

DATA Student Athlete Handbook

The purpose of this handbook is to help guide the student athlete and understand what is expected of any student playing sports while enrolled in Digital Arts and Technology Academy.

You will find league rules, student athlete expectations, and parent/spectator expectations described in this handbook. At DATA, we hold our student athletes to the highest of standards and expect that schoolwork comes before any extracurricular activities. We will cover what sports are offered here at DATA with the understanding that it is based on student interest and league requirements. If the sport does not have enough student interest, it will not be offered for the season.

Please read through this handbook and keep pages 1-7 for your records.

Please complete and return pages 8-17 to the Athletic Director (Coach Kahn), all forms must be completed before the student can participate in sports at DATA.

(If you need assistance finding a provider to complete a physical, please contact the athletic director or school nurse for resources).

Digital Arts and Technology Academy (DATA) is part of the Albuquerque Charter School League for sports, and they have an Athletic Policy Handbook that we as a school adhere to for rules and regulations. Any requirements that are listed in this book are requirements we must meet per the League rules and regulations. The Albuquerque Charter School League is composed of four board members and a League Commissioner. All these members must be from one of the charter schools and no school may have more than one representative per school. The League Commissioner is the one in charge of the day-to-day activities and has the final decision on all rules, regulations, and policies of the league. If for any reason you would like to send a complaint to him, please email or write the complaint to the coach and it will be forwarded to his office.

DATA has its own Board for the Athletics Program, and it is as follows:

1. School Director – Lisa Myhre
2. Division Head 10-12 – Alix Rael
3. Dean of Students-Kristen Reeder
4. Athletic Director – Kevin Kahn
5. Head Coaches, varies on the sport

Any problems or complaints should be taken to the coaches first as they can escalate the concern(s), however, if the problem is with the head coach please feel free to reach out to the athletic director so she can discuss with the school admin on what should be done. The School Director and the Division Heads have the final say on what is to be followed with any sport or

student athlete. All purchases or fundraising must be directed to the school admin team for approval before taking place. All team purchases, such as sports equipment or uniforms must also follow the same policies.

Student Eligibility

According to the ACSL - In order to participate in the athletic program each student must be enrolled in the school in which they are competing. Participating students are required to compete in the gender listed on their original or amended birth certificate. A student who turns 19 years of age after August 31 of the current school year is eligible for the entire school year. A student who is 19 years of age or older prior to September 1 is ineligible. A student cannot be older than 19 to participate. In order to participate in the athletic program each student must have a yearly physical that is good from August 1- July 31 of each year. This must be completed before a student is allowed to practice or play in any games sponsored by ACSL. The form must remain on file in the athletic office. The ACSL does not discriminate or preclude students from participating based upon disabilities defined by the Americans with Disabilities Act. For liability purposes, students participating in athletic programs must be insured. Participants must be covered by accident/injury insurance prior to participation. They may carry school offered insurance or provide the school with documents that they are covered by a private insurance carrier. A document signed by the student and parent verifying insurance coverage must remain on file in the athletic office.

Scholastic levels must be maintained to qualify for the privilege of participation. Students must maintain a 2.0 GPA and no F's based on a 4.0 grading scale, or its equivalent, while enrolled in a minimum of 50% of a class schedule for the semester grading period immediately preceding participation. For students not eligible at the semester, the next six- or nine-week grading period can be used to regain eligibility. Individual schools may adopt stricter rules or standards for academic eligibility. Schools may have exceptions for special education students. Students must attend school on the day of a game to be eligible to participate in any ACSL contest, other than extenuating circumstances approved by the principal. The athletic director and coach shall be responsible for the examination of records to determine a student's eligibility in all sports. During all league contests coaches are on their honor to assure each team member is eligible. Failure to do so, by a coach, may result in suspension from coaching in the ACSL and the game to be forfeited.

Teams

According to the ACSL teams are divided as follows, Varsity 9-12 grade, Junior Varsity 9-10 grade, Mid School 6-8 grade, absolutely no grades below 6. No 11 or 12 graders playing down on JV team. You cannot play on more than one team at a time. If an athlete moves from a JV team to varsity they must remain on the varsity team for the remainder of the season and for

tournament play. No MS players on varsity.

Fall	Winter	Spring
HS Co-Ed Soccer HS Co-Ed Flag Football MS/HS Cross Country	MS Basketball (Girls & Boys) HS Basketball (Girls & Boys)	HS Volleyball (Girls & Boys) MS/HS Track and Field MS Co-Ed Flag Football MS Co-Ed Soccer

Uniforms

All players must have matching jerseys and shorts. All players' uniforms must have a legal number on the front and back that is easily visible and matches the team roster. Undershirts or bicycle shorts worn under the uniform must be the same color as the body of the uniform. Athletic shoes are required. No hats, bandannas or dew rags are allowed. No jewelry or piercings of any kind are allowed.

Sportsmanship

Sportsmanship is an expectation! The act of treating others in a respectful manner, taking personal responsibility for one's actions and responding with integrity while engaged in competition is an important objective of the ACSL. Sportsmanship includes competition and play, the display of courtesy, citizenship and the development of character. Please let the players play, the coach's coach and the officials officiate. Remember, whether you are on the court/field or in the stands, BE A GOOD SPORT!

Coaches will treat their own players and opponents with respect. Inspires athletes to love the game and to compete fairly. Exhibits sportsmanship and disciplines team members who display unsportsmanlike behavior. Is a teacher who understands that the athletic arena is an extended classroom. Respect the official's judgment and interpretation of the rules.

Athletes will treat their opponents, teammates, and coaches with respect. Play hard, but within the rules. Exercises self-control at all times, setting the example for others to follow. Respects officials and accepts their decisions without gesture or argument. Wins without boasting, loses without excuses, and never quits.

Spectators will appreciate a good play no matter who makes it. Shows compassion for an injured player; applauds positive performances; does not heckle, jeer or distract players; and avoids the use of profane and obnoxious language and behavior. Treats the opponent's spectators with respect. Spectators should respect the property of others and the authority of those who administer the event.

At the conclusion of all scheduled contests every coach and player will line up at the center of the court/field and shake hands. Failure to do so will result in a one game suspension. All coaches, players and spectators must refrain from confronting game officials about the outcome

of the contest. Concerns regarding the game or officials must be directed to the official coordinator.

Ejections or Disqualifications

Any player, coach or spectator ejected from any contest sponsored by the ACSL for assaulting physically any player, coach, spectator or official, will be automatically suspended. The suspended person must appeal to the ACSL board within ten days to seek reinstatement. The decision of the board is FINAL. If suspension happens during a playoff or tournament game no appeal is granted. Any player or coach who is ejected from any contest sponsored by the ACSL for any reason other than stated in Section 1 shall be suspended for one week and it could be longer depending on the severity. Being suspended includes not attending any ACSL sponsored practice or contest for the time the suspension is in effect. No appeal is granted for an ejection from a game. Any player or coach who receives an incident report is automatically suspended for one game and it could be longer depending on the severity. Being suspended includes not attending any ACSL sponsored practice or contest for the time the suspension is in effect. No appeal is granted for receiving an incident report during a game. Any player or coach who receives three technical fouls or three red cards in a season, can no longer play or coach that sport for the remainder of the season.

There is a **zero tolerance** for fans, spectator abuse or misbehavior. Spectators shall not commit unsportsmanlike acts, such as using language that is abusive, vulgar, or obscene. Do not confront officials concerning calls. It is your responsibility to exhibit good sportsmanship at all ACSL games. Fans that fail at this will be asked to leave the game and (depending on the circumstance) could not be allowed back at any remaining games during the season. No appeal is granted for an ejection from a game.

Gang Activity

There is a **zero tolerance** for gang activity. Any flashing of gang signs, anyone caught tagging or yelling a gang affiliation or taunting will be dealt with accordingly.

- 1st Offense: Non-compliance will result in dismissal for the remainder of that sport season, including post-season contests.
- 2nd Offense: If a second offense were to occur within the same school year, the student-athlete would not be permitted to participate in any interscholastic athletic activity for a year from the date of the offense.

Depending on any of the circumstances stated in sections 1-8 of Article VIII, law enforcement may be brought in and charges could be filed.

DATA's Athletic Concussion Protocol

A concussion is a traumatic brain injury that is most common after a student athlete collides with another student or a hard surface. **Seventy** percent of all concussions follow contact to contact with another player. A student athlete colliding with a surface causes 17% of concussions. Less

than 5% of student athletes lose consciousness due to a concussion. Concussions can last a period of months and students who return to practice too soon after a concussion risk further brain injury, including bleeding of the brain.

Signs and Symptoms of a Concussion:

Signs: The student athlete is:

1. Dazed or stunned
2. Appears to be confused
3. Shows clumsy movements
4. Has slow response to questions
5. Cannot remember the events before or after the collision

Symptoms:

1. Headache
2. Nausea/Vomiting
3. Sensitivity to light or noise
4. Feeling sluggish, hazy or foggy
5. Signs of concentration or memory problems
6. Signs of confusion

If a student athlete displays any of these signs they will be removed from play immediately but kept under close supervision by the coaching staff until parents can be notified. It will be the coaching staff's recommendation that the student athlete is seen by a physician and will not be cleared to practice or play until the physician has cleared the student athlete and communicated with the coach in writing.

Immediate medical response will be required if any of these symptoms are present:

1. Loss of consciousness
2. Convulsions or seizures
3. Worsening headache
4. Increased drowsiness
5. Weakness or numbness in any part of the body
6. Decreased coordination
7. Vomiting

DATA knows the risks and responsibilities that come with the concussion protocol and will implement the five requirements below:

1. Remove the student athlete from play immediately
2. Inform the student athlete's parents about the possibility of concussion
3. Recommend the student athlete gets cleared by their physician
4. Keep the student athlete out of play until the physician has documented that it is safe to return to play
5. The minimum rest time for a possible concussion should be 2-3 days away from sport activity.

When a physician has cleared the student athlete to return to play, the coaching staff will put a six-step process into place.

1. Back to regular school activity without restriction (classroom activities)
2. Light aerobic activity: 5-10 minutes of jogging or running (no weightlifting)
3. Moderate activity: jogging, running, biking (moderate weightlifting)
4. Heavy non-contact activity, regular activities for practice (no contact)
5. Practice at full contact (no restrictions)
6. Return to regular season games

If during any of these steps the symptoms return, the student athlete will be removed immediately from any sport activities, and it will be recommended they return to their physician for more follow up on the situation.

DATA's Requirements to Participate

Digital Arts and Technology Academy also has its own policies and procedures for students to participate in school athletics. These policies and procedures will be listed below in sections and are required by admin before participating in any sport.

1. Each student athlete and parent/guardian will complete and sign the Sports Participation Information Form (pages 8-11).
2. Each student athlete will sign the Albuquerque Charter School League Code of Conduct before starting any practices (page 12).
3. Each student athlete will sign the Uniform Agreement Form (page 13).
4. A parent or guardian will sign the Student Athlete/Guardian Agreement (page 14).
5. Each student athlete will complete a yearly physical before starting practice with any team (see pages 15-16).
6. Each student athlete will get a grade check every one to two weeks during the sports season participating in and turn it into the head coach of the sport.
7. Each student will attend practices on a regular basis with the exception of a parent-excused absence.
8. Each student athlete will be on time to school, classes, and sporting events

Please see the DATA Athletic Commitment Agreement for more information on requirements for student play and expectations.

DATA Student Athlete Commitment Agreement

It is the goal of DATA to hold student athletes to a high standard when it comes to athletics and academics alike. This is an agreement between our student athletes and school staff to better understand what is expected of our student athletes. Below you will find the requirements for any student who wants to participate in any sport during the school year.

Requirements to play:

1. Student athletes must be in class on time unless excused by a parent or DATA faculty member.
2. Student athletes must not have any failing grades as required by the ACSL rules.
3. Student athletes must not be under the influence of drugs or alcohol at any time.
4. Student athletes must be present for the entire school day when any games are scheduled to be eligible to play per the ACSL rules.
5. Student athletes will respect all students, staff, and opposing teams during and after any sporting event.
6. Student athletes will not disrespect any staff or students while at DATA.
7. Student athletes must attend practice on a regular basis.

Consequences for violating terms of agreement:

1. Excessive unexcused tardiness from classes will result in suspension from the team, this includes games and practices.
2. If a student athlete has a failing grade at the end of the semester, they will be placed on a two-week probation, where they can continue to practice, but not play in games. After two weeks if their grades do not improve, they will be removed from the team as per ACSL rules.
3. Students found to be disrespecting staff or student(s) will be suspended from the team for a minimum of 3 days including practices and games. If the same student is found to have committed a second offence, it will result in suspension for the remainder of the sports season.
4. Student athletes who are suspended for any reason during the sports season will be removed from the team. If students are suspected of being under the influence of drugs or alcohol, they can be drug tested and removed from the team if they are found to be under the influence.
5. Student athletes who do not attend practice and are unexcused are subject to be suspended from the next upcoming game and practices depending on the coaching staff's decision. If student athletes have multiple unexcused absences, they will be removed from the team.

DATA Sports Participation Information Form

Student's Name _____

School Year _____ Grade _____ Date _____

Parent(s)/Guardian(s) and Student-Athlete Participating in Athletics:

PLEASE READ THE FOLLOWING STATEMENTS CONCERNING PARTICIPATION IN DATA ATHLETICS AND RESPOND WITH YOUR SIGNATURE(S).

PART 1: RESPONSIBILITY FOR ACCIDENT / HEALTH INSURANCE

The activity my son/daughter is participating in poses the potential risk of injury/illness. **Please provide your health care provider information.**

Health Care Provider

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Student Accident & Health Insurance with Myers-Stevens & Toohey & Co., Inc. is available to me; and a booklet with all of the necessary information will be provided.

I accept. Once I get the insurance booklet, I will complete the enrollment form and send it directly to Myers-Stevens & Toohey. When the insurance card arrives, I will have my student bring it to the Athletic Director so he knows the process has been completed. Note: Spanish enrollment forms are available upon request.

PART 2: CONSENT TO PARTICIPATE & ASSUMPTION OF POTENTIAL RISK

1. Consent to Participate:

Consent is hereby given for the named student to engage in athletics as approved by DATA. It is agreed that the parent(s)/guardian(s) and student will assume the legal responsibilities for the personal safety and action of the above-named student while traveling to and from practices and games when transportation is not provided by DATA. When transportation is provided by DATA, the policy requires students to travel to and from on that bus. *Note: Any exceptions must be arranged with the school prior to departure and in accordance with the athletic travel policy.*

It is further agreed that financial responsibility for securing care of athletic injuries is a matter between the parent(s)/guardian(s) and the health care provider. DATA cannot pay health care providers for treatment of any students.

2. Acknowledgement of Injury Risk

We the parent(s)/guardian(s) and the student-athlete are aware that preparation for and participation in athletics involves a risk of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity and agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

- Student athletes voluntarily express a desire to participate in extra-curricular activities. The district does not require participation.
- Student athlete/participant has completed a physical examination within the last year. The athlete accepts the opportunity to participate with full knowledge of his/her own physical limitations. (Note: DATA recommends an annual physical.)
- Notification of Injuries - In order to protect the student/athlete at all times, DATA coaches will share information concerning the care, disposition, and treatment of athletic injuries only with the treating physician, team physician athletic trainer, and other coaches on a need to know basis only for the time that the student is in high school. Any information released to third parties will be done only with permission of the parents and students.
- In order to participate in these activities, I and my son/daughter agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.
- We acknowledge the risks inherent in sports activities and understand:
 - The athlete's responsibility to follow rules and procedures.

- The importance of properly worn and maintained equipment and attire.
- That proper technique can minimize but cannot eliminate injury.
- That neither the protective equipment and padding used in the sport, the safety rules and procedures of the sport, the coaching instruction received, nor sports medicine care will guarantee the athlete's safety or protection from injuries that might be sustained.
- That by missing practices, valuable knowledge and technique may be missed. It is important that all practices are attended. Exceptions include illness (absence from school), a medical or family emergency, or prior approval from the coaching staff.

We agree to accept these risks as a condition of participation.

- We realize that any pre-existing condition, lingering or prolonged injury creates an additional risk for the athlete. It is our responsibility to discuss these conditions with the coaching staff **before** participation.
- Personal Medical Notification - For my own protection I, the student-athlete, agree to inform the coach at my school and/or all health care providers, **BEFORE** receiving therapy or treatment of any kind, if I am taking any drugs, medication, supplement, or using any ointment, liniments, balms, or have an implant in my body. We the parent(s)/guardian(s) and student-athlete understand and acknowledge that any combination of the above and certain therapy may cause serious medical problems to the student-athlete. If the student is under the care of a licensed health care professional, a written course of treatment must be on file with the school.
- We acknowledge and understand the full range of injuries, from minor to severe. We recognize that an athlete might experience sprains/strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, brain damage, other serious, permanent injury or even death as a result of participation in this sport.

We also understand that it is our responsibility to make each coach and athletic trainer aware of any injuries incurred during the season and follow all prescribed treatments by the trainer or physician. It is also our responsibility to inform the coach/trainer any time I visit a physician for treatment of a disease or athletic injury.

- A concussion is a disturbance in the function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results include a variety of symptoms (headache, nausea, dizziness, memory, or a balance problem) with or without a loss of consciousness. We understand that there is a concussion protocol established for/by the sport/activity that includes care and return criteria.

3. Authorization for Health Care Services

I/We hereby designate the team coach or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, surgery, and any other health care services as may be recommended in an emergency because of illness or injuries while preparing for or participating in interscholastic athletics. I/We hereby assume all financial responsibility for all health care services provided.

4. Emergency Contact Information

_____		_____
Student Name		Date of Birth
_____		_____
Parent/Guardian Name		Contact Phone #
_____		_____
Parent/Guardian Name		Contact Phone #
_____	_____	_____
Emergency Contact	Relationship	Phone #

Medication(s) Student is taking:

Known Allergies to Medication or Foods:

Does your child have any medical conditions that would affect their participation in any physical activity? If yes, please explain below:

5. Signatures

We the parent(s)/guardian(s) and the student-athlete have completely read the student handbook, fully understand and voluntarily accept and agree with all of the above terms and conditions. We also verify that all information provided is correct.

_____	_____	_____
Parent/Guardian Signature	Date	Relationship to Student (Print)

Student-Athlete Signature		

Albuquerque Charter School League Code of Conduct

Promote the academic and physical welfare of its student athletes, exhibit good sportsmanship and fair play during all activities sponsored by ACSL.

Sportsmanship is an expectation! The act of treating others in a respectful manner, taking personal responsibility for one's actions and responding with integrity while engaged in competition is an important objective of the ACSL. Sportsmanship includes competition and play, the display of courtesy, citizenship and the development of character. Please let the players play, the coach's coach and the officials officiate. Remember, whether you are on the court/field or in the stands, BE A GOOD SPORT!

Any player or coach who receives an incident report is automatically suspended for one game and it could be longer depending on the severity. Being suspended includes not attending any ACSL sponsored practice or contest for the time the suspension is in effect. No appeal is granted for receiving an incident report during a game. Any player or coach who is ejected from any contest sponsored by the ACSL is automatically suspended for one week and it could be longer depending on the severity. Being suspended includes not attending any ACSL sponsored practice or contest for the time the suspension is in effect. No appeal is granted for an ejection from a game. Any player, coach or spectator ejected from any contest sponsored by the ACSL for assaulting physically any player, coach, spectator or official, will be automatically suspended. The suspended person must appeal to the ACSL board within ten days to seek reinstatement. The decision of the board is FINAL. If suspension happens during a playoff game, no appeal is granted.

We hold our student-athletes, coaches and parents to high standards of ethics and sportsmanship. We promote the development of good character and other important life skills. Caring, citizenship, fairness, respect, responsibility and trustworthiness are lifetime values taught through athletics. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations, and graceful acceptance of the results.

I have read and understand the requirements of this Code of Conduct. I understand that I am expected to compete with class, according to this code and I understand that there may be sanctions or suspensions if I do not.

_____/_____
Student-Athlete Signature Date

_____/_____
Parent/Guardian Signature Date

DATA Uniform Agreement

DATA provides athletic uniforms for most sports played. This agreement between the school, student athlete, and parent(s) regarding what is expected while the uniform is in your possession.

I, _____ (student name), have agreed to receive my school issued athletic uniform.

By signing this form, I agree to take full responsibility until these items are asked to be returned by the coaching staff. I understand that if any items are lost or stolen, they will need to be replaced at my own cost. All athletic uniforms will be cleaned before returning them to the coaching staff. I will notify my coach as soon as possible if any of these items are lost or stolen.

Student Signature

Date

Parent/Guardian Signature

Date

Student Athlete Parent/Guardian Agreement

I _____ (parent/guardian name), have read and understood the handbook sections on spectators (pages 3-4) and asked all questions before signing and committing to the rules. I understand and agree to the requirements that are on this form.

1. I will not use foul language during a sports contest.
2. I will not disrespect an official, coach, parent or player during any sporting event.
3. I am expected to hold a higher standard for myself and show an example of how our student athletes should conduct themselves.
4. I understand that in the case I am asked to leave a sporting event, my failure to do so may lead to disqualification of the DATA team from sporting events as well as the possibility of not being able to attend future sporting events.
5. I understand my student athlete should arrive at the time given by the coaching staff at any sporting event to allow the proper warm-up to prevent injuries.
6. I understand I am solely responsible for any family members or guests that I bring to attend the sporting event. I must make sure they follow the guidelines written out in this contract.

By signing this contract, I am committing myself and promising to uphold these obligations to spectate and be a part of the DATA parent community. I fully understand that if I break any of the rules I may be asked to refrain from attending any further sporting events my student athlete participates in.

Parent/Guardian Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____	Sex _____	Age _____	Date of Birth _____
Address _____			Phone _____
Grade _____	School _____		
Personal Physician _____			Phone _____
<i>In case of emergency, contact:</i>			
Name _____	Relationship _____	Phone (H) _____	(W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mono-nucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you do any wrestling? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any vascular swelling or ulcers?		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/____ (____/____, ____/____)
buccial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
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: _____

The following information must be filed in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

