

# Ashe County High School Athletics

## ATHLETIC PARTICIPATION (to be completed by the student-athlete)

School Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
           Last                      First                      Middle

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

This is my \_\_\_\_\_ consecutive semester at \_\_\_\_\_ High School, and I entered the ninth grade in \_\_\_\_\_ of 19\_\_\_\_\_. Last semester, I attended \_\_\_\_\_ School and passed \_\_\_\_\_ (number) courses. I have also not been convicted of a felony or an act that would have been a felony if I were not classified as a juvenile.

I certify that the above information is correct, that I have read the summary of NCHSAA eligibility rules and that I agree to abide by those standards and those of my school.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

Date \_\_\_\_\_

Student-Athlete's Name \_\_\_\_\_

Student-Athlete's Signature \_\_\_\_\_

(continue on reverse)

# Ashe County High School Athletics

## PARENTAL PERMISSION (to be completed by the parent or guardian)

I have read and reviewed the general requirements for high school athletic eligibility and I have discussed these requirements with my student-athlete. I understand that additional questions or specific circumstances should be directed to my student's principal, athletic director or coach.

I certify that the home address as parents shown on the reverse is my sole bona 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 contained on this form is accurate and current.

I also acknowledge that there is a certain risk of injury involved with athletic participation; even with the best coaching, use of most advanced protective equipment and strict observance of the rules, injuries are still a possibility and on rare occasions these can be so severe as to result in total disability, paralysis or even death. It is impossible to eliminate this risk.

In accordance with the rules of the NCHSAA, I hereby give my consent for the participation of the student-athlete named on the reverse for the activities NOT MARKED OUT BELOW:

- |               |               |            |
|---------------|---------------|------------|
| BASEBALL      | GOLF          | SWIMMING   |
| BASKETBALL    | INDOOR TRACK  | TENNIS     |
| CROSS COUNTRY | OUTDOOR TRACK | VOLLEYBALL |
| FOOTBALL      | SOCCER        | WRESTLING  |
| SOFTBALL      | CHEERLEADING  |            |

OTHERS (school may list) \_\_\_\_\_

Date \_\_\_\_\_ Parent's or Guardian's Signature \_\_\_\_\_

NOTE: This statement should be on file in the principal's office and is valid for one school year only.

(continue on reverse)

School Year: 2007-08

# Ashe County High School Athletics

## SPORT PREPARTICIPATION HISTORY FORM

FORM CURRENTLY RECOMMENDED BY NCMS SPORTS MEDICINE COMMITTEE (7/93)

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Athlete's Directions:** Please review all questions with your parent or guardian and answer them to the best of your knowledge.

**Physician's Directions:** We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

YES	NO	DON'T KNOW		
			1	Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister), died suddenly before the age of 50?
			2A	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B	Have you ever been told you have a heart murmur or heart problems?
			3	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4	Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5	Does the athlete have a history of concussion (getting knocked out)?
			6	Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			7	Does the athlete have anything he/she wants to talk to the doctor about?
			8	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9	Does the athlete take any medicine?
			10	Is the athlete allergic to any medications or bee stings?
			11	Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12	Do you wear contacts or eye glasses?
			13	Date of last tetanus booster. DATE:

Elaborate on any positive answers:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

# EXAMINATION

PATIENT'S NAME: \_\_\_\_\_

\*1. BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_ Vision (R) \_\_\_\_\_ (L) \_\_\_\_\_

\*2. Cardiovascular Exam \_\_\_ Normal \_\_\_ Abnormal Comments:  
Murmur \_\_\_ Yes \_\_\_ No Describe:

\*3 Musculoskeletal Exam Record laxity, weakness, instability, decreased ROM-if abnormal

Knee \_\_\_ Normal \_\_\_ Abnormal  
Ankle \_\_\_ Normal \_\_\_ Abnormal  
Shoulder \_\_\_ Normal \_\_\_ Abnormal  
(Other Orthopedic \_\_\_ Normal \_\_\_ Abnormal  
Problems, e.g. neck, feet, scoliosis)

4. Optional Exam-should be done if history is positive. Comments:

ENT \_\_\_ Normal \_\_\_ Abnormal  
Chest \_\_\_ Normal \_\_\_ Abnormal  
Abdomen \_\_\_ Normal \_\_\_ Abnormal  
Genitalia \_\_\_ Normal \_\_\_ Abnormal  
Skin \_\_\_ Normal \_\_\_ Abnormal

\* ASSESSMENT: 5.A. \_\_\_ No problems identified 5.B. Other

\* RECOMMENDATIONS: 6.A. \_\_\_ Unlimited B. \_\_\_ Limited to specific sports C. \_\_\_ Deferred until:(e.g., rehab., recheck, consultation, lab, etc.)

\* REEXAMINE: 7.A. \_\_\_ Yearly and after any injury that limits participation for greater than one week. B. \_\_\_ Other:

## REQUIRED ELEMENTS ARE IN ASTERISK

I certify that I have examined the above student and that such examination revealed (\_\_\_ conditions \_\_\_ no conditions) that would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States \_ Yes \_\_\_ No

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

If student not qualified, list reasons for disqualification: \_\_\_\_\_

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence or one kidney, eye, testicle or ovary, etc.)