



Dear Tryout Participant and Parents/Guardians,

Being on the dance team requires a lot of responsibility on the part of both the dancer and the parents/guardians, but it is also one of the most rewarding activities you can be involved in.

A tryout clinic will be held on Thursday, August 27<sup>th</sup> from 3:30-5:30  
Tryouts will be on Friday, August 28<sup>th</sup> from 3:30-5:30

**In order to participate in the clinic and to tryout, all applicants must have: A completed Personal Information Sheet and a current KHSAA Physical Examination Form.**

If you make the team, there will be a mandatory parent/guardian and dancer meeting following the tryouts. Contracts will be reviewed and signed at that time. A copy of the Contract is attached for your review prior to the meeting.

- The ACMS Dance Team will compete in the Hip Hop category. Hip hop is “street style dancing” that is performed to hip hop music. Breaking, locking, popping, and freestyle will be incorporated in routines. (Search these terms on YouTube if you are unfamiliar with them.)
- The estimated expense for the 2015-2016 season is \$350 per dancer. This includes: shoes, spirit-wear, costume, competition entry fees, pictures, banquet, etc. Fundraisers will be held to offset as much cost as possible.
- A \$25.00 Non-Refundable Costume Deposit will be due on Friday, August 28<sup>th</sup>.
- A \$25.00 Non-Refundable Student Athletic Fee will be due on Friday, August 28<sup>th</sup>.
- Practices will be every Tuesday & Thursday after school until 5:30 p.m. Friday practices may be added prior to a competition or performance if needed.

Please contact me at [jessica.mcguire@anderson.kyschools.us](mailto:jessica.mcguire@anderson.kyschools.us) if you would like more information or have any questions.

I look forward to working with you all!

Jessica McGuire  
Sponsor/Coach



## Purpose

The purpose of the ACMS Dance Team is to provide an outlet for students to develop dance techniques, increase leadership skill, and build great friendships.

## Membership

Membership in the ACMS Dance Team will be determined through a tryout process based on the following:

- A student must meet the academic requirements according to the ACMS Athletic Policy.
- In order to participate in the clinic and tryout, all applicants must have: A completed Personal Information Sheet and a current KHSAA Physical Examination Form  
-Physical examinations are good for one year, if you have a current form on file the Athletic Director will provide a copy to the coach.

### **Forms MUST be given to Mrs. McGuire on the day of clinic!**

- A tryout clinic will be held to prepare those that are interested in trying out. Clinic will consist of: stretching, conditioning, & learning a short hip hop routine. (In order to give the students an idea of what being on the dance team is like, the clinic will be run similar to that of a regular practice.)
- On the day of tryout each student will perform the short hip hop routine learned during the clinic. Students will be judged on: ability to remember the choreography, timing, execution of technique, facial expressions, and enthusiasm.

There is only one day for tryouts. There will be no make-up tryouts. Video tryouts can be arranged with Mrs. McGuire in advance only if a major conflict arises, and the video is ready for presentation on the day of tryouts.

**Parents, guardians, relatives, and friends cannot be present during the clinic or tryouts. Clinic applicants should wear comfortable clothes and shoes and bring a bottle of water. Do not wear jewelry, and make sure your hair is pulled away from your face.**

Membership in the ACMS Dance Team after being accepted through the tryout process implies acceptance of and adherence to the standards described in the following contract:



## ACMS 2015-2016 Dance Team Contract

All team members and parents/guardians are responsible for understanding and adhering to this contract.

### Academic Eligibility

1. Any student athlete that is passing all classes shall be eligible for participation on the ACMS Dance Team.
2. Loss of eligibility due to academic deficiencies –
  - a. A principal will check grade eligibility every grading period (midterm and report cards).
  - b. If a student receives three (3) or more failing grades on the 2<sup>nd</sup> eligibility check, he/she may be removed from the team's roster.
  - c. If a student receives one (1) or two (2) failing grades on an eligibility check, he or she may practice (at the coach's discretion) but will not be allowed to play in any sporting events for the following week and shall be placed on academic probation.
  - d. Once a student is placed on academic probation, a principal will monitor the student's progress for eligibility. If the student is passing all classes at the end of the first probation week, eligibility will be reinstated. If at the end of the first week, the student is still failing one (1) or two (2) classes, he/she will be given one final week of probation. If the student is not passing all classes by the end of the second week of probation, he/she may be removed from the team's roster.

### Attendance

Student athletes must be in attendance during all class periods during the day of an event or competition if school is in session. Any exceptions must be approved by administration; this may include but is not limited to funerals, family emergencies, academic events, and doctor appointments.

### General Information

1. All practices are mandatory. All other obligations should be planned accordingly. Any dancer that is absent (approved or unapproved) from practice will be required to meet with another dancer on their own time to learn the missed choreography. Practices are closed to the public until the last 15 minutes, but anyone disrupting the practice will be asked to leave.
2. Participation in events and performances is mandatory. Events and performances include, but are not limited to: home football games, home basketball games, pep rallies, parades, competitions, exhibitions, and community performances.
3. Any Dancer who quits the team will not be allowed to tryout the next year.
4. Any Dancer who quits the team cannot wear any ACMS Dance Team related attire on school grounds.



5. Participation in other sports/activities is not discouraged, but due to huge scheduling conflicts with our performance season it may be difficult to do both. If you do participate in other sports/activities during the dance season and cannot participate in our practices due to scheduling conflicts then you may not be included in the routines.

6. Dance shoes are only to be worn at practice, competitions, and performance events.

7. No visible piercings or tattoos.

### Fundraisers

1. The dance team will participate in a variety of fundraisers. The ultimate goal of fundraisers is to minimize the financial dependency on our team's parents.

2. Items purchased with team money (not including personal attire) will be considered the property of the Anderson County Middle School.

3. Any fundraising activity that involves contact with the general public should be heavily supervised by the parent/guardian of the dancer. Solicitations should be made to familiar individuals only. No door to door sales!

4. The handling of all funds shall be governed by the rules established in the Internal Bookkeeping Manual developed by the Kentucky Department of Education.

### Transportation

1. Please make sure you know exactly what time you will need rides to and from ACMS Dance Team practices, events, and competitions. Transportation is the responsibility of the dancer and his/her parents/guardians. The sponsor/coach will not transport any dancers and will not be responsible for finding transportation to and from any of the practices, events, or performances.

2. Transportation arrangements for practices, events, and competitions must be made in advance. The front office does not allow phone calls during school hours, and there is not a phone at most events and performance sites. Do not wait until a practice, event, or performance is over to call for pickup.

3. Dancers are required to wait as a group after practices, events, and performances. Parent/guardians must personally pick their dancer up from the designated meeting place after each practice, event, or performance. Dancers will not be able to meet parents/guardians in parking lots or any other location or ride home with anyone other than their parent/guardian. Any dancer or parent/guardian that does not want to personally come to the sponsor/coach to pick up their dancer must sign a self-release agreement relieving the sponsor/coach of liability.

4. If necessary, carpooling arrangements should be discussed amongst the parents as soon as possible. A note explaining the transportation arrangement must be given to the sponsor/coach.



## Responsibilities and Discipline

Working as a team can be difficult if everyone is not giving 100%. Rules are established to help maintain unity. The actions of each and every dancer, as well as the actions of their parents/guardians, affect the whole team. Therefore, it is necessary to discipline the negative actions so that bad choices don't disrupt the natural flow of events. Corrective action for lack of social responsibility or respect for the teachers and staff at ACMS is left to the sole discretion of the coach.

Examples of a level 1 offense:

Consequence: 1 Sprint for each offense

Excessive talking  
Arguing  
Negative attitude  
Chewing gum  
Hair not pulled away from face  
Wearing jewelry

Public display of affection  
Tardy to practice  
Late pick-up from practice  
Poor sportsmanship  
On phone during practice

Examples of a level 2 offense:

Consequence: 10 Laps

Tardy for events/performances  
Lack of honesty  
Cheating  
Out of assigned area  
Wearing uniform unnecessarily

Minor office referral  
Behavior problems  
Detention  
Transportation issues  
Profanity

Examples of a level 3 offense:

Consequence: Dismissal from team

Academic Ineligibility

4 Unexcused absences from practice

Absence from event/performance  
(Unless there is a severe illness or a death in the family.)

Possession and/or use of drugs, alcohol, or tobacco

*If a student is assigned ISS, the student will be ineligible for one week beginning the date of the ISS assignment. Student will be allowed to practice with the team but not participate in events/performances until eligibility has been reinstated at the coach's discretion.*

*If a student is assigned OCS, the student will be ineligible for one week beginning the date of the OCS assignment. Student will not be allowed to participate in practices, events, or performances. Should a student's eligibility fail to be reinstated for 2 consecutive weeks, he/she may be removed from the team roster.*







**ACMS Dance Team  
Personal Information  
2015-2016**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

Emergency Phone Numbers (Please list at least 2 persons other than the parent/guardian listed above.)

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

Known allergies to drugs, anesthetics, or other medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_









**Athletic Participation/Physical Examination Form  
Parental and Student Consent and Release  
For Middle School Level (students enrolled in grades  
5-8 participating in competition for grades 6-8)**

KHSAA Form MS01  
Middle School  
Parent Permission and Consent  
Rev. 4/1/5, page 1 of 2  
© KHSAA, 2015

*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).*

**ATHLETE INFORMATION**

*(This part must be completed by the student and family)*

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

***I am planning to participate in the following (check all you might try to play):***

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track and Field	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Archery	<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> Bowling	<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Other _____	

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Name (please print) \_\_\_\_\_ Relation to Student \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Address, including City, State and Zip \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)**

\_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy Number / ID Number \_\_\_\_\_ Group Number \_\_\_\_\_ Plan \_\_\_\_\_

**OPTIONAL EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,  
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.



The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND  
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print)	School
Student and Parent/Guardian Address including City, State and Zip	
Signature of Student	Date
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used	
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	Emergency Phone Number
Signature of Parent(s)/Guardian(s) who has/have custody of this student	Date

*Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.*



# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice). The form should be kept with the chart. References to Physician on this form shall reference all permitted providers as detailed above and in KRS 156.070(2)(d).

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Poisons

☐ Food

☐ Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, 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 <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name \_\_\_\_\_

Date of birth \_\_\_\_\_

## PROVIDER 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, 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 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 (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____	Pulse _____	Vision R 20/____ L 20/____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

MD or DO

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