

You MUST bring the following to the 1st day of practice!

<u>Physical</u>	Attached. (Exam date must be after May 1, 2017) <u>Turn in once a school year.</u>
<u>Concussion form</u>	Forms/directions attached. Watch the video (a parent/guardian must watch too). Both student and parent must sign the acknowledgment form. <u>Turn in once a school year.</u>
<u>Athletic Handbook</u>	Go to www.masonathletics.org Click on Files/Links. READ the handbook. Sign the <u>acknowledgement form</u> Appendix B found in this packet. <u>Turn in once a school year.</u>
<u>team rules</u>	See your coach.

<u>ATHLETIC FEE</u>	Due before the first scrimmage. Go to www.masonathletics.org Click on Files/Links. Download the payment form. Turn in the form and the fee to the Athletic Dept.
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Routing
1 _____
2 _____
3 _____

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

Name _____ Student ID # _____
 (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.



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

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.

Form with columns for 'Yes' and 'No' and rows for 'GENERAL MEDICAL HISTORY', 'HEART HEALTH QUESTIONS ABOUT YOU', 'HEART HEALTH QUESTIONS ABOUT YOUR FAMILY', 'BONE AND JOINT QUESTIONS', and 'MEDICAL QUESTIONS'. Includes a section for 'EXPLAIN "YES" ANSWERS BELOW:' with numbered lines for explanation.

Parent/Guardian Signature: _____ Date: _____ Athlete's Signature: _____



PART III - PHYSICAL EXAMINATION

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

NAME _____ Date of Birth _____ School _____

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		

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 _____

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II - Medical History.

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.

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) - When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.



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.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____ DOB _____

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 Tdap or Td (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

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

NFHS "Concussion in Sports" Walk-through

1. Go to NFHS website: <http://nfhslearn.com/index.aspx>
2. Click the "Courses"
3. Search for "Concussion in Sports" Click on "View Course"
4. At the top, click on "Order Course"
5. SIGN IN!! (or register if you have not before)
6. On the Register as a New User page, fill in as much information as you can. If asked, please choose the following: School District is FCCPS. School is George Mason High School, Falls Church, Va.
7. It will take you to your shopping cart. If not, please go there.
8. **CHOOSE THE STATE!! (VA)**
9. Click on Checkout
10. On the last page of checkout, click where it says "click here" to access your course
11. Click "Begin" to start your course.
12. When you finish the course you will see this screen!! Congratulations!
13. At this point please **print our Acknowledgement form**, sign, and return! The form can be found here: [ConcussionTrainingAcknowledgementFORM.doc](#)



MASON ATHLETICS

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 **PRINT NAME**

Please return this form along with your physical to your Coach.

George Mason High School
7124 Leesburg Pike
Falls Church, Virginia 22043
703-248-5598
www.masonathletics.org
Julie M. Bravin, CAA - Director of Athletics

APPENDIX B

George Mason High School Athletic Handbook Acknowledgment Form

Student Athlete: _____ Sport: _____

As the parent or guardian of this student, I have read and understand the George Mason Athletic Handbook and Social Media Guidelines (Appendix E). I recognize that my child must abide by all policies therein in order to remain eligible to participate in the Athletic Program, and understand that violating the policies will result in the loss of that privilege. Therefore, I support and accept the policies of the school, including those that prohibit the use of alcohol, drugs and tobacco, while my child is involved in any athletic activity.

Signature of Parent or Guardian Date

As a student participant in the GMHS athletic program, I have read and understand the George Mason Athletic Handbook to include the Standards of Conduct Code (Appendix A). I recognize that I must abide by all policies therein in order to remain eligible to participate in the athletic program, and understand that violating the policies will result in the loss of that privilege. Therefore, I support and accept the policies of the school, including those that prohibit the use of alcohol, drugs and tobacco, while I am involved in any athletic activity.

Signature of Student-Athlete Date

By signing below you (student athlete) affirm that you understand the George Mason High School Social Media Guidelines for Student-Athletes (Appendix E) and the requirements that you must adhere to as a GMHS student-athlete. Also, you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension from your athletic team, and you may be subject to additional penalties imposed by the school and/or school division.

Signature of Student-Athlete Date

- **RETURN THIS FORM TO THE ATHLETIC DEPARTMENT ONLY - DO NOT TURN IN TO COACHES**

Athletic Program Fee Payment/Request for Waiver, Reduced Fees, or Payment Options

This **FORM** must be received by the athletic department before the first scrimmage or contest – whichever comes first. After that date, students will be withheld from participation until the **FORM** is received.

Please make checks payable to **GMHS**:

Student Name	
Grade	
Sport	
Fee Paid (enter \$125 or \$25)	
Date Submitted & Check #	

IF WAIVER IS REQUESTED Please fill out the form below:

Student Name	
Grade	
Sport	
<u>WAIVER TYPE REQUESTED</u>	
Free/Reduced Price Lunch Participant	
Installments with partial fee attached	
Hardship waiver of full fee	
Family max of \$300 reached	

If you selected the **Free/Reduced Price Lunch Participant Option**, permission must be provided by the parent or guardian for the free or reduced lunch information to be released to the school principal. By signing below, you are giving the food service office permission to release that information to both the high school athletic director and principal. If you select the payment plan, your signature is asking that you be granted the payment plan option. If the Hardship option is chosen, an explanation regarding the special circumstances can be included below.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Free/Reduced Price Lunch Participant

Installment Waiver

Hardship Waiver

Family Maximum Reached

_____ WAIVER APPROVED

_____ APPROVED

_____ APPROVED

_____ YES

_____ WAIVER DENIED

_____ DENIED

_____ DENIED

_____ NO