as a result of injury will be the responsibility of the parent.

RESPONSIBILITY FOR STUDENT EQUIPMENT RETURN: I/We agree to be responsible for the safe return of all athletic and/or activity equipment issued by the school to the above named student.

I/WEHAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE STATEMENTS AND CONDITIONS.

Parent/Guardian Signature

Student's Signature

Date

STUDENT ELIGIBILITY REQUIREMENTS

(Before any student may participate in any sport, parent must Read & Sign this form)

1. **PARENTS' PERMISSION FOR ATHLETIC PARTICIPATION:** Parents must sign form, giving approval for their child to participate in interscholastic athletics. NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITHOUT PARENTS' CONSENT.
2. **PHYSICAL EXAMINATION CARD:** Parents are to complete the Health History side and sign the card. The doctor is to complete the physical examination and sign the card. NO STUDENT WILL BE PERMITTED TO PRACTICE OR PARTICIPATE IN AN INTERSCHOLASTIC ATHLETIC CONTEST WITHOUT HAVING BEEN GIVEN A PHYSICAL EXAMINATION AND APPROVAL BY A DOCTOR OF MEDICINE OR OSTEOPATHY.
3. **EMERGENCY CONSENT:** A parental signature on an Emergency consent form is required. NO STUDENT WILL BE ISSUED A PRACTICE PERMIT UNTIL HE/SHE HAS PRESENTED AN EMERGENCY CONSENT FORM, WHICH IS SIGNED BY A PARENT.
4. **ATHLETIC INSURANCE:** Before being permitted to practice or participate in an interscholastic athletic contest, a student must be covered by their parents' insurance, or student activity insurance, which may be purchased through the office.
5. **BIRTH CERTIFICATE:** Students who have not previously presented a birth certificate to the office for recording must do so. Students, who have reached the age of 15 prior to September 1, are ineligible to participate in junior high school athletics.
6. **ACADEMIC ELIGIBILITY:** A student must be passing all subjects at grade check time in order to be academically eligible to compete in athletic contests.
7. **ATHLETIC PRACTICE PERMIT:** The Assistant Principal's office shall issue an Athletic Practice Permit to the student when all eligibility requirements have been verified and recorded. Until the ATHLETIC PRACTICE PERMIT is completed and signed by the Assistant Principal and is present to the coach, no equipment of any kind shall be issued to the student not shall he/she be permitted to practice or participate in interscholastic athletics.

I/We affirm that I/We have read the above Eligibility requirements for Athletic Participation.

Parent/Guardian Signature

Student's Signature

Date

Please return these forms with \$15.00 if you desire to have your child's physical exam done through a school appointment. Please make checks payable to Yuma Elementary School District.

ATHLETE RESPONSIBILITY ACKNOWLEDGMENT

As an Intramural student athlete, who is participating voluntarily in inter-scholastic athletics, I understand that my participation is a privilege and dependent on my acceptance of the following rules and expectations.

1. I will not use or be in possession of alcohol, tobacco, or any illegal substances. Failure to comply with this rule will result in my immediate dismissal or suspension from the sport in which I am participating.
2. I will, at all times, maintain a satisfactory academic eligibility standing by passing all classes in which I am enrolled with the highest grades possible in each subject area. Failure to do so will result in my suspension from game competition on a week-to-week basis.
 2. I will attend all of my classes and practices each and every day. I will never have an unexcused absence from class or practice. Failure to comply with this rule will result in a loss of playing time for a first offense, a one game suspension for the second offense, and dismissal from the team on a third offense.
4. I will be a good citizen and conduct myself in an exemplary manner at all times so as not to bring discredit or embarrassment to me personally, my parents, my team, or my school. Failure to comply with this expectation may result in my suspension or dismissal from the team, depending of the severity of my actions.
5. I will be responsible for all athletic equipment issued to me, will return such equipment in good condition and will pay the current replacement cost for any equipment not returned by me at the end of the season.

My parents and I acknowledge that I have read and understand, and agree to abide by these rules and expectation along with established consequences, as a condition for my participation in the _____ Jr. High School sports program.

Parent/Guardian Signature

Student's Signature

Date

MEDICAL HISTORY CARD - A
(To be filled out by the parent/guardian)

This form is designed to help identify potential health risks for students who plan to participate in interscholastic competitions in the Southern Yuma County Interscholastic Association. This exam should not be considered a substitute for a regular physical examination given by a qualified physician. Yuma School District #1 will require that all students participating in interscholastic athletics have a physical examination prior to participation in a school athletic activity.

Sports Participation (Please Circle)

Wrestling - Soccer - Track - Basketball - Softball - Volleyball - Cheerleading

Name _____ School _____ Birth date _____ Age ____ Grade ____

Physician/Pediatrician _____ Address _____ City _____ Phone _____

Dentist's Name _____ Address _____ City _____ Phone _____

1. During the past 12 months, was your child hospitalized? _____
2. During the past 12 months did your child have an operation? _____
Nature _____ Year _____
3. During the past 12 months, did your child have any injuries requiring medical attention or is he/she now under a physician's care? _____ Doctor _____
(Condition)
4. During the past 12 months, did your child have any illnesses lasting more than one week?

5. Does your child take any medication? _____
6. Do you feel that there should be any limits on your child's participation in activities because of symptoms of illness, injury, or abnormalities of family history known to you or your physician?

7. Has anyone in your family died of sudden cardiac death? _____
8. Is there a family history of heart disease? _____

Please explain any "Yes" answers before returning this form to the school. No explanation is needed for "No" answers. Some "Yes" answers may require that a student have a more thorough physical exam before he/she is allowed to compete.

We, the undersigned, have answered the above questions to best of our ability. The information given is true. We understand that school personnel will rely on the information provided.

I/We agree to the participation of my named son/daughter in the programs, which have been listed above. In addition, I/We consent to practice sessions and travel to and from the programs. I also agree to emergency treatment as deemed necessary by the medical personnel designated by the program authorities.

Parent/Guardian's Signature

Student's Signature

Date

MEDICAL HISTORY CARD -B
(To be filled out by the parent/guardian)

Please indicate if your son or daughter has experienced difficulties in the following areas:

No		Yes		No		Yes
()	Allergy	()		()	Loss of Consciousness	()
()	Anemia	()		()	Hives	()
()	Arthritis	()		()	Joint Pain	()
()	Asthma	()		()	Kidney Trouble	()
()	Back Pain	()		()	Menstrual Cramps	()
()	Bleeding Disorder	()		()	Migraine Headaches	()
()	Chest Pain	()		()	Mononucleosis	()
()	Concussion	()		()	Knocked Out	()
()	Diabetes	()		()	Knee Injury/Surgery	()
()	Dizziness	()		()	Rheumatic Fever	()
()	Eczema (Skin Rash)	()		()	Scoliosis	()
()	Emotional Problems	()		()	Shortness of Breath	()
()	Epilepsy (Seizures)	()		()	Sinus Trouble	()
()	Fainting	()		()	Sore Throat (chronic)	()
()	Hearing Trouble	()		()	Tuberculosis	()
()	Hepatitis	()		()	Valley Fever	()
()	Hernia (Rupture)	()		()	Neck Injury	()
()	Ankle Injury	()		()	Wrist Injury	()
()	Elbow Injury	()		()	Spinal Injury	()
()	Heart Murmur	()		()	Other	()

Please write details on a separate sheet for any of the above as needed

Dislocations/Fractures/Sprains: _____
Nature Year

If the student has had prolonged absences from school, state why and when:

Does your child have to stop while running 1/2 mile? _____

To which medications is the student allergic? _____

Sports from which the student is to be excluded: _____

Signature of Parent/Guardian _____ Date _____

PHYSICAL EXAMINATION SUMMARY
(To be filled out by examining physician)

Name _____ School _____ Birth date _____ Age ____ Grade ____

HT _____ WT _____ Eyes: B 20/ ____ R 20/ ____ L 20/ ____ With/Without Lenses

Hearing: R _____ L _____ Pulse Rest _____ / 2 min. Run _____ / 2 min.

Ears: R _____ L _____ Nose/Throat _____ Teeth _____ Skin _____

Heart _____ Lungs _____ BP (Right arm) _____

Abdomen _____ Hernia _____

Spine/Neck _____ Shoulders/Elbow/Hands _____

Hip/Knee _____ Ankle/Knee _____

Genitalia _____ Lymphatics _____

Date of last tetanus booster: _____ Tuberculin test date: _____ Neg: ____ Pos: ____

Laboratory: UA (dip stick)

Albumin _____ Glucose _____ Blood _____

Other lab test: Only if specifically indicated or required:

Urinalysis: SP GR _____ Ph _____ Hemoglobin/HCT _____

Other _____

I certify that I have on this date examined the mentioned student and I have found no medical reason to disqualify him/her from participation in all supervised athletics and physical education activities with the exception of:

I have reviewed the medical history on the attached form.

_____ M.D./D.O./NP (only)
Name of Physician (type or print)

Signature of examining physician

Date