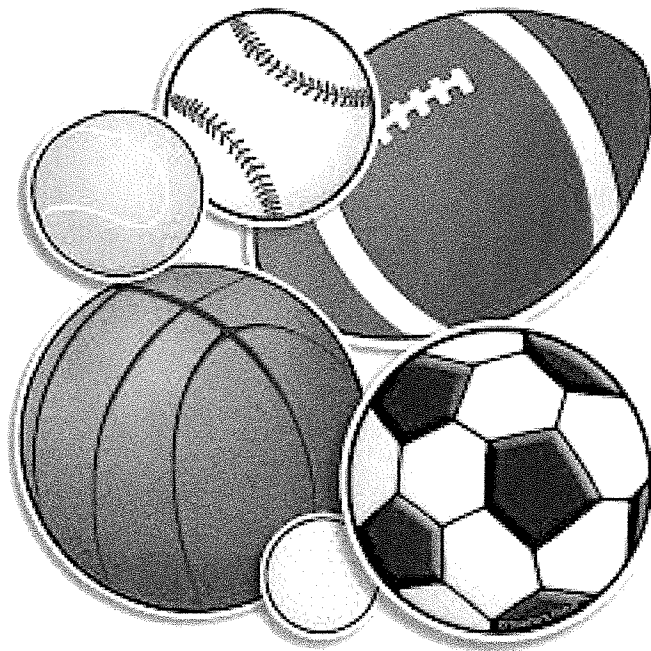


Vale Middle School
&
Willowcreek Elementary
School
Physical Form



Contract for Athletic Participation

Parent Permission

I want my student athlete to have the privilege of participating in competitive school athletics at Vale Middle School and/or Willowcreek Elementary School. They have my permission to compete in all sports approved by the Vale School Board to go with the coach on any regularly scheduled trips. I have read the school handbook and understand the expectations and requirements for student athletes.

Consent for Treatment

This is to certify that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my athlete. **My student athlete is fully covered by insurance and the school will not be liable for any injury that occurs during athletic practices, contests, or travel to and from athletic contests.**

Printed Name of Student: _____

Signature of Parent/Guardian: _____

Emergency & Insurance Information

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Person to contact in case of emergency when you cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Medical info we should be aware of (asthma, diabetes, etc.): _____

Allergies, especially to medications: _____

Medications being taken or illnesses being treated: _____

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Student Contract

I have read the school handbook and understand the expectations and requirements for student athletes. I realize that health, safety, and athletic performance are adversely affected by the use of tobacco, alcohol, and other drugs. I commit to myself, my teammates, my coach, and parents, that I will not participate in the use of, or be in the possession of, any of these substances during any sport season, starting with the first practice date established by OSAA and continuing through the last day of school or final play-off contest, whichever is last. I also agree that if I break my commitment, I will inform my coach. I understand that breaking this commitment will result in the enforcement of consequences. I agree to encourage and support my teammates in keeping their commitment.

Student Athlete Signature: _____

Athletic Eligibility Requirements

Competition can lead to positive attitude development in the areas of discipline, loyalty, sacrifice, and fair play. While not all student athletes are interested in athletics as a life-long career, all will benefit from training and positive attitude development in getting along with coaches, officials, team members, student body, and the community. All athletes will benefit from the physical development of their bodies and the satisfaction gained from physical activity.

However, while the benefits are great and opportunities present, a degree of responsibility lies with athletes that is not necessarily found in the non-athlete. The athlete, by the very nature of competitive athletics, is put on display during athletic contests for public criticism and evaluation. The student athlete is not part of the crowd; he/she does stand out. People make judgments about the athlete, coach, school, and community based on just what he observes in the performing athlete. This is not to say that the student athlete is not watched as he/she travels to and from contests or as he/she functions in everyday routines, because they are. It is for these reasons that the coach must see that the student athlete adheres to acceptable rules of life.

General areas that the student athlete must develop in are as follows:

1. Must be clean in mind, body, and dress;
2. Must be considerate of other people's feelings, wishes, and attitudes;
3. Must be developing positive attitude towards himself/herself, coaches, officials, team members, student body, and the community;
4. Must be considerate of other people's property, safety, welfare, and rights; and
5. Must be observant of the laws that govern the school and community.

An athlete shall not possess, use, transmit, or be under the influence of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, alcoholic beverage, intoxicant of any kind, or tobacco; nor shall the

athlete have in his/her possession any device, container, or apparatus associated with the use of the above.

Any first time violation of the above will result in a two week suspension from the team. The athlete will be expected to continue attending practice sessions with the team during the suspension period.

A second violation will result in dismissal from the team and denial of participation in any athletic activities for one year.

Competitive athletics are provided in cross-country, volleyball, football, basketball, wrestling, tennis, and track.

All students are allowed to compete and no participant is excluded from a team providing he/she abides by the team code of conduct. All team members are provided a uniform and travel with the team. All participants must have insurance. A physical examination is required each school year for a student to participate on a competitive athletic team.

Vale Middle School belongs to an organized league – Western Idaho Conference – and all league rules and regulations are established by a Board of Directors. The following rules are of concern for parents:

1. To protect school academic programs, most games are scheduled at 4:15 p.m.;
2. Additional games are scheduled so that all participants play;
3. If a student athlete is not in full attendance on the day of a game, he/she will not participate in the game. Exceptions would be a doctor's appointment, funeral, and other family emergency;
4. A student athlete absent for more than two days in a given week will not participate in that week's athletic events;
5. Any student/athlete who receives a school suspension will not be allowed to participate in the following game;
6. In order to be eligible to participate in athletic competitions, a student athlete shall receive a passing grade and satisfactory citizenship mark in all classes; and
7. The Principal has the right to suspend a student/athlete from participation as a form of discipline or for inappropriate citizenship.

***NOTICE TO PARENTS AND PARICIPANTS IN FOOTBALL**

Due to the fact that football is a contact sport, there is a high risk of injury which makes football a dangerous sport. The proper equipment will be issued to each student athlete. The correct procedures for blocking, tackling, and general skills required for playing the game will be taught to each student athlete. However, due to the nature of this sport, please be advised that the risk of injury is still possible.

Coaches of individual sports may develop individual guidelines for student athletes to follow.

We, the undersigned, have read the Athletic Eligibility Requirements and the Parent-Student Handbook and agree to all of the conditions.

Parent's Signature

Student's Signature

Physical Examination June 2005

NAME: _____ BIRTHDATE: _____ / _____ / _____

ADDRESS: _____ PHONE: (_____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability.
Physician: Please review with the athlete details of any positive answers.

YES	NO	Don't Know	
_____	_____	_____	1. Has anyone in the athlete's family died suddenly before the age of 50 years?
_____	_____	_____	2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	6. Has the athlete ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	9. Is the athlete allergic to any medications or bee stings?
_____	_____	_____	10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	11. Has the athlete ever had prior limitation from sports participation?
_____	_____	_____	12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	15. Has the athlete ever been hospitalized overnight or had surgery?
_____	_____	_____	16. Does the athlete lose weight regularly to meet the requirements for your sport?
_____	_____	_____	17. Does the athlete have anything he or she wants to discuss with the physician?
_____	_____	_____	18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	19. Does the athlete have asthma?
			20. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back.)

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: _____ Date: _____
Parent/Guardian

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination

NAME: _____		BIRTHDATE: ____ / ____ / ____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal ____ Unequal ____
		BP: ____ / ____ (____ / ____ / ____)	
		Rhythm: Regular ____ Irregular ____	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

* Station-based examination only

CLEARANCE

_____ Cleared
 _____ Cleared after completing evaluation/rehabilitation for: _____
 _____ Not cleared for: _____ Reason: _____
 Recommendations: _____

Name of physician (print/type): _____ Date: ____ / ____ / ____
 Address: _____ Phone: (____) _____
 Signature of Physician: _____

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SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

□ MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

□ **MURMUR EVALUATION** - Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

□ **MARFAN'S SCREEN** - Screen all men over 6'0" and all women over 5'10" in height with Echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 SD below mean
7. Myopia
8. Ectopic lens