



Montezuma-Cortez Middle School
2020-2021
Activities & Athletics Handbook

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PHILOSOPHY OF ACTIVITY & ATHLETIC PROGRAMS

This handbook was created to assist our coaches, sponsors, participants, and parents associated with Montezuma-Cortez High School by outlining necessary philosophy, procedures, standards and requirements for all activities.

The goal of every program should be:

1. To instill in each participant, attitudes of good sportsmanship, good citizenship, fair play, self-control, self-discipline, and goal setting.
2. To exert a positive influence on our community, fans, and our student body.
3. To communicate the ideal that hard work and determination lead to success.
4. To appreciate the fact that participation in extracurricular activities represents a responsibility to both our school and community.

STATEMENT OF CODE OF ETHICS

In order to offer maximum effectiveness in serving and fostering the education of our students so entrusted to us and in promoting and supplementing the regular curriculum, it is the duty of all concerned with our secondary activity and athletic programs to:

1. Cultivate awareness that participation in athletics and activities is part of the total educational process and as such, the coach/sponsor should neither seek nor expect academic privileges for the participants.
2. Emphasize the proper ideals of sportsmanship, ethical conduct and fair play as they relate to the lifetime impact on the participants.
3. Develop a working awareness and understanding of all rules and guidelines governing competition, both in letter and intent.
4. Recognize that the purpose of athletics and activities is to promote the physical, mental, moral, social, and emotional well-being of the individual participants.
5. Avoid any practice or technique, which would endanger the present or future welfare or safety of any participant.
6. Adhere to policies which do not force or encourage students to specialize or restrict them from participation in a variety of activities.
7. Refuse to disparage an opponent, an official, an administrator, or any spectator in any aspect of the activity.
8. Strongly encourage the development of proper health habits, including the non-use of vape pens, chemicals, alcohol, tobacco, and other mood altering substances.
9. Exemplify proper self-control at all times and accepting adverse decisions without a public display of dissatisfaction with the officials or judges.
10. Encourage all to judge the true success of the athletic and activities programs on the basis of the attitude of the participants and spectators, rather than on the basis of a win or loss.

PARTICIPATION GUIDELINES

These guidelines begin for everyone from the first day of practice for activities in the fall, and will continue in effect until the last day of competition in the spring. Exception: for students not involved in fall activities these guidelines will start the first day of school. These guidelines are designed for all participants, coaches and sponsors who will be involved with activities while being a part of the educational process at Montezuma-Cortez Middle School.

GENERAL ACTIVITY PROCEDURES:

1. Activity/Athletic safety is a number one priority. Participants must be aware that other athletes' physical safety is extremely important and avoid any type of aggressive action, which could lead to injury to another participant. Participants are also responsible to avoid any activity which could lead to injury when not being supervised by an assigned faculty member or coach.
2. All students are encouraged to participate in as many different activities during each school year as possible. Students and their parents should determine their choice of activities.
3. Members of all activities are required to attend all scheduled practices and meetings during the established activity season. If circumstances arise whereby the student cannot attend a practice or meeting, the validity of the reason will be judged by the individual sponsor/coach. In all cases, however, the sponsor/coach must be notified, prior to the practice or meeting missed, by personal contact (student/parent), phone call (student/parent), or written statement from the parent or guardian.
4. Students in athletics will be issued team equipment (ie. uniforms, practice jerseys, warm-ups, etc.) during the season. Students are responsible for the care and maintenance of such equipment and are required to return them at the end of the season at the banquet (if students quit or are kicked off the team, they have one week to return equipment). Students will be held financially responsible for the replacement cost of any equipment that is not returned or returned damaged from circumstances outside of school use. Students will be ineligible for any extra-curricular activities or athletics until the equipment is returned or the replacement cost is paid.
5. If an athlete is eliminated from one activity/sport, he/she is eligible to participate in another activity during that season at the discretion of the sponsor/coach. A student/athlete faced with this situation would be encouraged to go out for another activity unless eliminated because of disciplinary reasons or eligibility infractions.
6. A student may drop out of a sport by following the procedures listed below:
 - a. First, the student must make the reasons known to the coach.
 - b. Secondly, the student must make the reason known to the athletic director.
 - c. Thirdly, the athlete must return all equipment and clear all financial responsibility with the athletic office.
7. Participation/Training Rules: Though the schools are governed by district policy, school policy, a coach may set more stringent policies and rules.

This contract is an annual contract between the student and M-CMS, which is effective from the first day of fall activity practices until the end of spring competitions.
8. Any violation reported to the school administrators shall be investigated. The person reporting the incident must be willing to testify in person if requested. The school principal shall, after investigation, and within three (3) school days will notify the parents and the student of the disciplinary action. The notice shall advise the parents and the student of the conduct constituting a violation of district and school policy. Coaches are urged to confer with the principals prior to taking any disciplinary action.
9. The building Principal shall have the authority to make the final decision in all of the above matters.

10. Coaches and sponsors are required to review with the students/athletes these policies and rules at the beginning of each activity/sport season.

ACTIVITIES & ATHLETICS ELIGIBILITY POLICY

ACADEMIC ELIGIBILITY POLICY:

Montezuma-Cortez Middle School will choose to check academic eligibility weekly.

1. Beginning on the first Wednesday of each season, and **every Wednesday** subsequently, grades for each student involved in an activity or athletic program will be printed and given to each activity sponsor and/or coach. **These grades will serve as a warning to coaches** which students are failing 1 or more classes. It is the responsibility of the sponsor/coach to inform their students about each of their grades.
2. On the second Monday of each semester and **every Monday** subsequently, the grades of each student involved in an activity or athletic program will again be printed, and given to each activity sponsor and/or coach. **If, on this grade report, a student has 1 or more F's, that student will be ineligible to participate in any school sponsored extracurricular activity or athletic event until grades are checked again on the following Monday.** There will be no exceptions to this requirement, unless a valid human error or unforeseen circumstance takes place, which will be considered on a case by case basis.
3. If the F(s) is removed from the student's grade report by the following Wednesday grade report, that student will once again be eligible to participate; however, if said student still has an F on their report card, they will continue to be ineligible.
4. Attendance guidelines are still applicable for school and practice for ineligible students.

Notable change to previous policy:

1. Warning week is no longer applicable. This is replaced by the coach's grade check on Wednesdays. Sponsors/coaches will provide students their grades on Wednesdays, and it will be the responsibility of the student to fix any F's on their report card, before the following Monday report.
2. The 2.0 G.P.A. policy is no longer applicable. Students with 1 F while maintaining a G.P.A. of 2.0 or greater are no longer eligible. Any grade of F is considered ineligible regardless of G.P.A.

BEHAVIORAL ELIGIBILITY POLICY:

Montezuma-Cortez Middle School will monitor behavioral eligibility daily.

1. Students are expected to maintain behavioral standards as outlined in the students handbook at all times while participating in school activities or athletics. This includes, before during and after practices or games while on school property, on the bus to and from practices or games, and at all points while on trips for school events or competitions.
2. **Students assigned to a half day (4 periods) or more of Out-of-Class Detention (OCD) during the season will be ineligible to participate in the next event** or competition following the infraction.
3. **Students who are assigned Out-of-School Suspension (OSS) during the season will miss the next 40% of the season** (total number of regular season games multiplied by 0.4) following the infraction. This includes post season play (ie. if there are 10 games in the season and the student is suspended with only two games left in the regular season, they will miss the last two games, and if the team qualifies for post-season play, they would not be eligible to play in the first two games.

ATTENDANCE GUIDELINES

CLASSROOM ATTENDANCE

Co-curricular activity participation requires that the student attend classes daily in order to maintain eligibility. The following guidelines shall be enforced:

1. Classroom attendance the day before or day of a performance or contest is required, except in the case of a valid excuse (e.g., doctor's appointments, funerals, etc).
2. Students are expected to attend classes the day before, the day of, and the day following an activity.

TRUANCY or DITCHES FROM CLASS

Attendance the day of an event is mandatory.

Truancy as used in this context is considered as an unexcused absence that is the result of the following:

1. Student being more than 10 minutes late for class or missing any segment of that class for more than 10 minutes because of loitering in hallways.
2. Student does not check out in office and leaves school grounds without permission.
3. Student is considered truant from school if he/she does not have on record with the office of a phone call or written verification from a parent/ guardian that the absence was legitimate. The office must have verification within 24 hours of the absence.
4. One single class absence or one whole day constitutes a violation.

PRACTICE ATTENDANCE

Attendance at practice is mandatory

1. Unless there is a satisfactory reason, all participants shall report for practice the day the first call is made for that activity.
2. Attendance at practice the day before a performance or contest is required, except in the case of a valid excuse (e.g., doctor's appointment, funeral, etc) which must be provided to the coach or activities director prior to the missed practice.
3. The coach/sponsor of the activity may grant excuses from practice.
4. A student who is not in attendance for at least five periods during the school day may not practice without prior approval by the administration.

TRANSPORTATION GUIDELINES

These Administrative Regulations and Guidelines apply to all students in school-sponsored activities/athletics. All participants are to use district provided transportation to and from the site of all away contests, **unless prior arrangements are made.**

1. Parents may pick their student up by signing them out with the coach/sponsor.
2. Any student wishing to ride home with someone else's parent must have prior written approval of an administrator, and be checked out by the coach or sponsor.
3. **Parents may only transport their own son or daughter and may not provide transportation for any other participants unless these arrangements are made in advance (24 hours before trip departure) with the Athletic Office. The approved form must be given to the coach/sponsor prior to the trip departure.**
4. Students utilizing district transportation will not be released until the bus/van reaches its final destination.
5. Mixed groups of males/females students shall be separated when traveling together. Example males up front, females in the back or vice versa. Coaches or sponsors will set in between groups, to cause a definitive separation.
6. **Coaches or Sponsors are in charge of their group not the bus driver.**

Adverse Weather Conditions: The decision to travel is up to the head of transportation, building principal or designee and the driver.

PUBLICITY AND PHOTO RELEASE GUIDELINES

Montezuma-Cortez Middle School is making a concentrated effort to promote the positive activities, honors and work of our staff and students. This effort will include working with local newspapers, radio and television stations as well as features in our own publications (ie website, social media). These publications may appear on the School District website as well as in other forums. During the school year, there will be opportunities for various students to be interviewed and/or photographed and identified by name and classroom or school. If you would prefer that your child's name and/or image are not used for these purposes, you may "opt out." Opt out forms are available in the main office at M-CMS. It is important to note, however, that your child's image or likeness may appear in occasional candid photos without any type of name identification, and the use of these candid photos of your child is permissible.

K-12 Student Accident Insurance

Enroll Online

www.studentinsurance-kk.com



Protect your child with student accident insurance. If you don't have other insurance, this student accident insurance is vital. If you have other insurance, student accident insurance can help with deductibles and copays.

K-12 Accident Plans available through your school:

- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online

Enrolling online is easy and should take only a few minutes.

Go to www.studentinsurance-kk.com and click the "Enroll Now" button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

1709 (03/13_K12)

Proteja a su hijo con el seguro de accidentes para estudiantes. Si usted no tiene otro seguro, este seguro de accidentes para estudiantes es fundamental. Si tiene otro seguro, el seguro de accidentes para estudiantes puede ayudarle a pagar los deductibles y copagos.

Planes de accidentes para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Solo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos.

Visite www.studentinsurance-kk.com y haga clic en el botón "Enroll Now" ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles, incluso costos, beneficios, exclusiones, y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.

MONTEZUMA-CORTEZ MIDDLE SCHOOL ACKNOWLEDGEMENT/INSURANCE FORM

Please sign and return this page to the M-CMS activities/athletics office

My student/athlete will be participating in the following activities and/or sports:

Band - Basketball - Choir - Cross Country - Football - Theater - Track - Volleyball - Wrestling

WARNING OF RISK STATEMENT:

It is the responsibility and duty of the M-CMS Athletics Department to provide parents with the following "Warning of Risk Statement" in regards to their child's participation in M-CMS Athletics. Please realize that the utmost care and regard for the safety of our athletes is our primary goal. There are, however, inherent risks and dangers involved with practicing and playing; football, volleyball, cross-country, basketball, wrestling and track & field. These include, but are not limited to injury to bones, joints, ligaments, muscles and /or tendons, injury to internal organs, serious neck and/or spinal injuries, concussions, brain damage, and death.

By signing this form you acknowledge that you fully know, understand, and appreciate the risks inherent to participating in the above names sports.

POLICY & GUIDELINES AGREEMENT:

I understand and consent to the responsibilities outlined in the School's Parent/Student Activity/Athletic Handbook. I also understand and agree that I shall be held accountable for the behavior and consequences of the policies outlined in the Parent/Student Activity/Athletic Handbook at Montezuma-Cortez Middle School and at all school sponsored and school related activities, including school sponsored travel and for any school related misconduct, regardless of time or location. I understand that any student, who violates the rules, regulations, and policies, shall be subject to disciplinary action, up to and including referral for criminal prosecution for violation of law.

I acknowledge that I have read, understand, and accept the Student Handbook and that I will abide by the rules and regulations contained within.

 Student Name (Print)

 Student Signature

 Parent Signature

 Date

INSURANCE COVERAGE VERIFICATION

I understand my student cannot practice/participate in athletics unless he/she is covered by insurance.

___ I want to buy school insurance for my students. Attached is a copy of the receipt for the school insurance. (Information on page 8 – previous page)

___ I have adequate accident and medical insurance to cover an injury which he/she may incur while taking part in the school athletic program.

ATTACHED IS A COPY OF OUR INSURANCE POLICY.

Parent Signature

Date



STUDENT ELIGIBILITY INFORMATION FORM And CHSAA Anti-Hazing Policy

I hereby give my consent for _____
to compete in athletics for **Montezuma-Cortez Middle School** in Colorado High School Activities Association Junior/Middle School approved sports, except as noted on the Physical Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as outlined in the CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor's Brochure.

No student shall represent their school in interschool athletics until there is a statement on file with the superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that he/she has passed an adequate physical examination within the past year, noting that in the opinion of the examining physician, physician's assistant, or nurse practitioner is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA guidelines for eligibility.

CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

Student Signature

Date

Parent Signature

Date

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

COVID-19

- A current physical MUST be on file. CHSAA recommends this PPE form.
 - COVID-19 specific questions should be included in the physical screening to include:
 1. Have you tested positive for COVID-19?
 2. Have you had any known exposure to a COVID-19 positive individual?
 3. Have you been tested for COVID-19?
 4. Have you had any new onset of cough or shortness of breath?
 5. Have you experienced any recent temperature greater than 100.3°
 - The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the team physician on a case-by-case basis.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____

Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
Vision: R 20/ _____	L 20/ _____	
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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**■ PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL ELIGIBILITY FORM**

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

- Medically eligible for certain sports _____

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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