

GILA BEND
Middle School/High School
Interscholastic
Handbook



Canyon Athletic Association

It is not what you do right when people are watching,
but it's what you do right when people are not watching.

INTRODUCTION

A Welcome Letter from the Athletic Director

Dear GBUSD Parents & Athletes,

On behalf of the Gila Bend Unified Athletic Department, I welcome all students to participate in our interscholastic sports programs. Sports are an excellent way to grow emotionally as an individual. As a graduate of Gila Bend High School, I know that athletics played a major role in helping prepare me for adult world. Because of sports, the lessons of my coaches, and the games I played, I developed skills in time management, problem solving, delegation, motivation, and team building.

Gila Bend Unified District Athletics participate in the CAA (Canyon Athletic Association). All rules and regulations handed down by these governing bodies will be adhered to at all times.

As a member of the GBUSD athletic family, our expectations for you are similar to your own family's expectations. Act responsibly as you represent our school district. Remember that you are an ambassador for everyone who attends our school. How you act and react to situations reflects not only on you, but also on your parents and peers. As a student athlete, you have academic and athletic responsibilities. Study, go to class, practice hard, and do your best to excel. Take pride in the opportunity to represent all of us in a first class manner.

The GBUSD Athletic Department's philosophy is that the student athlete's pursuits on the field should be equally measured with those off of it. To that end, a Monster athlete should pursue personal growth through academic work, team experiences, and as an ambassador of our district. You should maintain a sense of ethical responsibility. The department strives to maintain an outstanding athletics program, conducted in a manner that sets an example for good sportsmanship. Our primary concern is the education of the student athlete. We expect all who choose to participate in our sports programs to be responsible student-athletes. We hope you will take full advantage of this opportunity to get a top-notch high school education while participating in our athletic programs.

Please remember that the coaches and administrators are here for you. Our goal is to help you succeed in life. Once you have graduated, we hope you will remain involved with the district as a member of the alumni association.

Go Monsters

Lindsey Fernandez

A large, stylized handwritten signature in cursive script that reads "Lindsey Fernandez". The signature is written in black ink and is positioned over the printed name and title.

GBUSD Athletic Director

gilabendathletics24@outlook.com

Gila Bend Jr/Sr High School District believes in the education of the whole person, and that competitive activities are an integral part of the overall educational experience. All students are encouraged to participate in interscholastic programs as part of the healthy development of a well-integrated person.

Competition means more than a contest between schools or individuals. It is a means of teaching a way of life. It teaches fair play. It teaches that no one individual is more important than the team. It teaches that quitting usually means failure while hard work eventually brings success. In the Gila Bend School District, athletics, co-curricular activities, and academics are combined to develop physical, mental, social values that will help the student grow throughout life.

The goal for students and teams is to perform at the maximum of each person's capabilities. Every student is encouraged to participate in multiple programs and strive for excellence.

This handbook contains the rules/regulations that govern all extracurricular activities in the Gila Bend School District.

Students in the Gila Bend High School District may have the opportunity to qualify for participation in the following Canyon Athletic Association approved activities depending on which school they are attending.

Fall

- Cheer
- Football
- Volleyball
- Middle School Volleyball
- Soccer

Winter

- Cheer
- Basketball (Boys & Girls)
- Middle Softball

Spring

- Baseball
- Softball
- MS Basketball

PHILOSOPHY

Gila Bend Jr. / Sr. High School District promotes individual dignity, personal development, and social interaction through its programs. Furthermore, the department will do everything it can to provide a quality program for all students.

Each interscholastic teams does not measure success simply by the number of wins and losses or the number of trophies or championships won in a given season or year. Success may also be measured by the degree to which we live up to the principles and ideals we instill in all participants.

Every school in Gila Bend Jr. / Sr. High School District believes that education comes first. Athletes must remember that the primary reason for attending High School is to be a part of a first-class educational program. Activities should never take precedence over education.

C.A.A. ELIGIBILITY

Academic: A student must be enrolled in a minimum of 5 courses the first six semesters of high school and a minimum as determined by the district during the seventh and eighth semesters. The configuration and method of course delivery shall be as determined by the member school.

Age Limit/Birth Record: If a student becomes 19 years of age after September 1, he/she is eligible to compete for the remainder of that school year. If he/she becomes 19 years of age on or before September 1, he/she is not eligible for any part of that school year. An acceptable record of birth shall be submitted before a student's name is placed on an eligibility list for participation.

Amateur: Each student, in order to represent his/her school in any sanctioned contest, shall be and shall remain an amateur. An amateur athlete is one who has never used and is not using his/her knowledge of athletics or athletic skill in an athletic contest for financial gain.

Domicile: Except as otherwise stated in C.A.A. bylaws, a student, whether an adult or not, is privileged with eligibility for interscholastic competition only at the

school in the district in which his/her parents are domiciled. In multi-school districts, the student is eligible only at the school in the attendance zone in which his/her parents are domiciled. Exception: A school district governing board may declare all or certain high schools within its district as open schools. A student enrolling for the first time in any open school in the district shall have met the domicile requirements to be able to participate in interscholastic competition.

Enrollment: Only students enrolled at a member school in grades 7 through 12, inclusive, shall be eligible for interscholastic competition. A home school student may be eligible if said student is in compliance with §A.R.S. 15-802.01 (A) and all Gila Bend School District eligibility policies.

Maximum Participation: After a student first enrolls in the ninth grade, he/she has a maximum of eight semesters of opportunity and a maximum of four seasons of opportunity in each sport or activity. Semesters 1-8 must be consecutive.

Parent/Legal Guardian Legal Consent: Parental or legal guardian consent is required before a student can be eligible to practice or compete in interscholastic competition. All students shall have on file with the principal or his/her designee appropriate permission in which the parent or legal guardian authorized participation. (see back page)

Physical Examination: A student shall not be allowed to practice or compete in interscholastic athletics until there is on file with the principal or his/her designee a record of a physical examination performed by a doctor of medicine (M.D.), osteopathic physician (D.O.) or certified registered nurse practitioner (N.P.) licensed to practice, or a certified physician's assistant (PA-C) registered by the Joint Board of Medical Examiners and the Osteopathic Examiners in Medicine and Surgery. The physical examination on file shall be signed by one of the aforementioned medical providers and shall state that, in the opinion of the examining provider, the provider did not find any medical reason to disqualify the student from practice or competition in athletic contests. The principal or his/her designee, if deemed advisable, may require a student to be re-examined.

Recruitment: There shall be no recruitment of athletes. Recruitment is defined as the act of influencing a student to enroll in a school or to transfer from one school to another in order that the student may participate in interscholastic athletics. No school administrator, athletic coach or employee of a high school district shall engage in recruitment either by direct contact with a student or indirectly through parents, legal guardians, common school employees, directors of summer athletic programs or other persons who are in a position to influence the student's choice of a school.

Student Due Process/Eligibility Appeal Procedures: Each member school principal or his/her designee(s) having reasonable cause to believe that a student is ineligible to participate in, or continue in, an interscholastic activity under the Enrollment Rule, Domicile Rule and/or Transfer Rule of the C.A.A. Bylaws shall provide the student with notice of his/her ineligibility either in writing or by delivering said notice in person.

Transfer Student: After enrolling and attending one or more classes, a student changing enrollment from one school (sending school) to another school (receiving school) shall be considered a transferring student. A transferring student is not eligible to participate in interscholastic competition at the receiving school unless there is a corresponding change of domicile and all other eligibility requirements are met. For information and record keeping purposes, the receiving and sending school shall reasonably cooperate and complete Forms from C.A.A Article 4. 4.4.3. If transferring to a school involved with the A.I.A. they will fill out a 520 form which will be sent to the receiving school

PRE-SEASON ELIGIBILITY

Before an athlete can PRACTICE in a particular activity, the following criteria must be met.

1. The student must be registered for classes with GBHS and have a class schedule.
2. The student must have a completed eligibility packet on file in the Interscholastic Office.
 - a- Physical Examination must use C.A.A. Form
 - b- Birth Certificate
 - c- Insurance Form
 - d- Authorization for Emergency Medical Information
 - e- C.A.A. Position Form
 - f- N.F.H.S. Concussion awareness video and certificate

Before an athlete can PLAY in a particular activity, the following criteria must also be met.

1. The student must have the front and back of the last page of this Interscholastic Handbook is to be signed and submitted.
2. The student must have paid the appropriate Activity Fee if any.

ATTENDANCE ELIGIBILITY

Students must be in attendance for 4 of 7 classes in order to practice or participate on that day. Verified medical/dental appointments are accepted as excused absences.

If a student is absent the day before a contest and it is unexcused, the student will not be allowed to take part in the following days activity or game.

Students are required to be in attendance and on time for their first scheduled class the day after a contest. Failure to do so may result in the student being suspended from participation in the next contest.

ACADEMIC ELIGIBILITY

Academic eligibility is determined using grade reports occurring EACH WEEK.

This evaluation process will be repeated each Tuesday.

Changes in academic eligibility status takes place the Tuesday of the eligibility grade check.

Students that receive a failing grade in any class become ineligible to participate in a game or contest for the week (Monday-Saturday).

Students who are ineligible may not participate in any contests or game during the ineligible period or breaks during the ineligible period.

Students can and should continue to practice with the team during the ineligible period in order to remain physically fit and receive coaching instructions.

Ineligible students will not be excused to miss any class time for home or away contests. They may not be on the field of competition during that time.

Study hall will be given to those students who are not passing from Tuesday thru Friday to try to help them succeed in there class. This is mandatory for Athletes that are failing.

NCAA ELIGIBILITY

Any student with the desire to participate in athletics after high school should contact their guidance counselor regarding eligibility. Academic eligibility requirements are different at each level. More information can be found on www.ncaa.org, www.naia.org and www.njcaa.org. (Clearing House)

RESPONSIBILITIES OF THE STUDENT

All physical forms and parent consent forms must be submitted to the ATHLETIC OFFICE prior to any tryouts, practicing, or participation in a given activity.

Students who are assigned Out-Of-School Suspension are not eligible to participate in any activities (practices/contests) at any time on those days. Students must complete their OCR assignment and attend classes the following day in order to regain eligibility. A student athlete suspended out-of-school a second (2nd) time during the same sports season shall also be suspended from that team for the remainder of the season.

Students are responsible for missed work due to absences for home or away contests. The make-up policy for missed work due to extracurricular absences will be the same as all other excused absences.

Students requesting December Graduation will not be permitted to participate in Winter Sports.

RESPONSIBILITIES OF THE ATHLETE

Respect your opponents, teammates, parents, teachers, coaches, administrators and fans.

Respect and follow all school rules.

Respect and follow all C.A.A. rules regarding athletic eligibility and sportsmanship.

Dress appropriately on all trips, remain with the group, and ride the team bus to and from the site of the contest unless proper transportation arrangements have been made with the Interscholastic Office and the head coach. If an athlete is riding home after a game it must be with their **LEGAL GUARDIAN**. It cannot be a friend or someone else unless prior notice (**24 hours**) before the contest, **the request must be given to the Athletic Director**.

Abide and respect official's decisions at all times.

Turn in all equipment issued to you immediately after completion of that activity. You are ineligible for participation in following activities until all equipment is turned in. You must pay for any equipment not returned to your coach.

Report all injuries without delay to a coach or the staff. Failure to do so may result in no insurance coverage. Athletes that have injuries requiring medical attention by a physician may not return to practice or participate in contests until they have received written clearance from a physician and such written permission is on file in the Interscholastic Office.

TRAINING AND CONDUCT POLICY

The training rules will apply to all Gila Bend MS. / SR. High School District athletes. Excellent physical and mental condition is necessary for high performance in athletics as well as protecting the personal health and safety of the participant and others.

- 1- The use or possession of tobacco in any form is prohibited.
- 2- The use or possession of an alcoholic beverage is prohibited.
- 3- Illegal use, sale, or other abuse of drugs is prohibited.
 - A- On School Grounds or School-Related Activities
Students will be subject to the discipline policy as stated in the Student Handbook and also subject to the Athletic Training Rules as stated in this regulation.
 - B- Off School Grounds
Burden of proof must be with one of the following:
 - a- Observation by staff or administration
 - b- Verified Police Report (when possible)
 - c- Athlete's own admission

FIRST OFFENSE

The student will be sent to After School Detention for Community Service. It will be a total of 4 Days from 4:00pm 5:00pm.

The start of the season shall be defined as the first required official practice as defined by the C.A.A. standardized calendar. The end of the season shall be defined as the last official contest at the level at which the athlete has participated.

SECOND OFFENSE

The student will be suspended from all athletic participation for the remainder of the season.

THIRD OFFENSE

The student will be suspended from **ALL** athletic programs for the duration of his/her attendance within the Gila Bend High School District # 24.

PLAYING TIME

Varsity Level Programs: The philosophy of the varsity program is to place the best combination of athletes into a game or match situation. This combination of athletes is to be determined by the coaching staff based on their evaluation of the athletes. No athlete is guaranteed playing time.

Junior Varsity and Freshman Level Programs: The philosophy of the junior varsity and freshman programs is to emphasize the development of physical and social skills for each athlete.

LETTERING AND AWARDS

Students may earn a school letter for participating in various school activities. The specific criterion for earning a varsity letter is established by the coach or sponsor of the activity.

OUTSIDE PARTICIPATION

A student who is a member of a school team shall not practice or compete with any other group, club, organization, association, etc., in that sport during the interscholastic season of competition. This rule applies to team sports only, which are football, baseball, basketball, volleyball, soccer, softball, track. For purposes of this rule, the interscholastic season of competition shall begin with the first regularly scheduled game and conclude with that particular team's final game. Any student violating the above rule shall forfeit his/her eligibility for a minimum of the balance of the season for that sport or up to a maximum of one calendar year.

SPORT TRANSFER POLICY

The following guidelines pertain to the athlete's choices concerning the move from one program to another program during the same season and different seasons.

Same season before the first scheduled contest:

An athlete may try out for a 2nd program when not selected as a member of their 1st choice.

Different seasons:

After the first scheduled contest, an athlete may not transfer from a program in season to another program out of season. The athlete must wait until the scheduled contests are completed.

In all situations above, athletes must join the team within the first two weeks of scheduled practice. Transfer students have two weeks from the date of admission to join a team in season.

OPEN COMMUNICATION

Gila Bend MS./SR. High School District believes that open communication between students, parents, coaches, and the interscholastic department is vital to the success of our program.

- a- If a student or a parent has a disagreement with something that a particular coach is doing, we request that you try to work out the disagreement with the coach first.
- b- If the situation cannot be resolved, the student or parents may wish to visit with the Athletic Director to discuss and resolve the problem.

CHAIN OF COMMAND

A chain of command is vital to the success of an organization. The chain of command to be followed at each high school's interscholastic department is as follows:

Individual directly involved – Assistant Coaches – Head Coaches – Head Varsity Coaches – Athletic Director – Principal. Coaches, students and parents should always follow this chain of command when addressing concerns and/or asking questions regarding our programs.

TRANSPORTATION

The Athletic Department requires all students to travel home with their coaches and teammates at the conclusion of away events. If athlete is riding home after a game it must be with their **LEGAL GUARDIAN** . It cannot be a friend or someone else unless prior notice (**24 hours**) before the contest, **the request must be given to the Athletic Director.**

SPORTSMANSHIP

Anyone acting in a manner construed by onsite supervision to be unsportsmanlike may be asked to leave the site of the event and may be denied future attendance to or participation in school-sponsored activities.

C.A.A. Bylaws; Article 4.48

Spectator Behavior – In the event that spectators, parents, or other non-school personnel initiate or engage in physical conflict or other threatening or aggressive behavior with school personnel, officials, players, coaches, or other spectators, the school(s) involved shall utilize all available law enforcement resources to prosecute such offenders, and shall take all reasonable actions to help ensure that future similar incidents do not occur, such as temporarily or permanently prohibiting the offender(s) from attending future contests.

VICTORY WITH HONOR

The goals of Pursuing Victory With Honor will help student-athletes develop healthy attitudes towards competition and commitment to the principles of sportsmanship. These principles include the ability to win or lose with grace, preparation, hard work, self-discipline, and the appropriate role of sports in the content of the importance of education, meaningful personal relationships, and realistic career ambitions and alternatives. We know the importance of building good character and we will strive to provide a quality education and athletic experience through the use of these six pillars of character.

TRUSTWORTHINESS: Integrity, Honesty, Reliability, Loyalty

RESPECT: Golden Rule, Tolerance and Acceptance, Nonviolence, Courtesy

RESPONSIBILITY: Duty, Accountability, Self-Control

FAIRNESS: Justice, Openness

CARING: Concern for Others, Charity

CITIZENSHIP: Do Your Share

PARENT AND STUDENT SIGNATURES

After reading this handbook, students and parents must sign this form stating they have read the handbook and understand the policies contained within. Students must have returned this form to the interscholastic office in order to be eligible for practice.

STUDENT'S AGREEMENT: I have read this handbook, and I agree to abide by all the policies of the Gila Bend High School Athletic Department.

Print Name

Student's Signature

Date

PARENT'S AGREEMENT: We have read the handbook, and we agree to uphold and support all of the policies of the High School Interscholastic Department.

By signing in the appropriate spaces below, we give our child permission to participate in interscholastic activities in the Gila Bend Jr. / Sr. High School District.

Print name

Date

Parent's Signature

Date

PARENT AND STUDENT SIGNATURES

PARENT OR LEGAL GUARDIAN CONSENT TO PARTICIPATE

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/We acknowledge that I/we have read and understand this warning.

Parent's Signature

Student's Signature

PURSUING VICTORY WITH HONOR

I have read and understand Victory With Honor Program notes as well as the policy on Sportsmanship. As a student involved in interscholastic activities, parent, relative or sports fan, I will strive to uphold the principles of Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship at each interscholastic competition.

I/We acknowledge that I/we have read and understand these documents.

Parent's Signature

Student's Signature



GBUSD ATHLETIC

EMERGENCY AND MEDICAL INFORMATION

Student's Name _____ Grade _____ Parent/Guardian _____

Address _____

Phone (H) _____ (Mother (W)) _____ (Father (W)) _____ Cell _____

Two Persons we can call in the event you cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

List any major illness: _____ Medication: _____

Allergies: _____ Previous Head/neck injuries: _____

Braces/retainers: _____ Last Tetanus shot: _____

Are pupils unequal in size _____ If unequal, which is larger? _____ L _____ R

Preference of Physicians: 1. _____ Phone _____

2. _____ Phone _____

If neither physician is available, do we have your permission to take your child to a hospital or available physician? _____

INSURANCE INFORMATION:

Name of Company _____ Policy Number _____

Phone number of Insurance Co. (Phone number must be supplied so health provider can verify coverage) _____

Please list names of authorized persons who have your permission to pick up your student from practices/games

1. _____ Phone _____

2. _____ Phone _____

Parent/Guardian Signature _____ Date Signed _____

Athletic Director Signature _____ Date Received _____



Canyon Athletic Association

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:

- o 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.
- o I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- o 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.
- o A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- o A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- o Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- o If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- o 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.
- o 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.
- o 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: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?	_____	
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?	_____	
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?	_____	
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?	_____	
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?	_____	
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.