REVISED JANUARY 2021

Page 1 of 4

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 (To be filled in and signed by the student)				Male Female		
PRINT CLEARLY			signed by the studer		· cindic		
Name				Student ID#			
(Last)		(First)	(Middle Initial)				
Home Address							
City/Zip Code							
Home Address of Pa	arents						
City/Zip Code							
Date of Birth		P	ace of Birth				
This is my	semester in	High Scl	nool, and my	_ semester since first entering t	he ninth grade. Last		
				credit subjects, and I am taking			

represent my present high school in athletics.

INDIVIDUALIZED 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 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/Parent 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 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 about 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.

Page 2 of 4

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)

				ysical examination, for review by examining practitioner. stion. Circle questions you don't know the answers to.		
	GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO
1.	Do you have any concerns that you would like to discuss with	_	_	24. Have you had mononucleosis (mono) within the last month?		
2	your provider?			25. Are you missing a kidney, eye, testicle, spleen or other internal organ?		
	Has a provider ever denied or restricted your participation in sports for any reason?			26. Do you have groin or testicle pain or a painful bulge or hernia		
3.	Do you have any ongoing medical conditions? If so, please			in the groin area?		
	identify: Asthma Anemia Diabetes Infections			27. Have you ever become ill while exercising in the heat?		
4	Are you currently taking any medications or supplements on			28. When exercising in the heat, do you have severe muscle cramps?		
ч.	a daily basis?			29. Do you have headaches with exercise?		
5.	Do you have allergies to any medications?			30. Have you ever had numbness, tingling or weakness in your		
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant			arms or legs or been unable to move your arms or legs AFTER being hit or falling?		
	Staphylococcus aureus (MRSA)?			31. Do you or does someone in your family have sickle cell trait		
7.	Have you ever spent the night in the hospital? If yes, why?			or disease? 32. Have you had any other blood disorders?		
8.	Have you ever had surgery?			33. Have you had a concussion or head injury that caused		
	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	confusion, a prolonged headache or memory problems?		
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you had or do you have any problems with your eyes or vision?		
10.	Have you ever had discomfort, pain, tightness, or pressure in			35. Do you wear glasses or contacts?		
	your chest during exercise?			36. Do you wear protective eyewear like goggles or a face shield?		
11.	Does your heart race, flutter in your chest or skip beats	_	_	37. Do you worry about your weight?		
	(irregular beats) during exercise?			38. Are you trying to or has anyone recommended that you gain		
12.	Has a doctor ever ordered a test for your heart? For			or lose weight?		
	example, electrocardiography or echocardiography.			39. Do you limit or carefully control what you eat?		
13.	Has a doctor ever told you that you have any heart problems,			40. Have you ever had an eating disorder?		
	including: High blood pressure A heart murmur 			41. Are you on a special diet or do you avoid certain types of foods or food groups?		
	□ High cholesterol □ A heart infection			42. Allergies to food or stinging insects?		
	🗆 Kawasaki Disease 🛛 Other			43. Have you ever had a COVID-19 diagnosis? Date:	Π	
				44. What is the date of your last Tdap or Td (tetanus) immunization	ו?	
1.4	Do you get light-headed or feel shorter of breath than your			(circle type) Date:		
14.	friends during exercise?			FEMALES ONLY	YES	NO
15.	Have you ever had a seizure?			45. Have you ever had a menstrual period?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO	46. Age when you had your first menstrual period:		
16.	Does anyone in your family have a heart problem?			47. Number of periods in the last 12 months:		
17.	Has any family member or relative died of heart problems or			48. When was your most recent menstrual period?		
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			EXPLAIN "YES" ANSWERS BELOW		
18.	Does anyone in your family have a genetic heart problem			# >>		
20.	such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy			# >>		
	(ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),			# >>		
	Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			# >>		
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			# >>		
	BONE AND JOINT QUESTIONS	YES	NO			
20.	Have you ever had a stress fracture or an injury to a bone,	İ	Ì	# >>		
	muscle, ligament, joint, or tendon that caused you to miss a practice or game?			# >>		
21.	Do you currently have a bone, muscle or joint injury that bothers you?			List medications and nutritional supplements you are currently ta	king he	ere:
	MEDICAL QUESTIONS	YES	NO			
22	Do you cough, wheeze or have difficulty breathing during or after exercise?]		
23	Do you have asthma or use asthma medicine (inhaler, nebulizer)?					

→ Parent/Guardian Signature:

→ Athlete's Signature:

PART III- PHYSICAL EXAMINATION

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

NAME			DA	TE OF BIRTH_					
Height		Weight				🗆 Male	2	🗆 Femal	e
BP /	Resting pulse	١	/ision	R 20/	Lź	20/	Corrected	🗆 Yes	□ No
					-				
	MEDIC				NC	ORMAL	ABN	ORMAL FIND	INGS
	in stigmata: kyphosco		•						
,	odactyly, hyperlaxity,	myopia, mitr	al valve	prolapse, and	t l				
aortic insufficiency									
	oat (Pupils equal, hea	aring)							
Lymph nodes									
	uscultation standing,	supine, +/- Va	ilsalva)						
Pulses									
Lungs									
Abdomen		ative of MDC/							
	ex virus, lesions sugge	STIVE OF IVIRSA	A OF TINE	ea corporis)					
Neurological	MUSCULOS				NC	RMAL		ORMAL FIND	INCE
Neck	WUSCULUS	NELETAL					ADIN		INGS
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
	ıble leg squat, single l	eg squat, box	drop o	r step drop te	st)				
	tions required on-site				Gluca	gon	Other:		
COMMENTS:			- F	·		<u> </u>			
	have reviewed the						w.fowno.owd.woolco.d	h a fallaudia	_

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

□ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

□ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

	G SPORTS:		
Reason:			
<u>NOT</u> MEDICALLY ELIGIBLE PENDING FURTHER EV	ALUATION OF:		
□ <u>NOT</u> MEDICALLY ELIGIBLE FOR ANY SPORTS			
		oove student and completed this pre-part f Part II- Medical History.	cipation
→ PRACTITIONER SIGNATURE:		(MD, DO, NP or PA) + DATE**:	
EXAMINER'S NAME AND DEGREE (PRINT):		PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP:
		hic Medicine, Nurse Practitioner or Physic <u>red States</u> will be accepted.	ian's Assistant
Rule 28B-1 (3) Physical Examination Rule/Transfer Stu transfers to Virginia and attaches proof of that physical			

REVISED JANUARY 2021

Page 4 of 4

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed 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, swim/dive, 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:

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 participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics 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.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to <u>www.coverva.org</u> or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME:	GRADE:	AGE:	DOB:
HIGH SCHOOL:		CITY:	
Please list any significant health problems that might be significant t	o a physician eval	uating your child <u>ir</u>	a case of an emergency:
PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:			
IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?			CATION:
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? DOES THE STUDENT WEAR CONTACT LENSES?	IF SO, WHAT DATE OF LAS	? ST Tdap OR Td (TEI	ANUS) SHOT:
EMERGENCY AUTHORIZATION: In the event I cannot be reached in a the coaches and staff of	_ High School to ho named above.	ospitalize, secure p	roper treatment for and to
EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EME	RGENCY):		
CELL PHONE NUMBER:			
→ SIGNATURE OF PARENT/GUARDIAN:			E:
RELATIONSHIP TO STUDENT:			
*Emergency Permission Form may be reproduced to travel with respective t	teams and is accepta	able for emergency t	reatment in needed.

I CERTIFY ALL OF 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.	