

DOUGLAS COUNTY SCHOOL DISTRICT RE-1
INTERSCHOLASTIC PARTICIPANT FORM

SCHOOL: _____ GRADE: _____
NAME: _____ BIRTH DATE: _____ AGE: _____ SEX: _____
ADDRESS: _____ CITY/ZIP: _____
PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____
FATHER'S DAYTIME PHONE: _____ MOTHER'S DAYTIME PHONE: _____
IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED, NOTIFY:
NAME: _____ PHONE: _____
FAMILY PHYSICIAN: _____ PHONE: _____
PARENT'S PREFERRED HOSPITAL: _____ PHONE: _____
FAMILY DENTIST: _____ PHONE: _____
INSURANCE CARRIER: _____ POLICY: _____

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____ and that the student was found physically fit to engage in school baseball, basketball, cheerleading, cross country football, golf, gymnastics, lacrosse, pom squad, soccer, softball, swimming, tennis, track and field, wrestling, volleyball,

(Please cross out any sport in which the student should not participate).

Student's Birthday: _____

Date of physical: _____
(Valid for 365 days unless rescinded)

Signed: _____
Physician (Must be signed by MD, DO, NP, PAC or DC)

PLEASE PRINT

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

STATEMENT OF UNDERSTANDING

Registration Fee

The Board of Education has set the registration fee for HIGH SCHOOL athletics at \$185.00 per sport per athlete. The fee for SEVENTH & EIGHTH grade athletics will be \$85.00 per sport, with the exception of 8th Grade Football, which will have a fee of \$115.00 per athlete.

Condition for Fee Refund

1. Refunds will be made to athletes who are cut by their coach.
2. If an athlete moves from the school's attendance area or from the District, the fee will be refunded on a prorated basis.
3. Athletes who quit the sport, become academically ineligible or are suspended from participation for disciplinary reasons are not eligible for a refund.

General

The interscholastic programs within the Douglas County School District Re.1 are offered to supplement the goals and objectives of public high school education.

In order to make contribution to the function and purpose of the total educational process, interscholastic activities must have as primary objectives the teaching of wholesome attitudes and disciplines. The programs must teach an appreciation for physical fitness, personal health, loyalty, personal sacrifice, dedication and teamwork.

In order to realize the potential of interscholastic programs, there are physical and mental disciplines which must be practiced.

Academics

Eligibility for competition in interscholastic activities is determined in accordance with the rules and regulations of the Colorado High School Activities Association, The Continental League and the Douglas County School District Re. 1.

X _____
Signature of Parent or Guardian

Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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