

**PRINCE WILLIAM COUNTY PUBLIC MIDDLE SCHOOL**  
**Athletic Participation/Parental Consent/Physical Examination Form**

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

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

**PART I – ATHLETIC PARTICIPATION**

(To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

Name \_\_\_\_\_ Student I.D.# \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address \_\_\_\_\_

Cit/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**MIDDLE SCHOOL INTERSCHOLASTIC ATHLETICS – GENERAL ELIGIBILITY RULES**

**ELIGIBILITY**

A student may not participate as a player in a sport if the student becomes fifteen (15) years of age on or before September 1 of the current school year. A student may not participate in junior varsity basketball if the student is fourteen (14) years of age on or before October 1 of the current school year. Eighth graders may NOT participate on junior varsity teams. Sixth grade students are allowed to participate in varsity sports when, in the opinion of the coach, athletic coordinator, and principal the student is mature enough and has the skills necessary to compete at the varsity level.

**PARTICIPATION**

A student may participate on only one school team during a given sports season. Furthermore, a student may not leave one school team and join another school team during the season. Middle school students in combination schools must participate on middle school teams unless the school does not provide a middle school team in that activity. Educators generally agree that participants on a school team should not participate during the same sports season with any other organized athletic team; however, this practice is not prohibited.

**ACADEMIC ELIGIBILITY**

If a student fails more than one subject, the student shall be declared ineligible for the next grading period. This rule applies to practice as well as game participation and is effective the day after report card distribution. Interim reports will allow ineligible students meeting eligibility criteria to try out for the next sports season. Students who were previously ineligible become eligible the day after grades are due. Ineligible students who become eligible after team selections may not join a team.

**CONDUCT ELIGIBILITY**

To be eligible to represent a school in any activity, students must receive no more than (1) U in conduct. If a student receives more than (1) U, he/she shall be declared ineligible for the next grading period. This rule applies to practice as well as game participation and is effective the day after report card distribution. Students who were previously ineligible become eligible the day after grades are due.

**MEDICAL EXAMINATION/PARENTAL PERMISSION**

In all interscholastic activities, each participant must have a physical examination by a medical doctor and have permission from the medical doctor and parent/guardian before the participant may engage in any sport. An Emergency Permission Form shall be completed by each participant and signed by the participant's parent or guardian. The cards shall be readily available to coaches at practices and games.

**SELECTION OF TEAM**

Team selection should include as many participants as possible. Each student trying out will receive a letter developed by each school specifying length of practice, criteria for squad selection, equipment needed, and a schedule of games. All squad selections will be implemented in a positive and objective manner. There will be three designated days for tryouts for all athletic teams.

**INSURANCE**

All students participating in the athletic program shall be covered by some type of accident insurance. The accident insurance policy made available by the Prince William County Public Schools covers all athletic activities, including middle school football.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Providing false information will result in ineligibility for one year.

## PART II - - MEDICAL HISTORY

<b>This form must be completed and signed, prior to the physical examination, for review by examining physician.                      Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.</b>					
MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever told you that you have (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			42. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death).	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	52. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a Brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	53. What is the date of your last Tetanus immunization? Date: _____		
			<b>FEMALES ONLY</b>		
22. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	55. Age when you had your first menstrual period? _____		
24. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	56. How many periods have you had in the last 12 months? _____		
25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	57. Do you take a calcium supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>  _____  _____  _____  _____  _____		
27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			
30. Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>			
31. Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>			

Parent/Guardian Signature: \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_

### PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30<sup>th</sup> of the current school year)\*\*

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEIGHT: _____	WEIGHT: _____	SEX: _____	AGE: _____	DOB: _____
*Tanner Stage or Maturation Index: (males only) _____			BP: _____	
*Percent Body Fat: _____		Pulse: *(rest) _____		
*Audiogram _____		*(exercise) _____		
		*(Recovery) _____		
		*FEV or Peak Flow (rest) _____		
*Vision: Corrected (L) _____ (R) _____ (Both) _____		*(Exercise) _____		
Uncorrected (L) _____ (R) _____ (Both) _____		*(Recovery) _____		

	N	ABNORMAL		N	ABNORMAL
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

**CLEARED WITHOUT RESTRICTIONS**

Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_

Cleared for **Limited participation** (check and explain “reason” for all that apply):

Not cleared for (specific sports) \_\_\_\_\_

Cleared only for (specific sports) \_\_\_\_\_

Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION:** \_\_\_\_\_

Reason(s): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

Recommend close monitoring during early conditioning because of weight/fitness/other

Recommend restrictions or monitoring of weight loss or gain

Other \_\_\_\_\_

Reason(s): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ M.D. Date of Examination \*\* \_\_\_\_\_  
(MD, DO, LNP, PA)

Examiner’s Name and degree (print): \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**

(To be completed and signed by parent/guardian)

The undersigned is the parent or guardian of \_\_\_\_\_  
Student's Name

and is familiar with his/her wishes to participate in:

- |                                     |                                       |                                     |
|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> FOOTBALL   | <input type="checkbox"/> SOCCER       | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> TRACK      | <input type="checkbox"/> BASEBALL     | <input type="checkbox"/> SOFTBALL   |
| <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> WRESTLING  |

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

I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying a higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student accident insurance purchased through the school or is medically insured.

In addition, I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I have completed the medical history questionnaire and give my consent and approval for the above named student to receive a physical examination, as required in Part III, Physical Examination, of this form, by \_\_\_\_\_ (M.D.) or by a qualified, registered physician as recommended by the named students' school administration.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_