

East Lincoln Middle School Athletic Participation Form

Names _____ Home Phone #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Gender: MIF Date of Birth: _____ Age: _____ Grade: _____
 Father's Name: _____ Place of Employment: _____
 Daytime Phone #1 _____ Pager #: _____ Cellular #: _____
 Mother's Names _____ Place of Employment: _____
 Daytime Phone 0; _____ Pager #: _____ Cellular #: _____
 Alternate Emergency Contact Person: _____
 Relationship: _____ Daytime Phone: _____

Assumption of Risk: it is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and directions of an ELMS athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other students. However, it is understood that neither the coach nor ALMS can eliminate the risk of injury in sports, injuries may and do occur, Sports injuries can be severe and in some cases may result in permanent disability or even death, We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Eligibility: In order to be eligible for any athletic activity, the athlete:

- Must complete an East Lincoln Middle School Athletic Participation Form and turn it in to the school's Athletic Director, (A physical is valid only for 365 days from the date of the examination.)
- Must not turn 15 on or before October 16th of that school year,
- Must meet promotion requirements to be eligible for fall semester,
- Must earn passing grades (D or better) during each semester to be eligible for participation during the succeeding semester. Passing grades must be attained in at least three of the four core classes (Social Studies, Science, Math, and Language Arts.)
- Must be present 85% of the student days in the semester prior to athletic participation.
- Must NOT practice OR play if ineligible,
- Must be present 50% of the student day on the day of an athletic contest in order to participate in the event.
- Upon first entering grade seven (7), is academically eligible for competition on middle school teams. All academic and attendance requirements must be met the first semester (fall) in order for this student to be eligible for athletic participation in the second semester (spring.)

Transportation: Schools provide transportation to and from athletic events, Athletic events include games of the sports offered by ELMS, If student transportation is by an ELMS owned vehicle, the school vehicle liability coverage is applicable to Any vehicular accident. All student athletes who travel with a team to an away athletic event must return to the school with the tea, *The only exception to this policy is when both the coach and parent/guardian agree that it is beneficial for the student athlete to ride home with the parent/guardian at which time the parent/guardian must sign the student athlete out on the coach's sign out form.* Student athletes are not to ride home from athletic events with any other person. Student athletes who elect to ignore this policy may jeopardize their position on that team,

Sportsmanship: It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. Players are under the coach's control from the time they arrive at the athletic facility until they leave. It is expected that all athletes, coaches, managers, and spectators adhere to the guidelines contained within the sportsmanship brochure entitled, "A guide to promoting sportsmanship in your middle school," which can be provided by ELMS. Noncompliance with these expectations may result in consequential actions being taken by the school.

Student Athlete Pledge: As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking and unnecessary physical contact. I know the behavior expectations of my school, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I will respect the fact that all practices taking place at ELMS are closed unless otherwise decided by that individual coach. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Sports Medicine: Permission is granted to the school athletic trainer or sport safety technician to provide any necessary minor or emergency treatment(s) to the student athlete prior to his/her admission to any medical facility. Permission is hereby granted to the attending physician to proceed with any Medical or surgical treatment for the above-named student athlete. I understand that every effort will be made by the attending physician to contact me prior to treatment. Permission is granted to the athletic trainer, sport safety technician, or assigned ELMS representative, to examine records concerning examination or treatment received by the student athlete. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program in ELMS. I agree to furnish ELMS sports medicating staff member with any reports or copies of medical records that are requested. I understand that those medical records will be kept confidential.

Parent/Guardian Permission to Participate: The student's parent(s) or guardian(s) grant permission for their middle school student to participate in interscholastic athletics in the following sports:
(Please check all sports that apply.)

<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf
<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Track	<input type="checkbox"/> Baseball	<input type="checkbox"/> _____

Parental Permission: I have read and reviewed the general requirements for middle school athletic eligibility and have discussed these requirements with my student athlete. I understand that additional questions or specific circumstances should be directed to my student's coach, athletic director, or principal. I certify as a parent / guardian that the home address on this form is my sole bone fide residence, and I will notify the school principal immediately of any change in residence since such a move may alter the eligibility status of my student athlete. All other information on this form is accurate and current. Providing false information on this form renders it void, and the student athlete may lose athletic eligibility. In accordance with the rules of ELMS, I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document is valid only for the current school year.

Father's Guardian's Signature Date

Mother's / Guardian's Signature Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) guardian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Student Athlete Signature Date



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem 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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>



■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Information Sheet

What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

How do I recognize a concussion? There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.

Reviewed: February 2021 - Approved for use in current or upcoming school year.

Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Statement Form

****Please initial beside each statement, indicating that you have read and understand the following information ****

Initial
Here

	A concussion is a brain injury.
	A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance and their classroom performance.
	I realize I cannot see a concussion, but I might notice some of the signs of a concussion in a student-athlete right away. However, other signs/symptoms can show-up hours or days after the injury
	If I suspect a student-athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.
	I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.
	I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.
	I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.
	I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
	In rare cases, repeat concussions can cause serious and long-lasting problems.
	I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

I Am A(n): **Athletic** **Coach** **Athletic** **First** **School** **Volunteer**
 (please circle) **Director** **Trainer** **Responder** **Nurse**

By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.

Signature

Date

Please Print Name

Rev May 2016

Reviewed: February 2021 - Approved for use in current or upcoming school year.