

Fall 2012

George Mason Cheerleading



Dear Parents and Students,

Your son/daughter has expressed an interest in becoming a member of the George Mason High School cheerleading squad for the fall 2012 season. It is very important that you and your student share the responsibility. Cheerleading is a sport that requires extensive time and dedication and all members are expected to commit fully. If together you feel it is too much to ask, encourage your student not to try out. However, if you feel the commitment can be made, please support and encourage them in every way ☺

If your student is selected for the GMHS cheerleading squad, his/her work schedules, doctor appointments, vacations, etc., MUST be coordinated so that they do NOT interfere with our scheduled events. It is vital that your student attend all practices, camps, games, etc. Cheerleading is a team activity and the absence of a team member does not only affect your student, but the team as a whole. Please consider this before you allow your son/daughter to try out for the team.

My goal as a coach is to encourage the following qualities in every cheerleader: good sportsmanship, good manners, mature and responsible behavior, cooperative attitude and an awareness of fulfilling one's obligations. I hold VERY HIGH EXPECTATIONS of our cheerleaders and expect them to be model students, as they are being chosen to represent George Mason High School.

You and the student will need to read through this packet and complete the following for clinics/tryouts:

- VHSL Physical
- Online Application at www.surveymonkey.com/s/GM Cheer Fall 12
- Tryout Permission Slip
- Impact Testing Permission Slip
 - Due to the summer schedule, **all** participants will complete the Impact Test the week of clinics/tryouts. Scheduling of each student's Impact test will take place at clinics and will carry over to the 12-13 school year.

Being a member of the George Mason High School cheer program has many rewards and is a valuable experience that we hope you will remember for a lifetime. Additionally, you will provide school spirit and enthusiastic support to our school, peers, fans, alumni and community through your participation. I am thrilled with your interest and look forward to a successful season. Good luck to everyone trying out!

*Coach Beth Ann Bird
Head Cheerleading Coach
George Mason High School*



GEORGE MASON HIGH SCHOOL CHEERLEADING CLINICS AND TRYOUTS

Sideline cheerleading tryout dates are shown below. All participants should arrive early to warm-up and be ready to begin promptly at the start time. All the necessary paperwork is due before clinics begin (online application not due until 7:00 am the day of tryouts). Bring plenty of water with you, wear the appropriate attire and have your hair pulled back.

You MUST have a current physical on file to participate in the clinics/ tryouts. NO EXCEPTIONS. A separate exam is required for each school year; dated on or after May 1, 2011.

TRYOUT CLINICS

Dates:	May 15 th , 16 th and 17 th (T – TH)
Times:	6:30 – 8:00 pm
Location:	GM Main Gym
Turn-in:	Tryout and Impact Testing Permission Slips, VHSL Physical (early turn-in recommended)

TRYOUT

Date:	Monday, May 21 st
Time:	3:45 pm until completion
Location:	GM Main Gym
Required Dress:	Solid black shorts, plain white t-shirt, cheer shoes, no jewelry, hair back
Turn-in:	Online application due by 7 am that morning (completing earlier recommended), Creative Spirit item by 3:45 pm (NOT allowed to be turned in prior)
Tryout Process:	Tryout order and groups will be determined at the final clinic. You will be performing all requirements while with your assigned group. Spirit items are due upon your arrival. After your group is done, you may go home.
Results:	Available for pick up Tuesday, May 22 nd at 9:45 am in Coach Bird's office
Acceptance:	If you are offered a position on a squad, you will need to accept or decline that offer based on the details included in your packet. This offer and the packet contents are due to Coach Bird no later than Friday, May 25th at 3:15 pm . If this is not received by the deadline, your squad position may be withdrawn or offered to another student.

WE ARE LOOKING FOR INDIVIDUALS WHO HAVE THE ABILITY TO:

- Stay out of DRAMA!
- Be part of a TEAM and be respectful of ALL who are a part of that team
- Make cheerleading an extracurricular priority
- Commit to program guidelines and accept penalties maturely when they are violated
- Be an outstanding representative of George Mason and role model to those around you
- Accept constructive criticism
- Constantly strive for self-improvement
- Handle academics and athletics at the same time
- Follow school rules and maintain good standing



GEORGE MASON HIGH SCHOOL CHEERLEADING CLINIC AND TRYOUT PERMISSION SLIP

Student Name: _____ has permission to participate in the cheer clinics and tryout for the George Mason High School cheerleading squad. I understand that the coach and judges will evaluate me/my student and the coach will use those evaluations to aid in the decision-making process. I understand that if I/my student miss(es) a clinic night for ANY reason, I/he/she is responsible for acquiring and learning the missed material. I understand that score sheets and tryout notes are confidential and will only be viewed by the judges, coaches and GMHS administrative personnel. I agree to abide by and not question the decision of the coach and **UNDERSTAND THAT THE DECISION OF THE COACH IS FINAL.**

I understand that if offered a position on a squad, I/my student will be required to accept or decline the position based on squad and school rules and expectations, financial requirements and commitment to schedule. **I understand that if this packet is not received by the deadline of Friday, May 25th at 3:15 pm, the student's squad position may be withdrawn or offered to another student.**

PRINTED Name & SIGNATURE of Athlete / Date

PRINTED Name & SIGNATURE of Parent (or Guardian) / Date

ONLINE TRYOUT APPLICATION

Proceed to www.surveymonkey.com/s/GM CheerFall12 to complete the required online application.

This MUST be completed by 7:00 am the day of tryouts (Monday, May 21st). If you do not have access to the online application, you may request a hard copy of the application from Coach Bird. I understand that this application is **PART OF THE TRYOUT PROCESS** and if not completed, I/my child will not be offered a position on any squad.

PRINTED Name & SIGNATURE of Athlete / Date

PRINTED Name & SIGNATURE of Parent (or Guardian) / Date



MASON ATHLETICS

MANDATORY CONCUSSION TRAINING for Parents, and Athletes

Date Posted: Monday Jul 25, 2011

ALL Parents and ALL Athletes MUST complete a concussion education training session prior to participation in any extracurricular athletic activity!

A newly passed Virginia law (Virginia Code 22.1-271.5) mandates concussion education for all parents and student athletes. FCCPS School Board Policy 9.63 was adopted in June 2011 and reads;

- III. Distribution of Training Materials to Student-Athletes and Parent/Guardian:
 - a. Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion training materials developed by the CMT and sign a statement acknowledging receipt of such information.
The concussion training materials shall describe the short-and long-term health effects of concussions.
 - b. The signed statements acknowledging the receipt of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year.

Effective immediately, all student athletes and their parents or guardians will be required to view a Concussion in Sports online training video provided free of charge by the National Federation of High Schools. Completion of the course, by both the parent and athlete, is required before a student will be allowed to try out for any sport.

You can access the course here: <http://nfhslearn.com/index.aspx>

Upon completing the course, **SIGN THE ACKNOWLEDGEMENT FORM** (next page) and **RETURN TO YOUR COACH** to keep on file with the GMHS Athletic Dept. **This form must be returned prior to any extracurricular athletic participation.** We encourage you to print the completion certificate at the end of the course to retain for your records.

Acknowledgement of the Health Effects of Concussions

Parent/Guardian Acknowledgement

I have received, reviewed and understand the concussion information presented in the "Concussion in Sports" course. I promise to seek help from an appropriate licensed healthcare provider if I suspect that my child has sustained a concussion or is showing signs or symptoms of a concussion.

Parent/Guardian Signature

Date

Student-Athlete Acknowledgement

I have received, reviewed and understand the concussion information presented in the "Concussion in Sports" course. I promise to seek help from an appropriate licensed healthcare provider if I suspect that I have sustained a concussion or am showing signs or symptoms of a concussion.

Student-Athlete Signature

Date

Student-Athlete Name Printed



ASON

SPORTS MEDICINE OFFICE

Vicki Galliher, ACSM
Sports Medicine Director
galliherv@fccps.org

George Mason High School
7124 Leesburg Pike
Falls Church, Virginia 22043

Office 703-248-5500 x 5583
Fax 703-248-5539
Cell 571-722-6331

In our continuing efforts to provide the most comprehensive care and safety for our athletes, George Mason High School is about to begin utilizing an innovative sports medicine program. The program, called **ImPACT (Immediate Post Concussion Assessment and Cognitive Testing)**, is a computerized exam that each athlete takes prior to their sports season. If the athlete is believed to have suffered a head injury during practice or competition he/she re-takes the exam to assist in determining the extent of the injury, the location of the injury, and when the injury has healed. ImPACT is utilized throughout professional sports, and has been mandated in the NHL (National Hockey League). George Mason will be joining a select group of approximately 250 high schools nationwide that are implementing ImPACT in their athletic programs, and it is fast becoming the “Gold Standard” in recognizing and managing head injuries. The University of Pittsburgh Medical Center’s (UPMC) Sports Concussion Program is the founding group of this software and testing protocol

The exam takes approximately 30 minutes and is non-invasive. The program is essentially set up in a “video-game” format. The program, in effect, gives the athlete’s brain a preseason physical for cognitive and visual processing abilities. It tracks information such as memory, reaction time, processing speed, and concentration. It is simple and most athletes who take it enjoy the challenge of the test. The exam has gained recognition around the world.

If a concussion is suspected, the test is re-taken, and results are used to better determine an athlete’s recovery from concussion. **Often times, physically observable symptoms of a concussion will resolve much more quickly than the more subtle symptoms associated with cognitive and visual functioning.** The athlete’s test data is provided to his/her physician, and/or a neuropsychologist at UPMC to assist in evaluating the athlete’s injury. The information can then be discussed by the athlete’s physician and UPMC medical staff. This information assists in allowing for a sound decision to be made regarding when the athlete’s return-to-play is appropriate and safe.

The information gained in our program may be utilized in studies being conducted by both the George Mason’s Sports Medicine Office and UPMC’s Sports Concussion program. I have received comprehensive training from the UPMC Sports Concussion medical staff regarding the application and utilization of the ImPACT protocol. With the assistance of the UPMC Sports Concussion Department, we have established an anonymous data submission system to ensure that your child’s anonymity is guaranteed within this study. The study of such data will assist in the continued efforts of the medical community in determining how best to manage the care of young athletes who have sustained concussions. More importantly, the information generated by such research will assist in refining the guidelines utilized in determining when it is safe to return an athlete to participation, if at all, following a head injury.

I wish to stress that no invasive procedure is associated with the ImPACT testing protocol. The ImPACT program gives us the best available information with regard to preventing brain damage that can occur with either a single concussion or with multiple concussions. **I will be providing more specific information to you and your family during the Fall Sports parents’ meeting, regarding to the latest medical findings concerning concussions in high school athletes prior to the start of ImPACT testing.** In the interim, if you and your family would like to learn more about the ImPACT testing program, please take time to visit the program’s website at: www.impacttest.com

The George Mason High School Administration, Athletic Director Tom Horn, our coaching staff, and I are trying to keep your child’s health and safety at the forefront of his/her high school athletic experience. Please take time to review this letter and return the accompanying page consisting of **TWO** permission requests, with the appropriate signatures in a sealed envelope. I must have your child’s permission form before he/she may take the ImPACT test. You may drop off your permission slip in the Main Office of GMHS or in the Sports Medicine Office. If you have any questions regarding this program, please feel free to contact me at: 571-722-6331 (Office Cell Phone) or galliherv@fccps.org (Office Email)

Sincerely,
Vicki Galliher, ACSM
Sports Medicine Director
George Mason High School

Complete Permission Slip on Back



1. PERMISSION FOR ImPACT TESTING OF MY CHILD:

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the preceding information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to allow my son/daughter to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____ Sport _____

Printed Name of Parent / Guardian _____ Date _____

Signature of Parent(s) _____ Date _____
OR
Legal Guardian(s) _____ Date _____

2. PERMISSION FOR GEORGE MASON HIGH SCHOOL ImPACT DATA SUBMISSION:

I have been informed that the information gained during the ImPACT program conducted by the George Mason High School Sports Medicine Office may be utilized in studies being conducted by both the George Mason Sports Medicine Office and the UPMC's Sports Concussion Department. I understand that an anonymous data submission system has been designed to guarantee the anonymity and medical privacy of my child.

Please place a check beside the option reflecting your choice and complete the signature information that follows:

YES _____

I AGREE to allow data resulting from my child's ImPACT testing program to be submitted anonymously to the University of Pittsburgh Medical Center Sports Concussion Department for purposes related only to research of concussions in the high school athlete.

NO _____

I DO NOT AGREE to allow data resulting from my child's ImPACT testing program to be submitted anonymously to the University of Pittsburgh Medical Center Sports Concussion Department for purposes related only to research of concussions in the high school athlete.

Printed Name of Athlete _____ Sport _____

Printed Name of Parent / Guardian _____ Date _____

Signature of Parent(s) _____ Date _____
OR
Legal Guardian(s) _____ Date _____



VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Routing	Page 1 of 4
1 _____	
2 _____	
3 _____	

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

Name _____ Student I.D # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL 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 the 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/Parental 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 athletic 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 in regard to 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.

PART II - - MEDICAL HISTORY- Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/> *	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<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"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (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 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. 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"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of your last Tetanus immunization? Date: _____		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY 49. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW: # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ *List medications and nutritional supplements you are currently taking here:		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>			
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>			
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>			
MEDICAL QUESTIONS	Yes	No			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)	<input type="checkbox"/>	<input type="checkbox"/>			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			



PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME _____ Date of Birth _____ School _____

EXAMINATION					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon Other: _____

Comments:

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

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING NOTATION:** _____
- Cleared **AFTER** documented further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain “reason” for all that apply): *“Limited Until Date” when appropriate*
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION Reason** _____

I have examined the above-named student and completed the preparticipation physical evaluation.

Physician Signature: _____ (*MD, DO, LNP, PA) . Date _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

+ Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician’s Assistant licensed to practice in the United States will be accepted

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed 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, swimming/diving, 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:

Name of Medical Insurance Company: _____

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

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

HIGH SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**

Please list any allergies to medications, etc. _____

Is the student currently prescribed an inhaler or Epi-Pen? _____ List the emergency medication: _____

Is student presently taking any other medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☀▶▶ Signature of parent or guardian _____ Date _____

Relationship to student _____
*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct _____

☀▶▶ Parent/Guardian Signature