

INSPIRE

SCHOOL OF ARTS & SCIENCES

1050 Fremont St, Chico, CA 95928
530-891-3090

2026-27 PARTICIPATION AGREEMENT FOR ATHLETICS

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Student/Athlete and Parents/Guardians

Participation in high school activities is dependent on Student/Athlete eligibility. Please review this summary of Inspire School of Arts and Sciences Student/Parent Handbook and Expectations for Co-Curricular Activities.

Athletics and Co-curricular programs contribute to the educational, emotional and social development of students. Since students are not required to participate in extra/co-curricular programs, the choice to participate in these programs is a privilege and students are required to follow the rules specified in Inspire School of Arts and Sciences Student/Parent Handbook and Expectations for Co-Curricular Activities to remain eligible to participate. Students who choose to participate in extra/co-curricular activities are expected to conduct themselves in a manner that reflects the values of the school and community they represent.

I. The Purpose of Interscholastic Athletics is to give students the opportunity to:

- develop organizational skills to balance athletics/extra/co-curricular activities and academics.
- learn new skills and improve existing ones.
- experience commitment and dedication to school, extra/co-curricular activities, sport, team & coach.
- develop physical vigor and desirable habits in health and safety.
- learn what it takes to be a good teammate.
- develop new friendships.
- observe and exemplify good sportsmanship.
- demonstrate truthfulness.
- be dependable in fulfilling obligations and commitments.
- accept responsibility for consequences of actions and not make excuses or blame others.
- strive to excel.
- persevere, give 100% effort and not give up in the face of setbacks.
- control anger and frustration and refrain from displays of temper and bad language.
- accept losing and winning graciously; to congratulate opponents, not sulk, or display other negative behaviors

- understand that athletic competition and extra/co-curricular participation carries with it certain responsibilities.
- understand that a violations of the above have a consequence

II. RESPONSIBILITIES

Student/Athlete and Parent/Guardian will ensure the Student/Athlete:

- **Provides a Physical Exam AND proof of HEALTH INSURANCE prior to pre-season workout and/or official start of practice**
- Makes adequate academic progress toward graduation, including having earned a GPA of no less than 2.0.

The principal or designee may grant one probationary period during grades 9 –12 for the student who has the required number of credits but who fails to maintain a 2.0 GPA. This probationary period will not be applicable for the student who has a GPA lower than 1.5. Any student quitting or dismissed from a sport may not begin participating in the next sport until the current season of sport is completed. Exceptions may be applied per admin. discretion.

- Has not turned 19 years old prior to June 15 before the start of their senior year.
- Attends a minimum of **two periods** of school to be eligible for practices and competitions (CIF restrictions may apply for some sports)
- Adheres to and follows all rules of conduct and behavior as specified in the Inspire School of Arts and Sciences Student/Parent Handbook

Parent/Guardian Responsibility

Parents/Guardians are essential partners in maintaining a safe, educational and enjoyable experience for students. When present at Inspire's events, performances, athletic games, practices, and extra/co-curricular activities, Parents/Guardians are expected to model the kind of citizenship and sportsmanship that is expected and required of students. The following are among Inspire's expectations for the parents/guardians of student athletes and extra/co-curricular participants:

Parents/Guardians will:

- have **knowledge, understanding and agreement** about the Inspire School of Arts and Sciences Student/Parent Handbook and the information included in this Athletic Participant Agreement.
- know the consequences for violations of Inspire School of Arts and Sciences Student/Parent Handbook, and will assist in their enforcement.
- be supportive and encourage their student/athlete to demonstrate appropriate behavior while representing Inspire as a student/athlete and extra/co-curricular participant.
- understand individual team rules/expectations and address concerns regarding their student/athlete's program to the coach.
- be knowledgeable spectators, knowing the rules of the game and serving as role models for sportsmanship
- cheer successes, and show understanding when a student/athlete does not succeed and will encourage the efforts of their student's teams and respect the efforts of the opposing teams.
- adhere to state laws that prohibit smoking/vaping on school grounds or in school buildings.
- bring their concerns to the attention of the appropriate coach(es), including concerns about the mental and physical treatment of their student, their student's behavior and ways to help their student/athlete improve.
- schedule meetings with coaches/teachers in order that their concerns may be discussed at

appropriate times and places.

- demonstrate a respect for the privacy of all students, and an understanding of the teachers' and coaches' responsibilities to all students, by refraining from speaking with teachers and coaches about such issues as playing time, athletic ability, and team strategy, insofar as those subjects relate to student/athletes other than their own child.

- view the free Cardiac Arrest video located at <https://nfhslearn.com/courses/61032/sudden-cardiac-arrest>

CONSEQUENCES FOR STUDENT/PARENT HANDBOOK VIOLATIONS – violations verified by the principal/superintendent or designee and/or a law enforcement officer will require the disciplinary consequences described below:

First Step: Automatic suspension from co-curricular participation for no less than 20% of the **total scheduled contests** or co-curricular performances/events. The suspension will start from the first date of disciplinary action. For example, if a team has 10 scheduled contests and a student/athlete on that team violates the Code of Conduct, he/she will be suspended for no fewer than the next two games.

Unless prohibited by the Principal or designee, the student/athlete is required to attend all meetings, sessions and practices and must participate in every group/team activity, but may not compete or perform. Additionally, the student/athlete must complete Inspire School of Arts and Sciences discipline plan as prescribed by the Principal or designee.

Second Step: Automatic suspension from extra/co-curricular participation for the duration of the school year. The student/athlete will be placed on probation for the following year and a subsequent violation while on probation will result in the student/athlete being denied further co-curricular participation for the remainder of the school year.

III. BAN ON USE OF ANDROGENIC/ANABOLIC STEROIDS:

Students/athletes, participants in extra/co-curricular activities and their parents/guardians, agree that the student/athlete shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition.

Student/athletes and their parents/guardians, legal guardians/caregivers also recognize that under CIF bylaw 200.D, there could be penalties for false or fraudulent information. Student/athletes and their parents/guardians, also understand that Inspire policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Parent/Guardian initials _____

Student/Athlete initials _____

IV. INFORMED CONSENT:

By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV, Hepatitis B, herpes and others. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have the responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their teachers/coaches, follow proper conditioning programs, and inspect their own equipment daily.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK:

- I understand and acknowledge that the activities of athletic teams, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.
- I understand and acknowledge that some of the injuries/illnesses which may result from participating in activities include, but are not limited to, the following: Sprains/strains; fractured bones; unconsciousness; head and/or neck injuries; paralysis; loss of eyesight; communicable diseases; death.
- I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by Inspire for course credit or for completion of graduation requirements.
- I understand and acknowledge that in order to participate in these activities, I and my student/athlete agree to assume liability and responsibility for any and all potential risks which may be associated with participation in these activities.
- I understand, acknowledge, and agree that Inspire, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by my student/athlete which is incident to and / or associated with preparing for and/or participating in this activity.
- I acknowledge that I have carefully read this PARTICIPATION AGREEMENT FOR CIF VOLUNTARY ACTIVITIES and that I understand and agree to its terms.

Parent/Guardian initials _____

Student/Athlete initials _____

V. Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.**

In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Concussion Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents/guardians and teachers/coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, teachers/coaches, parents/guardians and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent/guardian head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and



“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

VI. Sudden Cardiac Arrest (SCA)

<p>While SCA often has no warning signs, a study published by the Journal of the American Board of Family Medicine (2012) revealed that 72% of students who suffered from SCA were reported by their parents to have at least one cardiovascular symptom before SCA. They just didn’t recognize it as life threatening. That’s why it’s important for everyone to understand potential warnings.</p>	<p>Possible indicators that SCA is about to happen</p> <ul style="list-style-type: none"> ▶ racing heart, palpitations or irregular heartbeat ▶ dizziness or lightheadedness ▶ fainting or seizure, especially during or right after exercise ▶ fainting repeatedly or with excitement or startle ▶ chest pain or discomfort with exercise ▶ excessive, unexpected fatigue during or after exercise ▶ excessive shortness of breath during exercise
<p>Factors that increase risk of SCA</p> <ul style="list-style-type: none"> ▶ family history of known heart abnormalities or sudden death before age 50 ▶ specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD) ▶ family members with unexplained fainting, seizures, near/drowning or car accidents ▶ known structural heart abnormality, repaired or unrepaired ▶ use of drugs, such as cocaine, inhalants, recreational drugs or excessive energy drinks 	<p>For more information about Sudden Cardiac Arrest visit:</p> <p>California Interscholastic Federation Eric Paredes Save A Life Foundation National Federation of High Schools http://www.cifstate.org http://www.epsavealife.org (20-minute training video) https://nfhslearn.com/courses/61032</p> <div style="text-align: center;">   </div>

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers teachers/coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed healthcare provider. parents/guardians, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

VII. Sports Physical

All student/athletes must submit medical clearance to participate in Inspire School of Arts and Sciences athletics. Medical clearance is provided by submission of a completed Sports Physical which can be obtained from a family physician or physician's assistant. Please reach out to Inspire's main office for assistance if needed. A copy of the Sports Physical form is available at the Inspire School of Arts and Sciences website and is listed under "Clubs" and "Athletics."

VIII. MEDICAL INSURANCE COVERAGE (Required):

California law (Education Code Sections 32220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic athletic event, including cheerleaders, team mascots, band member, team managers, etc., to possess accidental bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. ***Students may not to engage in interscholastic athletic practice, games or associated activities until the pertinent parts of this certificate have been completed and filed with Inspire's Athletic Director.*** Please specify below the required insurance coverage that you have provided for your Student/Athlete.

*****REQUIRED INFORMATION*****

Health Insurance Policy

Carrier: _____

Policy Number: _____

Does your child have an IEP: Yes No

Have you EVER attended another high school other than this one? Yes No

If yes, where: (name) _____ (city, state) _____

IX. Signatures

We have read and understand Inspire School of Arts and Sciences Participation Agreement and understand the consequences as stated for violations of the agreement. We are also aware that any violation of any of these standards, shall result in consequences contained within this policy.

Parent/Guardian

Student/Athlete

Parent/guardian AND Student/Athlete **MUST SIGN AND RETURN TO SCHOOL** prior to participation in Inspire sports teams. Students are not to engage in interscholastic athletic practice, games or associated activities until this entire agreement has been completed and returned to the main office or Inspire athletic coach.

INSPIRE ATHLETICS

Girls Golf (Fall)

Cross Country (Fall)

Snowboarding/Ski (Winter)

Golf (Spring)

Requirements for High School Athletic Eligibility

Grades: Student-athletes must have a 2.00 minimum G.P.A. during the previous semester (or equivalent for different grading periods). If their GPA is in the 1.50-1.99 range, the student-athlete may use a **1 time/ 1 semester only (during 4 years of high school)** academic probation period (Parent/Guardian and student athlete are required to meet with Athletic Director, Peggy Hawks for approval prior to the probation period). Below a 1.50 GPA, students **are not eligible**.

Credits: Student-athletes must **pass** all their classes from the previous semester and maintain minimum credits throughout their high school careers.

Physicals: All student-athletes must pass a **yearly physical** and have the physical form on file in the Athletic Office **PRIOR TO ATTENDING TRY-OUTS OR PRACTICE**.

Download the Physical form from Inspire's website.

Insurance: All student-athletes must be covered by medical insurance.

Additional information

Recruiting- While people hear about recruiting all the time at the college level, it is **STRICTLY PROHIBITED** at the middle schools and high schools. For full text of the rule see www.nscif.org and click on By-laws and Constitution in the link column on the left side of the home page (Rules 206 and 207).

Prior Contact- **Any and all prior contact for athletic purposes between any student and a person connected to a high school** must be divulged if requested on a 510 form. For full text of the rule see www.nscif.org and click on By-laws and Constitution on the right side of the home page (Rule 510).

Undue influence- The **act of someone trying to encourage a student-athlete to go to the high school the person is associated.** This act is illegal in high school and must be reported to a high school administrator. For full text of the rule see www.nscif.org and click on By-laws and Constitution in the link column on the left side of the home page (Rule 207).

Fraudulent information on forms- Giving false, inaccurate or misleading information on any NSCIF forms may result in suspension from high school athletics for **up to 24 months for the student-athlete**. For full text of the rule see www.nscif.org and click on By-laws and Constitution in the link column on the left side of the home page (Rule 202).

Transferring- There are **strict consequences in athletics** for students transferring from one high school to another without a valid move (change of residence with all the people they had previously been living). For full text of the rule see www.nscif.org and click on By-laws and Constitution in the link column on the left side of the home page (Rules 206 and 207).

Outside Competition- **Student-athletes may NOT compete in an outside program of the same sport** during their high school season of competition for that sport. (ie. A golfer may not play any contests, contests means games or scrimmages, on another outside organized golf team, during their high school season of golf.) For full text of the rule see www.nscif.org and click on By-laws and Constitution in the link column on the left side of the home page (Rule 600).

I have read and understand the above information and understand that any violation of the above can result in disciplinary action including dismissal from the sport for the current season and prohibition from participation in future seasons of any sport offered at Inspire.

Participant:

Print Name _____ Signature _____ Date _____

Parent/Guardian:

Print Name _____ Signature _____ Date _____



1050 Fremont St, Chico, CA 95928
530-891-3090

VOLUNTARY PARTICIPATION LIABILITY WAIVER SCHOOL YEAR 2026 - 2027

GirlsGolf(Fall)
CrossCountry(Fall)
Snowboarding/Ski(Winter)
Golf(Spring)

IN CONSIDERATION FOR BEING PERMITTED BY THE INSPIRE SCHOOL OF ARTS AND SCIENCES (INSPIRE) TO PARTICIPATE IN THE ABOVE ACTIVITY, I HEREBY WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, ILLNESS (INCLUDING, BUT NOT LIMITED TO, COVID-19) DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE AS A RESULT OF MY PARTICIPATION IN SAID ACTIVITY, INCLUDING TRANSPORTATION TO AND FROM INSPIRE EVENTS.

THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE INSPIRE (ITS OFFICERS, EMPLOYEES, AND AGENTS) FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY. I UNDERSTAND I MAY UNDERGO A WELLNESS CHECK EACH DAY OF THE ACTIVITY. I UNDERSTAND THAT THE ABOVE ACTIVITY MAY BE OF A HAZARDOUS NATURE AND/OR INCLUDE PHYSICAL AND/OR STRENUOUS EXERCISE OR ACTIVITY; AND THAT PARTICIPANTS IN THE ABOVE SPORT OR ACTIVITY OCCASIONALLY SUSTAIN MORTAL OR PERSONAL INJURIES AND/OR PROPERTY DAMAGES AS A CONSEQUENCE THEREOF.

KNOWING THE RISKS INVOLVED, NEVERTHELESS, I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN SAID ACTIVITY, INCLUDING TRANSPORTATION TO AND FROM INSPIRE EVENTS, AND I HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH AND TO RELEASE AND HOLD HARMLESS INSPIRE, ITS OFFICERS, EMPLOYEES, AND AGENTS. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS.

I FURTHER AGREE TO INDEMNIFY AND TO HOLD INSPIRE (ITS OFFICERS, EMPLOYEES, AND AGENTS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY AND/OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. BY SIGNING THIS DOCUMENT I ATTEST MY WILLINGNESS TO CONDUCT A SELF-WELLNESS CHECK, INCLUDING A BODY TEMPERATURE CHECK EACH DAY I PARTICIPATE IN THIS ACTIVITY.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND INSPIRE AND SIGN IT OF MY OWN FREE WILL.

Participant:

Print Name _____ **Signature** _____ **Date** _____

Parent/Guardian:

Print Name _____ **Signature** _____ **Date** _____

Preparticipation Physical Evaluation

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____

➔ **Insurance Company:** _____ ➔ **Policy Number:** _____ **REQUIRED**

*Please check with your insurance agent to be sure your plan includes tackle football if your child intends to participate in that sport.

In case of emergency, contact: Name _____ Relationship _____ Phone: _____

Explain "Yes" answers below. Circle questions you do not know the answers to.

- | | Yes | No | | Yes | No | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|------------------|------------------|-------|------------|------------|-----|-------|------|-----------|-------|---------------|--|--|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 9. Has a doctor ever told you that you have (check all that apply): | | | 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur | | | 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection | | | 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <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"/> | | | | | | | | | | | | | | | | |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 38. 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"/> | | | | | | | | | | | | | | | | |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield? | <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? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight? | <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? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 12.5%;">Head</td> <td style="width: 12.5%;">Neck</td> <td style="width: 12.5%;">Shoulder</td> <td style="width: 12.5%;">Upper Arm</td> <td style="width: 12.5%;">Elbow</td> <td style="width: 12.5%;">Forearm</td> <td style="width: 12.5%;">Hand/
Fingers</td> <td style="width: 12.5%;">Chest</td> </tr> <tr> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/
Toes</td> </tr> </table> | Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/
Fingers | Chest | Upper Back | Lower Back | Hip | Thigh | Knee | Calf/Shin | Ankle | Foot/
Toes | | | 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/
Fingers | Chest | | | | | | | | | | | | | | |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/Shin | Ankle | Foot/
Toes | | | | | | | | | | | | | | |
| 20. Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | | | | | | | | | | | | | | | | | |
| 22. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | 47. Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 23. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | 48. How old were you when you had your first menstrual period? _____ | | | | | | | | | | | | | | | | | | |
| | | | 49. How many periods have you had in the last 12 months? _____ | | | | | | | | | | | | | | | | | | |

Explain "Yes" answers here:

➔ **Signature of Athlete** _____ ➔ **Signature of PARENT:** _____ Date: _____

Pre-participation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ %Body Fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

STUDENT NAME: _____
ID# _____
DATE _____
GR _____

*Multiple-examiner set-up only.
+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO