

NCUHS SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name: _____

Age (years) _____ Grade: _____ Date: _____

Address _____ Phone: _____

Sports: _____

A sports physical must be done by an MD/DO every two years. This sports physical will be in effect for two years from the date of the physical examination.

1. First Year:

Prior to participation in sports the following forms and a physical exam must be completed and on file in the health office.

- A. Health History (Part A)
- B. Physical Examination (Part C)
- C. Insurance and Contract

2. Second Year:

During the second year that the sports physical is in effect, the following forms must be completed and on file in the health office.

- A. Interim Health History (Part B)
- B. Insurance and Contract

PART A – HEALTH HISTORY (COMPLETED AT LEAST EVERY 24 MONTHS)

To be completed by athletes and parent(s) – Answer **YES** or **NO**

*Any **YES** answer must include a date.

1. Have you ever had an illness that:

- A. Required you to stay in the hospital?
- B. Lasted longer than a week?
- C. Caused you to miss 3 days of practice or a competition?
- D. Is related to allergies? (i.e. hay fever, hives, asthma, insect stings)
- E. Required an operation?
- F. Is chronic? (i.e. asthma, diabetes, etc.)

2. Have you ever had an injury that:

- A. Required you to go to an emergency room or see a doctor?
- B. Required you to stay in the hospital?
- C. Required X-Rays?
- D. Caused you to miss 3 days of practice or a competition?
- E. Required an operation?

3. Do you take any medication of pills?
4. Have any members of your family under age 50 had a heart attack, heart problems, or died unexpectedly?
5. Have you ever:
 - A. Been dizzy or passed out during or after exercise?
 - B. Been unconscious or had a concussion?
6. Are you able to run ½ mile (2 times around the track) without stopping?
7. Do you:
 - A. Wear glasses or contacts?
 - B. Wear dental bridges, plates, or braces?
8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality?
9. Do you have any allergies t any medications?
10. Are you missing a kidney?
11. When was your last tetanus booster? _____
12. When was you last MMR? _____
13. For Females:
 - A. At what age did you experience you first menstrual period? _____
 - B. In the last year, what is the longest time you have gone between periods? _____

If you answered yes to #1, #2, #3, or #5, after your physical exam (Part C) please provide current clearance from an MD/DO to participation in interscholastic athletic activities.

Please Explain Any **YES** Answers.

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

Date: _____

Signature of athlete _____

Signature of parent _____

PART B – INTERIM HEALTH HISTORY

Name: _____ Grade: _____

This form is to be completed and on file if the student had a sports physical the previous year.

1. Over the next 12 months, I wish to participate in the following sports:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

2. Have you missed more than 3 consecutive days of participation in usual activities because of an injury this past year?

YES _____ NO _____

If yes, please attach clearance from MD/DO to participation and indicate:

- A. Site of injury _____
- B. Type of injury _____

3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not been resolved in this past year?

YES _____ NO _____

A. Type of illness _____

4. Have you had a seizure, concussion or been unconscious for any reason in the last year?

YES _____ NO _____

5. Have you had a surgery or been hospitalized in this past year?

YES _____ NO _____

If yes, please indicate:

- A. Reason for hospitalization _____
- B. Type of surgery _____

6. List all medications you are presently taking and what condition the medication is for.

- A. _____
- B. _____
- C. _____

7. Are you worried about any medical problems and/or conditions at this time?

YES _____ NO _____
If yes, please explain _____

8. Have you had any changes in your physical health in the last twelve months that would in any way compromise your participation in sports?

YES _____ NO _____
If yes, please explain _____

9. Please list any immunizations over the past year. _____

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

Date _____

Signature of athlete _____

Signature of parent _____

PART C – PHYSICAL EXAMINATION RECORD (COMPLETED AT LEAST EVERY 24 MONTHS)

Name: _____ Date: _____ Age: _____ DOB: _____
Height: _____ Vision: R _____ / _____, Corrected: _____. Uncorrected: _____
Weight: _____ Vision: L _____ / _____, Corrected: _____. Uncorrected: _____
Pulse: _____ Blood Pressure: _____

	Normal	Abnormal Findings	In
1. Eyes			
2. Ears, Nose Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Skin			
9. Genitalia – Hernia (Male)			
10. Musculoskeletal: ROM, Strength, etc.			
A. Neck			
B. Spine			
C. Shoulders			
D. Arms/Hands			
E. Hips			
F. Thighs			
G. Knees			
H. Ankles			
I. Feet			
11. Neuromuscular			
12 Physical Maturity (Tanner Stage)			
Hemoglobin/Hematocrit (Optional)			
Urinalysis (optional)			
Comments re: Abnormal Findings			

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____
2. Limited participation in: _____
3. Requires: _____
4. Full participation in all sports _____

MD/DO Signature _____ MD/DO Print Name _____ Phone: _____

NORTH COUNTRY UNION HIGH SCHOOL

Directory Information / Press Release:

I/We give our permission for North Country Union High School to release "Directory Information" concerning our child, including individual statistics to the general public through the media via radio, newspapers, TV Internet, and game programs.

Players Signature _____ **Parent/Guardian Signature** _____ **Date** _____

I/We give our permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, and/or death.

In the event of an injury or an illness and we, the parents, cannot be contacted, I give permission to the school to allow the **coach or staff member** to make the decision as to the care and transportation of my child to the necessary emergency facility.

I certify that he/she is covered by health and accident insurance for each sport in which he/she participates. In this regard I have elected the option noted below:

My son/daughter is covered under our own insurance policy:

Name of Company: _____ **Policy Number:** _____

Players Signature _____ **Parent/Guardian Signature** _____ **Date** _____

Student/Athletic Accident Insurance:

My daughter/son will purchase (check to be included with this form) the student/athletic accident insurance policy (Richard J. Horan Agency) which gives her/him coverage during interscholastic athletics **except high school varsity and junior varsity football.**

The following are your options:

A. STANDARD PLAN

- Maximum of \$50,000 per claim
1. School time coverage - \$15.00
 2. 24 hour coverage - \$70.00

B. PREFERRED PLAN

- Maximum of \$250,000 per claim
1. School time coverage - \$30.00
 2. 24 hour coverage - \$132.00

"Increased Dental Option" is available for an additional \$7.00.

FOR THOSE PARTICIPATION IN FOOTBALL, THE COST FOR INSURANCE IS:

C. FOOTBALL PLAN:

1. Maximum of \$25,000 per claim - \$69.00

The football plan does not include other sports, school time or twenty-four hour coverage. It covers injuries incurred only during football activities. **FOOTBALL PLAYERS SHOULD PURCHASE PLAN A OR B IN ORDER TO PLAY OTHER SPORTS.**

ATHLETES' CODE OF CONDUCT TRAINING RULES

It is the intent of the Athletic Department to impose upon its athletes a high standard of conduct and behavior that is consistent with the realities of modern living and recent court decisions in these areas.

The following requirements will be adhered to by all athletes:

1. The use, purchase, or possession of alcoholic beverages or regulated drugs, without a valid prescription, or drug paraphernalia as defined by state statute, shall result in dismissal from the team for the remainder of the season in addition to any penalties accessed through the criminal justice system and/or school board policy.
2. The use, purchase, or possession of tobacco products will result in dismissal from the team in addition to any penalties accessed through the criminal justice system and/or school board policy.
3. Stealing or vandalism committed incident to school or a school activity shall result in restitution and dismissal from the team for the remainder of the season in addition to any penalties accessed through the criminal justice system and/or school board policy. For the purposes of this provision, a person who buys, receives, or aids in the concealment of stolen property shall be subject to the penalties herein.
4. Hazing – Participation in hazing will not be tolerated at North Country Union High School. Hazing is defined as any behavior that is physically, emotionally or psychologically abusive to an individual, or selected group of individuals, for the purpose of gaining entrance or acceptance into an established group. Incidents of hazing will be dealt with pursuant to the provisions regarding *Inappropriate Behavior* as more particularly specified herein.
5. Athletes shall represent North Country Union High School in a responsible and appropriate manner at all times. Examples of inappropriate behavior include but are not limited to, inappropriate language, derogatory remarks to an official, an opponent, coach or teammate, or any acts that are in the discretion of the coach, detrimental to the best interest of the team or North Country Union High School. An athlete may be benched for any incident hereunder at the discretion of the coach, and/or suspended or dismissed from the team based upon the severity of the offense after a hearing before the Athletic Director.
6. An administrative finding of a violation of articles 1, 2 and/or 3 herein above, shall result in an immediate suspension from participation pending the hearing before the Athletic Administrator.

Regulations and procedures to be followed regarding dismissal or suspension from a team are listed on the back of this page. Athletes are responsible for reading these rules and consequences of violation of these rules. Parents and guardians are responsible for reading the Athletic Code and signing the Athletes' Training Rules. If there are questions and/or concerns about any athletic issue, the following process is in order: first, contact the coach; second, contact the athletic director; third, contact the principal; fourth, contact the superintendent; fifth, contact the school board. If step #1 does not answer the question satisfactorily, then move on to step #2, and so forth until you feel you have an answer that addresses your concerns.

DISMISSAL FROM THE TEAM

A team member will be dismissed from a team if he/she:

- 1. Violates provisions 1-3 of the Athletic Code of Conduct.
- 2. He/she does not maintain the minimum academic requirements.

A team member may be dismissed from a team if he/she:

- 1. Violates provisions 4 or 5 of the Athletic Code of Conduct.

Before the athlete's dismissal, the Athletic Director will conduct a hearing with appropriate personnel. The Athletic Director's decision may be appealed to the principal.

SUSPENSION FROM A TEAM

A. A team member will be suspended from a team if he/she:

- 1. Is suspended either in or out of school for a complete day.
The athletic suspension will equal the time of a school suspension.

B. A team member may be suspended from a team if he/she:

- 1. Is in violation of #4 or #5 of the Athletic Code of Conduct.
- 1. If the coach believes the athlete's behavior is in conflict with the philosophy and objectives of the Athletic Handbook.

Before the athlete's suspension, the Athletic Director will conduct a hearing with appropriate personnel. The Athletic Director's decision may be appealed to the principal. During the appeal process, the athlete will not participate in practices or games.

I have read and understand student requirements pertaining to the Athletes' Code of Conduct and Training Rules.

Name (PRINTED) of Athlete: _____

Signature of Athlete:_____ Grade:_____

Name (PRINTED) of Parent: _____

Signature of Parent:_____

Name of first sport you participated in this school year:

Name of sport for which this contract is being signed:
