

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE

# Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

## **PART I - ATHLETIC PARTICIPATION**

For School BRANDON MIDDLE SCHOOL

Male \_\_\_\_\_

School Year 2008 - 2009

Female \_\_\_\_\_

Name Student \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City \_\_\_\_\_ Subdivision \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_ **Retained or repeated a grade since 6<sup>th</sup> grade (circle) Y or N**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in Brandon Middle School and my \_\_\_\_\_ semester since first entering the 6<sup>th</sup> 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 middle school in athletics. **STUDENTS HAVE ONLY 6 SEMESTERS TO PARTICIPATE IN MIDDLE SCHOOL SPORTS UPON ENTERING 6<sup>TH</sup> GRADE**

### INDIVIDUAL ELIGIBILITY RULES

**Attention Athletes! To be eligible to represent your school in any interscholastic contest you:**

- Must be a regular bona fide student in good standing of the school you represent
- Must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- Must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- Must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- Must not have reached your fifteenth birthday on or before the first day of August of the current school year
- Must have been in residence at your present middle school during the entire semester immediately preceding the one in which you desire to participate
- Unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle School League
- Must not, after entering the sixth grade for the first time or after first enrolling in a school year after passing five subjects, have participated in a specific League-sponsored activity more than three (3) years
- Must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- Must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- Must not have participated in any all-star contest between teams whose players are selected from more than one middle school

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.

**INDIVIDUAL SCHOOLS 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

This form must be completed by parent or guardian **prior** to the physical examination for review by examining physician. Explain "YES" answers below with number of the question.

MEDICAL HISTORY OF STUDENT & FAMILY		Yes	No		MEDICAL HISTORY OF STUDENT & FAMILY		Yes	No
1	Has a doctor ever denied or restricted your participation in sports for any reason?			32	Do you have rashes, sores, other skin problems?			
2	Do you have an ongoing medical condition like (diabetes or asthma)?			33	Have you ever had herpes skin infections?			
3	Are you currently taking any prescriptions or non prescription drugs medicines or pills?			34	Have you ever had head injuries or concussion?			
4	Do you have allergies to medicines, pollens, foods, or stinging insects?			35	Date of last head injury or concussion: _____			
5	Do you have prescriptions for the use of epinephrine, adrenalin, inhaler or other allergy medications?			36	Have you been hit in head or lost your memory?			
6	Have you ever passed out or nearly passed out during or after exercise?			37	Have you ever been knocked unconscious?			
7	Have you ever passed out or nearly passed out at any other time?			38	Have you ever had a seizure?			
8	Have you ever had discomfort, pain, or pressure in your chest during exercise?			39	Do you have headaches with exercise?			
9	Have you stopped running after ¼ to ½ mile for chest pain or shortness of breath?			40	Have you had numbness, tingling, in your arms/legs?			
10	Does your heart race or skip beats during exercise?			41	Have you ever been unable to move your arms/legs?			
11	Has a doctor ever told you that you have (check all that apply) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart Infection			42	When exercising in heat, do you have severe muscle cramps or become ill?			
				43	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?			
12	Has a doctor ever ordered a test for your heart?			44	Have you had any other blood disorders or anemia?			
13	Has anyone in our family died suddenly for no apparent reason?			45	Have you had any problems with your eyes or vision?			
14	Has anyone in your family have a heart problem?			46	Do you wear glasses or contact lenses?			
15	Has any family member or relative died of heart problems, sudden death before the age of 50? (This does not include accidental deaths)			47	Do you wear protective eyewear, such as goggles or a face shield?			
16	Does anyone in your family have Marfan Syndrome?			48	Are you happy with your weight?			
17	Have you ever spent the night in a hospital?			49	Are you trying to gain or lose weight			
18	Have you ever had surgery?			50	Do you limit or carefully control what you eat?			
19	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			51	Has anyone recommended you change your weight or eating habits?			
20	Have you had any broken or fractured bones or dislocated joints?			52	Do you have any concerns that you would like to discuss with a doctor?			
21	Have you had a bone or joint injury that required x-rays, MRI, surgery, CT, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			53	What is the date of your last TETANUS Immunization? Date: _____			
22	Have you ever had a stress fracture?				<b>FEMALES ONLY</b>			
23	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?			54	Have you ever had a menstrual period			
24	Do you regularly use a brace or assistive device?			55	Age when you when you had your first menstrual period?			
25	Have you ever been diagnosed with asthma or other allergic disorders?			56	How many periods have you had in the last 12 months?			
26	Do you cough, wheeze, or have difficulty breathing during or after exercise?			57	Do you take calcium supplements?			
27	Is there anyone in your family who has asthma?			<b>Explain all "YES" answers here:</b>				
28	Have you ever used an inhaler or taken asthma medicine?							
29	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?							
30	Have you had infectious mononucleosis (mono) within the last 3 months?							
31	Have you ever had mono or any illness lasting more than two weeks?							



Parent/Guardian Signature \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_

### PART III -- PHYSICAL EXAMINATION

(Physical Examination is required each school year after May 1<sup>st</sup> of the preceding school year and is good through June 30<sup>th</sup> of the current school year)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL **BRANDON MIDDLE SCHOOL**  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: M or F DATE OF BIRTH: \_\_\_\_\_

**STOP TO BE COMPLETED AND SIGNED BY EXAMINING PHYSICIAN STOP**

\*Tanner Stage or Maturation Index: (males only) \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 \*Percent of Body Fat: \_\_\_\_\_ Pulse Rest: \_\_\_\_\_  
 \*Audiogram \_\_\_\_\_ Pulse Exercise: \_\_\_\_\_  
 \*Vision: Corrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ Pulse Recovery: \_\_\_\_\_  
 \*Vision: Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ FEV or Peak Flow (rest): \_\_\_\_\_  
 Exercise: \_\_\_\_\_  
 Recovery: \_\_\_\_\_

ITEMS	N	ABNORMAL	ITEMS	N	ABNORMAL
Eyes			Cervical Spine/Neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/Elbow/Wrist/Hand		
Teeth			Knees/Hips		
Skin			Ankle/Feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral Pulses			^ Echocardiogram		
Abdomen			^Neuropsyc Testing		
Genitalia/Hernia (male only)			^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^ WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

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

	<b>CLEARED WITHOUT RESTRICTIONS</b>
	Cleared <b>AFTER</b> further evaluation or treatment for:
	Cleared for limited participation (check and explain "reason" for all that apply):
	<input type="checkbox"/> Not Cleared for (specific sports)
	<input type="checkbox"/> Cleared only for (specific sports)

Reason(s): \_\_\_\_\_

	<b>NOT CLEARED FOR PARTICIPATION :</b>
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Reason(s): \_\_\_\_\_

	<b>OTHER RECOMMENDATIONS:</b>
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	<input type="checkbox"/> Recommend close monitoring during early conditioning because of weight/ fitness/ other
	<input type="checkbox"/> Recommend restrictions or monitoring of weight loss or gain

Reason(s): \_\_\_\_\_

**Physicians Signatures:**

(MD,DO,LNP, PA)

Examiner's Name & Degree (Print)

**M.D. Date of Examination**

**Date Signed by M.D.**

**Phone Number**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_



## **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: baseball, basketball, cheerleading, field hockey, football, soccer, softball, track, volleyball, and wrestling.

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 vary 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 athletic participation insurance coverage through the school; is insured by our family policy with:



Name of 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. I grant this permission knowing that my child/ward could be seriously injured resulting in sizeable medical costs for which I am responsible.

**Additionally I give my permission that the above named student's picture and name may be printed in any middle school, or VBMSL, or VBCPS athletic program, publication or video.**

I also give my consent and approval for my child/ward to receive a physical examination, as required in Part III, Physical Examination, of this form, by \_\_\_\_\_ M.D., D.O. or LNP as recommended by the named student's school administration.



## **PART V - EMERGENCY PERMISSION FORM**

(To be completed and signed by parent/guardian)

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

MIDDLE 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. \_\_\_\_\_

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list 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 \_\_\_\_\_ Middle 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) \_\_\_\_\_

\* Please make sure phone numbers are current for the duration of participation

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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature