



Pre-Participation Physical Evaluation

PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

HISTORY FORM (should be filled out by the student and parent/guardian prior to the physical examination)

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Home Address _____ Phone _____
 Personal physician _____ Parent Email _____

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: _____ No Medications

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines _____ Pollens _____ Food _____ Stinging Insects _____
 What was the reaction? _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

General Questions	Yes	No	Medical Questions	Yes	No
1. Have you had a medical condition or injury since your last check up or sports physical?			27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a doctor ever denied or restricted your participation in sports for any reason?			28. Have you ever used an inhaler or taken asthma medicine?		
3. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			29. Is there anyone in your family who has asthma?		
4. Have you ever spent the night in the hospital?			30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
5. Have you ever had surgery?			31. Do you have groin pain or a painful bulge or hernia in the groin area?		
Heart Health Questions About You	Yes	No	32. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			33. Do you have any rashes, pressure sores, or other skin problems?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you had a herpes or MRSA skin infection?		
8. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a head injury or concussion? If yes, how many? _____ What is the longest you've been held out of sports or school? _____ When were you last released? _____		
9. Has a doctor ever told you that you have any heart problems? If so, 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: _____			36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			37. Do you have a history of seizure disorder?		
11. Do you get lightheaded or feel more short of breath than expected during exercise?			38. Do you have headaches with exercise?		
12. Have you ever had an unexplained seizure?			39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)?		
13. Do you get more tired or short of breath more quickly than your friends during exercise?			40. Have you ever been unable to move your arms or legs after being hit or falling?		
Heart Health Questions About Your Family	Yes	No	41. Have you ever become ill while exercising in the heat?		
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			42. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			43. Do you or someone in your family have sickle cell trait or disease?		
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			44. Have you had any problems with your eyes or vision?		
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			45. Have you had any eye injuries?		
Bone And Joint Questions	Yes	No	46. Do you wear glasses or contact lenses?		
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			47. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had any broken or fractured bones or dislocated joints?			48. Do you worry about your weight?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			49. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever had a stress fracture?			50. Are you on a special diet or do you avoid certain types of foods?		
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			51. Have you ever had an eating disorder?		
23. Do you regularly use a brace, orthotics, or other assistive device?			52. Do you have any concerns that you would like to discuss with a doctor?		
24. Do you have a bone, muscle, or joint injury that bothers you?			Females Only	Yes	No
25. Do any of your joints become painful, swollen, feel warm, or look red?			53. Have you ever had a menstrual period?		
26. Do you have any history of juvenile arthritis or connective tissue disease?			54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		
			55. How old were you when you had your first menstrual period?		
			56. How many periods have you had in the last 12 months?		
			Explain "yes" answers here		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PPE

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PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

Date of recent immunizations: Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

PHYSICIAN REMINDERS

1. 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, 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 supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and use a helmet?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Gross Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended.

***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

****Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

*Reason _____

Recommendations _____

I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider (print/type) _____ Date _____

Address _____ Phone _____

Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

ATTENTION PARENTS AND STUDENTS

KSHSAA ELIGIBILITY CHECK LIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

Rule 7 Physical Evaluation - Parental Consent—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

Rule 14 Bona Fide Student—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

Rule 15 Enrollment/Attendance—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.

Rule 17 Age Requirements—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before September 1 of the school year in which they compete.

Rule 19 Undue Influence—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

Rule 22 Outside Competition—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

NOTE: Consult the coach or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.

Rule 25 Anti-Fraternity—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

Rule 30 Seasons of Sport—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name _____

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer, school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the
KSHSAA Eligibility Check List
and how to retain eligibility information listed in this form.**

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

YES NO

1. Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2. Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3. Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4. Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
 - a. Do you reside with your parents?
 - b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Parent or Guardian's Signature

Date

Student's Signature

Date

Birth Date

Grade

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2016-2017**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

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.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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, and coaches include:	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too 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 (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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, coaches, parents 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 sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

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

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

VALLEY CENTER ATHLETICS

Participation in extracurricular activities is a privilege, not a right. We expect our athletes to abide by certain standards largely due to their visibility to our school and community. Athletes are also involved in a physical activity that necessitates that they be more aware of staying physically and emotionally fit. As a result, athletes should be governed by rules of conduct.

The following are the required and recommended areas that should be covered by the athletic coaches:

****During the season, there will be no possession or use of any of the following on school grounds. (The season begins with the first day of practice and ends with the last date of activity for that activity.)**

1. Alcoholic beverages.
2. Drugs- illegal or unauthorized chemicals. Prescription medicines are exempt when used as specified by a physician.
3. Tobacco in any form.

****Any violations of the above reported by fellow coaches, faculty, staff, administration, and/or police, away from school grounds will result in disciplinary action being taken. The following consequences will be assigned if any violation is verified.**

ALCOHOLIC BEVERAGES AND TOBACCO

First Offense/ Per School Year

1. The athlete will miss the entire next date of competition. Date of competition refers to the next time the athlete would compete against an opponent not from Valley Center.
2. The athlete will be expected to practice.

Second Offense/Per School Year

1. The student will not compete for the remainder of the season or nine weeks of competition, whichever is longer.
2. The student will not receive a letter in the season in which the second violation is verified.
3. Prior to returning to competition, the athlete, parent(s), head coach and the athletic director will meet to discuss possible solutions in an effort to prevent further violations.
4. Students who have committed an offense will be required to meet with their school counselor.
5. The student will be encouraged to seek professional counseling.

Third Offense/Per School Year

1. The athlete will be ineligible to participate in athletic competition for 365 calendar days.
2. The athlete may return to competition only after meeting with the athletic director, counselor, parent(s), and school administrator.

USE OF OTHER ILLEGAL DRUGS AND UNAUTHORIZED CHEMICALS

The athlete will be ineligible to participate in athletics for 365 calendar days and proper legal authorities will be notified of the event.

CODE OF CONDUCT

1. Any action that would bring discredit upon our team, school, or community will result in action being taken by the coach and/or athletic director.
2. The athlete may not practice or participate in a game if he or she has missed all or part of the current school day except for those absences having prior administrative approval. This will be handled by the coach and the administrator. If for any reason the student's absence is not detected and he/she takes part in the day's activities, he/she will be held out of the contest or practice immediately after the absence is detected. For athletes, missing 15 minutes of any class during the day is considered an absence.

Retain this page for your records.

3. Any playing rules violation that may endanger the life or safety of another athlete will not be tolerated. The athlete will have their technique or behavior corrected by the coach(s) or other appropriate action may be taken.
4. Athletes are strongly expected to return from an out-of-town contest with the team. Exceptions will only be allowed by advance written notice. Coaches must have written permission from the parents prior to departing from Valley Center High School or Middle School for the activity stating the reason for the exception. It is at the coaches' discretion that the exception is allowed. The coach is then required to turn in the parental note to the athletic director the next school day.
5. The following rules are recommended and will be implemented as the coach sees fit. Items other than those listed may be implemented. In the event that a violation of any of the following should result in the dismissal of the athlete, a hearing *may be requested by the parent by contacting the athletic department at 755-7076. This request must be made within 24 hours of the infraction or by the end of the following school day. The athlete will not be allowed to practice prior to this hearing.* This hearing will include the athletic director, head coach, parent and the student athlete.
 - A. Missing practices
 - B. Being late to practice
 - C. Disrespect toward a coach
 - D. Swearing or other inappropriate actions.

The enforcement of these policies will be in conjunction with the disciplinary policies of USD 262. It is the athletes' responsibility to be aware, understand, and abide by policies mentioned in the Student Handbook. We hope that this is a step towards eliminating any misunderstanding or violation of any policy. Our first concern is that the student who breaks any of the above rules or codes received help. Providing students with the incentive to abstain from using drugs, tobacco, and alcohol may reduce the likelihood of addiction later in life. If we can be of help, please call the athletic department at 755-7076.

WARNING AND ASSUMPTION OF RISK

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in sports include, but are not limited to, bumps, bruises, scratches, broken bones, strains, cuts requiring stitches, serious injury to joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system; serious head, neck and spinal injuries which may result in complete or partial paralysis, brain damage; serious injury to virtually all internal organs; and serious injury or impairment to other aspects of my child's body, general health, and well-being. I understand that the dangers and risks of playing or practicing to play participate in any interscholastic sport to include weight lifting, football, cross country, soccer, tennis, golf, volleyball, basketball, wrestling, track, baseball, softball, and cheerleading/dance team may result not only in serious injury, but in serious impairment of my child's future physical and mental abilities.

Because of the dangers in participating in the above sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc. and agree to obey such instructions.

In consideration of the Valley Center District Athletic Department permitting my child to try out for an athletic squad and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in the sport/sports, I hereby assume all risk associated with participation.

I do understand that football, wrestling, baseball, softball, soccer and basketball are contact sports involving even greater risk. I hereby agree to all the above and consent to allow my child to participate and play.

Retain this page for your records.

Student's Last Name Student's First Name Grade Date of Birth

(2016/2017)

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Doctor: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Hm Phone: _____
Cell Phone: _____ Work Phone: _____

Emergency Contact Name #2: _____ Relationship: _____ Hm Phone: _____
Cell Phone: _____ Work Phone: _____

Athlete & Parent/Guardian - *Please initial all of the boxes below:*

_____ I have read and agree to abide by the Drug and Alcohol Policy.
_____ I have read and agree to abide by the Warning and Assumption or Risk.

Name of Insurance Company Policy Number

I assure that the insurance policy or policies listed will remain current and in force during the time the above named student performs any functions within the activities program of Valley Center schools during the current school year.

If you DO NOT have your own insurance coverage please read and initial the line.
_____ I do not have medical insurance coverage which covers my son/daughter during athletic participation.
(For more information on supplemental insurance please contact the athletic office.)

SECTION 2: Indemnification

I agree to indemnify and hold Valley Center Unified District harmless against responsibility for insurance coverage required under the aforementioned section. By signing this statement I agree to accept all medical costs incurred by the above named student while participating in the school athletic programs. *Your attention is directed to the fact that many insurance policies exclude tackle football from their policies. Please check your policy carefully or consult your insurance agent.*

SECTION 3: Medical Authorization

In the event reasonable attempts to contact the parent/guardian are unsuccessful, I the undersigned, being the parent or legal guardian of the above named student do hereby grant to any hospital emergency center, doctor, nurse, and/or paramedic authorization to give treatment to the above named student when accompanied by a teacher, coach, athletic director, principal, or other official school personnel. Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary; permission is hereby extended to the above mentioned parties to grant same. Additionally, I agree to hold harmless such school personnel and the Valley Center Board of Education by action of granting said permission.

I declare under penalty and perjury that the above information is TRUE and CORRECT.

Signature of parent or legal guardian

Date

Signature of Athlete

Date

AUTHORIZATION AND RELEASE FOR STUDENT TO DRIVE OR RIDE IN PRIVATE VEHICLE WHEN DISTRICT
DOES NOT PROVIDE TRANSPORTATION

The student and the student's parent or guardian hereby authorize, release and/or otherwise consent to the student driving or riding to and from any school class, program or activity by way of a private vehicle driven by the student or another student.

The district and/or any of its employees or agents, is specifically released of any and all liability if the student is injured while driving or riding in such a private vehicle. The student and parents/guardians hereby covenant and agree to release and forever discharge the Valley Center School District, its agents, servants, employees and volunteers, School Board and its members, from any and all claims, demands, losses, damages, costs, expenses and attorney's fees for injury to the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of private transportation.

By signing this form, this information will cover the 2016-2017 school year.

- Yes, my student has my permission to ride and/or drive to and from any school class, program or activity by way of a private vehicle driven by the student or another student.
- No, my student is not allowed to ride and/or drive to and from any school class, program or activity by way of a private vehicle driven by the student or another student.

Student's Printed Name

Student's Signature

Parent's/Guardian's Signature

Date

Date