

# ATHLETIC/ACTIVITY PARTICIPATION REGISTRATION

Eligibility guidelines to secure student's placement on coaches', sponsors', and ASAA's Master list include:

- \*Completed form on file in the Activities office per each sport/club student is participating in.
- \*Sport activities must have a physical on file in Activities that will not expire during its current season.
- \*Insurance is mandatory.
- \*Fees must accompany activity form. Sports fee: \$100.00; club fee: \$15.00.
- \***Passed five classes previous semester & carry a 2.0 GPA; PLUS: be currently enrolled in and passing five classes.**
- \*Seniors who have not passed all 3 parts of HSGQE must be enrolled in six classes.
- \*For incoming freshmen, the eligibility standards begin with 1<sup>st</sup> Quarter grades.

**ACTIVITY (one per form):** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**INSURED BY:** \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance is mandatory to participate in any activity

School attended during the **06-07** school year: \_\_\_\_\_

Include address if other than Mat-Su School.

**PARTICIPATION GUIDELINES:**

- I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.
- I understand that insurance is mandatory and that school insurance is available to purchase.
- I hereby consent to participation for the above named activity in ASAA.
- I hereby consent to travel to and from Mat-Su School District activities via Mat-Su School District approved transportation.
- I hereby consent to provide transportation to and from practices or events when Mat-Su School District transportation is not available.
- I hereby waive on behalf of myself and the above student, any liability of Palmer High School, Matanuska-Susitna School District or ASAA organization or any of its officers, agents, or employees for injuries sustained in the interscholastic program.
- I hereby accept financial and legal responsibility of the above student in event of an injury or illness.
- I hereby accept financial and legal responsibility of the above student for property damage, lost equipment or disciplinary sanctions. If disciplinary sanctions result in my student being sent home early from an out of town event, I accept the responsibility to pay the cost incurred.
- I hereby consent to abiding by the ASAA rules and regulations, the Matanuska-Susitna School District rules and regulations, and Palmer High School/coach's rules and regulations. The coach may add specific rules and regulations for his/her activity.
- Rules and regulations may be presented verbally or in written form.

**HISTORY: HEALTH REVIEW** – to be completed by parent/guardian

	<u>Yes</u>	<u>No</u>
1. Have you ever been hospitalized?.....	_____	_____
Have you ever had surgery?.....	_____	_____
2. Do you have Asthma?.....	_____	_____
If yes, do you currently use an inhaler?.....	_____	_____
Have you ever been dizzy during or after exercise?.....	_____	_____
Do you tire more quickly than your friends during exercise?.....	_____	_____
Have you ever had high blood pressure?.....	_____	_____
Have you ever been told that you have a heart murmur?.....	_____	_____
Have you ever had racing of your heart or skipped beats?.....	_____	_____
3. Do you have any skin problems such as itching, rashes, acne?.....	_____	_____
4. Have you ever had a head injury?.....	_____	_____
Have you ever been unconscious, knocked out, or had a seizure?.....	_____	_____
Have you ever had a stinger, burner or pinched nerve?.....	_____	_____
5. Have you ever had heat or muscle cramps?.....	_____	_____
Have you ever been dizzy or passed out in the heat?.....	_____	_____

**CONTINUED ON OTHER SIDE**

- |  |            |           |
|--|------------|-----------|
|  | <u>Yes</u> | <u>No</u> |
| 6. Do you use any special equipment: pads, braces, neck rolls, mouth/eye guards, etc?.....   | _____      | _____     |
| 7. Have you had any problems with your eyes or vision?.....  | _____      | _____     |
| Do you wear glasses, contacts, or protective eyewear?.....   | _____      | _____     |
| 8. Have you had any other medical problems: infectious mononucleosis, diabetes, etc.?.....   | _____      | _____     |
| 9. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?..... | _____      | _____     |

Head       Shoulder       Thigh       Neck       Elbow       Knee  
 Forearm       Shin/Calf       Back       Wrist       Ankle       Hip       Chest

10. When was your last tetanus shot? \_\_\_\_\_  
 When was your last measles immunization? \_\_\_\_\_
11. When was your last menstrual period? \_\_\_\_\_  
 What was the longest time between your periods last year? \_\_\_\_\_
12. Explain "Yes" answers: \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Medications regularly taken: \_\_\_\_\_  
 Health concerns/conditions: \_\_\_\_\_

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_  
 Student's signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

**PHYSICAL      \*\*Must not expire during current activity's season.**  
 To be performed and completed by a Physician, Advanced Nurse Practitioner or Physician's Assistant.

- |  |            |           |
|--|------------|-----------|
| ATHLETE'S NAME (print): _____  | <u>Yes</u> | <u>No</u> |
| 1. Has anyone in your family died of heart problems or a sudden death before age 50?                     | _____      | _____     |
| 2. Have you ever passed out or had chest pain while or after exercising?                                 | _____      | _____     |
| 3. Do you have trouble breathing or do you cough during or after activity?                               | _____      | _____     |
| 5. Have you ever had an illness/injury that required hospitalization, surgery or repeated doctor visits? | _____      | _____     |
| Explain: _____   |            |           |

Age	Height	Weight	Blood Pressure	Vision: R/20	Vision: L/20	Correction:	Y	N
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- INSTRUCTIONS: (O) if normal      (X) if abnormal      Please explain X by indicating # and using comments**
- |                              |                                |                        |                               |
|------------------------------|--------------------------------|------------------------|-------------------------------|
| 1. ___ Eyes/ears/nose/throat | 5. ___ Liver/spleen/abdomen    | 9. ___ Head/neck       | 13. ___ Ankles                |
| 2. ___ PERRLA                | 6. ___ Genitalia, tanner stage | 10. ___ Shoulders/arms | 14. ___ Other musculoskeletal |
| 3. ___ Respiratory           | 7. ___ Neurological            | 11. ___ Knee/hip       | 15. ___ Hearing acuity        |
| 4. ___ Cardiovascular        | 8. ___ Skin                    | 12. ___ Back           | 16. ___ Lab-UA, HGB/HCT       |

Comments: \_\_\_\_\_

I certify that I have on this date examined this pupil and find this pupil physically able to compete in all supervised activities **NOT** circled:  
 BASEBALL    BASKETBALL    CHEERLEADING    XC RUNNING    XC SKIING    FOOTBALL    HOCKEY  
 SOCCER    SWIMMING/DIVING    TRACK    VOLLEYBALL    WRESTLING    WEIGHT LIFTING    SOFTBALL

Examining Physician's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE ACTIVITIES OFFICE.**

Physical Date	Practice Eligibility Date	Current Credit Load	S2 GPA	Q1 GPA	S1 GPA	Q3 GPA	Fee	Check/Cash	HSGQE PASSED?