



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
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The student and parent/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 thereafter 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 _____ Birth Place (County, State): _____
 Date of Birth: _____
I am planning to participate in the following (check all you might try to play):
 Baseball Basketball Cross Country Football Golf Soccer
 Softball Swimming Tennis Track and Field Volleyball Wrestling
 Archery Bass Fishing Bowling Competitive Cheer Other _____

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____
 Emergency Contact Address, including City, State and Zip _____

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.

Daytime Phone _____ Cell Phone _____
 Social Security Number _____ Birth Date _____

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGEMENT 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 recognizes 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 recognizes 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 acknowledges 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 ACKNOWLEDGEMENT 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
 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(k) 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 PHYSICAL EXAMINATION FORM



Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions in 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 had cigarette, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you ever chew tobacco, snuff, or dip?
 - Do you ever use alcohol or any other drug?
 - 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?
2. Consider evening questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		Weight	Plata	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Corrected <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Height	BP	/	/	/	/	L 240		
MEDICAL		Normal	Abnormal	Findings				
Appearance	• Madral stigma (phlebotosis; high-arched palate, pectus excavatum, aortic duct)							
Eyes/ears/nose/throat	• arm span > height; hypothyroid; myopia; MVP; aortic insufficiency							
• Pupils equal								
• Hearing								
Lymph nodes								
Heart*	• Murmurs (aortic/aortic stenosis, supra, 4-4, (Yatawa))							
• Location of point of maximal impulse (PMI)								
Pulses	• Sinthetocose femoral and radial pulses							
Lungs								
Abdomen								
• Abnormality (indicate only)								
Skin	• HSV; lesions suggestive of MMSA, linea corporis							
Neurologic*								
• Neck								
• Musculoskeletal								
• Shoulder/arm								
• Elbow/forearm								
• Wrist/hand/fingers								
• Hip/leg								
• Knee								
• Ankle								
• Feet/toes								
• Functional	• Duck-walk; single leg hop							

*Consider ECG, echocardiogram, and referral to cardiology for advanced cardiac biopsy or exam.
*Consider Qid exam in private setting, having blind entry present is recommended.
*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/guardian).

Name of physician (print/type) _____

Address _____

City _____ State _____ Zip _____

Signature of physician _____

Phone _____ Date _____

MO or DO _____

The student and 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, rous injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the arcular 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. Cause of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding participation techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

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The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at <http://khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility by the bylaw commonly referred to as the Transfer Rule." upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, and the Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

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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 _____