



**Athletic Participation Form  
Parental and Student Consent and Release  
For High School Level (grades 9-12) Participation**

KHSAA Form GE04  
High School  
Parental Permission and Consent  
Rev. 4/15, page 1 of 2  
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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, graduated from high school and reached the age of 19.

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

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

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

Grade \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attendance History

Grade	School Name	School Year	Varsity Play -
9			
10			
11			
12			

**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(s) _____	

**EMERGENCY CONTACT INFORMATION**

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

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

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

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)**

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

**EMERGENCY TREATMENT INFORMATION**

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

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

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

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.

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

**PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM**

(Note: This form to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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  Pollens  Foods  Stinging Insects

**GENERAL QUESTIONS**

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:  Asthma  Allergies  Diabetes  Infections
3. Have you ever spent the night in the hospital?

**HEART HEALTH QUESTIONS ABOUT YOU**

4. Have you ever had surgery?
5. Have you ever passed out or nearly passed out during or after physical exercise?
6. Have you ever had dizziness, 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,  High blood pressure  A heart murmur  High cholesterol  A heart infection  Kawasaki disease  Other: \_\_\_\_\_
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

**FAINT HEALTH QUESTIONS ABOUT YOUR FAMILY**

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?

**FAINT HEALTH QUESTIONS ABOUT YOUR FAMILY**

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?

**ONE AND ONLY QUESTIONS**

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 abnormal instability? (Down syndrome or deviation)
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, red, warm, or look red?
25. Do you have any history of juvenile arthritis or connective tissue disease?

**MEDICAL QUESTIONS**

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
27. Have you ever used an inhaler or been 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 (balls), your spleen, or any other organ?
30. Do you have grown 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 gastric, gastric, or other skin problems?
33. Have you had a herpes or AIDS 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 exertion?
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 scurvy 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 \_\_\_\_\_

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

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

1710 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Osteopathic College of Sports Medicine, American Osteopathic Association, American Academy of Sports Medicine, American Academy of Physical Therapy, American Academy of Occupational Therapy, American Academy of Physical Therapy, American Academy of Occupational Therapy, American Academy of Physical Therapy, American Academy of Occupational Therapy

BA Form PE-Physical Form - Page 1, Student Health History - Rev. 4/15

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name \_\_\_\_\_ 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 feel sad, depressed or hopeless?
  - Do you have any thoughts of suicide?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Have you ever tried cigarettes, 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?
2. Consider relevant questions in cardiovascular symptoms (questions 5-14).

EXAMINATION		Weight	Height	Gender	Corrected
		lbs	in	Male	Female
<b>MEDICAL</b>		/	( / )	VISION R 20'	L 20'
Appearance				<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL FINDINGS
• Median sternal lymphadenitis; high-arched palate; pectus excavatum; aortic stenosis;					
• arm span > weight; hypertension; myopia; HIV; acute; resuscitation					
Eyes/optometry/oculoplast					
• Papsis equal					
• Hearing					
Lymph nodes					
Hear					
• Normal (audiological hearing, supra, 4-1, hearing)					
• Medical or dental; (normal) (impulse) (PM)					
Pulses					
• Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Gastrointestinal (metals only)					
Skin					
• HSV; lesions suggestive of MRSA; linea corporis					
Neurologic					
• MISCULOSKELETAL					
Neck					
Back					
Shoulder/arm					
Elbow/wrist					
Wrist/hand/fingers					
High/low					
Knee					
Leg/ankle					
Ankles					
Functional					
• Duck-walk; single leg hop					

Consider ECG, electrocardiogram, and referral to endology for abnormal cardiac history or exam.  
 Consider GI exam in a private setting, having blind party 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 participation in interscholastic athletics. The student's medical history and physical examination are within normal limits. The physician has been cleared for participation, the physician may restrict the clearance until the problem is resolved and the parental consent/guardian's explanation is provided to the athlete (and parents/guardians).

Name of physician (print) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of physician \_\_\_\_\_ Phone \_\_\_\_\_ MD or DO \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

KHSAA Form Pre-Physical Exam - Page 2, Physician Exam Information - Rev. 4/15

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The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injury, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, loss of vision, hearing, and/or speech, loss of consciousness, and/or loss of limb, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the 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.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally, release, acquit, and sever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all 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 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 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, Varsity Officer and 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.

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 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 high 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 high school, 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 high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if needed, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals in 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, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high 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**

Student's 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 \_\_\_\_\_