

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

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 Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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 _____

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, 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
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider 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

ROCHESTER MIDDLE SCHOOL ATHLETIC AND ACTIVITIES CODE

Participation in an extra-curricular activity is a privilege rather than a right. With this privilege comes the requirement for a higher standard of student behavior and conduct. Participants in these activities are expected to demonstrate exemplary behavior at school, in the community and while visiting other schools and communities. It is our mission to prepare participants for rewarding careers and productive citizenship by embracing accountability, adaptability and academic excellence.

As a condition to participation in extra-curricular activities, participants must agree in writing to abide by all of the rules set forth below. Parents, guardians and/or legal custodians must also indicate in writing that they have received a copy of these rules, that they understand and accept these rules and that they will make every effort to assist students in upholding the rules.

General Participation Requirements

NEW REGISTRATION PROCESS! In order to begin practicing or competing in the athletic program participants must have on file with the office the following items:

- 1) Athletic registration and participation fees paid via the RMS online store.
- 2) Physical Exam by a doctor stating that they are fit to participate (valid for 24 months).
- 3) Receipt of purchase for an ASB Sticker (\$15) that is good for all sports/activities.

Eligibility / Grade Checks:

- 1) Rochester Middle School is a member of the Washington Interscholastic Activities Association (WIAA) and is obliged to abide by all rules of this organization. WIAA rules are available from the athletic director or online at www.wiaa.com. The academic requirements at RMS are that a student athlete has at least a 2.0 GPA and no failing grades.
- 2) Grade Check System
 - a. Quarter Check - At RMS, any student not meeting the academic requirements on any quarter grade report will be on academic suspension (may practice but no travel or games) for the first three weeks of the succeeding quarter. This applies to end of the year grades and the next school year as well (WIAA rule). For quarters 1-3 the probation period will start the day following the official end of the quarter.
 - b. Periodic Check - All athletes will have their grades formally checked 1-2 times per season and those not meeting the academic requirements will be placed on a one-week probationary period. The checks will be done on pre-determined Wednesdays and we will attempt to notify students that day. They have until the end of the day Friday to resolve any issues. If, by the end of Friday the issues still have not been taken care of or new issues have occurred, that student athlete will be ineligible to compete the following week and will remain ineligible until the grade(s) are fixed.

- c. Teacher Discretion Checks - At any time a teacher may express concern with an athlete's academic progress in their class to the coach and athletic director. If the student is not meeting the academic requirements they will be notified and have 2-school days to fix the issue. If the issue is not fixed, the athlete will be ineligible to compete starting on the third day and will remain ineligible until the issue is taken care of. They become eligible at the point the issue is fixed.
- d. Dismissal From Team – If at some point the coach and athletic director decide that a student-athlete is not making an effort and progressing toward improving their grades they may be dismissed from the team and encouraged to focus completely on their academics. Attempts will have been made prior to this step to inform and involve parents.

*Teachers may take up to 2-school days to grade and enter late work turned in and will not be required to immediately grade late or missing work that is given to them in order to determine eligibility.

Rules and Regulations

Violations of these rules may result in disciplinary action which could include the loss of all extra-curricular privileges and/or participation and attendance in after-school activities. Appeals of any such disciplinary actions must be made in writing to the athletic director within three school days of being notified of the disciplinary action. Appeals are for the sole purpose of determining whether a violation has occurred, not to challenge the level of the discipline.

- 1) Academics come first! Participants in need of extra help in a class should speak with their coach(es). Usually arrangements can be made to allow a student to miss all or part of practice in order to meet with a classroom teacher.
- 2) Students must be present at school the entire day in order to participate in an activity or practice that day. Exceptions will be made, through the athletic director, for medical appointments and extreme family emergencies (i.e. death, accidents, funerals and surgeries). Exceptions for other situations may be decided on an individual basis by the athletic director.
- 3) The use or possession of alcohol, tobacco in any form, illegal drugs, prescription or over the counter medications which are not being used as prescribed or directed, any form of intoxicant, or any substance thought to be drug, tobacco or alcohol will not be tolerated. Any student athlete in violation of this rule will receive the following consequences:
 - a. Be suspended for the remainder of the sport season or a period of four school weeks – whichever is longer.
 - b. If there are less than four competitions left in the current season the athlete will sit out games in a future season (same school year) until a total of four competitions have been missed.
 - c. A second offense of this type will result in loss of privileges for the entire year.

- 4) Any student who is involved in disciplinary measures or consequences during the school day that result in the administration assigning a full day or more of ISS or OSS will serve, at a minimum, a one game suspension at the next game which could be on the same day as the infraction. Lesser infractions that result in a lunch detention or a period of ISS may result in the coach assigning additional drills or reduced playing time.
- 5) Any student who does not dress down or participate in their PE/Fitness class will not be allowed to practice or compete that day. Extenuating circumstances should be brought to the athletic director for review.
- 6) No jewelry of any kind will allowed to be worn to practice or games. This is both a safety issue and WIAA rule for competitions.
- 7) It is the responsibility of the parents/guardians to ensure their athlete is picked up on time from practices and competitions. Habitual problems of an athlete not being picked up on time may result in dismissal from the team.
- 8) Theft from fellow students or of school material will result in the following consequences:
 - a. Be suspended for the remainder of the sport season or a period of four school weeks – whichever is longer.
 - b. If there are less than four competitions left in the current season the athlete will sit out games in a future season (same school year) until a total of four competitions have been missed.
 - c. A second offense of this type will result in loss of privileges for the entire year.
- 9) A student who ceases constructive participation in a sport may not turn out for another sport in that season unless mutually agreed upon by all coaches involved.
- 10) All students must travel to an event with the team in transportation provided for that purpose unless another arrangement has been pre-approved by the athletic director. Parents wanting to transport their student home after an event may sign their child out with a coach after the event. Under no circumstances may a parent take their student away from the assigned transportation without communicating with a coach. A student may be released to another adult only with written permission from the parent(s) of the student being released.
- 11) For practices and events not starting immediately after school participants should go home and return to school at the time and place designated by a coach. On ACT Friday's, athletes are to remain at school and will be supervised by classified staff. They are to follow all reasonable requests and use the time to work on homework and missing assignments when grades are an issue. With prior approval, parents may schedule appointments during this time and the athlete would be excused and allowed to return and practice, without prior approval a student not present will not be allowed to practice.

- 12) Participants are expected to display appropriate citizenship in the school and community at all times. Any student who does not represent RMS in a positive way will receive the following consequences:
- Be suspended for the remainder of the sport season or a period of four school weeks – whichever is longer.
 - If there are less than four competitions left in the current season the athlete will sit out games in a future season (same school year) until a total of four competitions have been missed.
 - A second offense of this type will result in loss of privileges for the entire year.
- 13) Students should clear all absences with a coach, preferably prior to being absent. One unexcused absence will be a one-game suspension and two unexcused absences will result in dismissal from the team.
- 14) Students will be required to abide by reasonable requests of the coach/advisor. Coaches may request their athletes to abide by additional reasonable standards that they feel will enhance the athletic program and bring additional respect to the athletes involved.
- 15) Student-athletes are expected to display the highest standards of good sportsmanship at all times, both as participants and spectators. Unsportsmanlike conduct and/or rude, discourteous behavior will not be tolerated and may result in loss of participation privileges. Unsportsmanlike conduct includes but is not limited to, the use of profanity and/or related gestures, taunting, teasing, involvement in any form of fighting, the theft or destruction of property belonging to another person, school, or community, and/or the display of behavior that does not enhance the positive image of RMS.
- 16) Athletes must dress appropriately on games days and should follow any additional guidelines established by coaches.
- 17) Athletes should use the school issued uniforms and equipment only as directed by coaches. Uniforms need to be worn properly and no modifications should be made. They should never be lent to others or worn outside of coach designated times. Consequences for violating this rule may result in disciplinary action up to dismissal from the team.
- 18) School equipment checked out to the student is the student's responsibility. The student is expected to keep items in good condition and secure at all times. Participants will be issued a locker and lock - it is their responsibility to use them and keep the combo confidential. Loss or damage of issued equipment will be the student's/parent's financial obligation. The student will not be allowed to turn out for another sport until the equipment is returned, replaced, or payment made to the school.

My signature on the ATHLETICS/ACTIVITIES SIGNATURE PAGE indicates that I have read, understand and agree to follow the rules and guidelines in the Rochester Middle School Athletic and Activities Code.



ROCHESTER MIDDLE SCHOOL

FACT SHEET FOR MIDDLE SCHOOL ATHLETES

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

Remember *it is better to miss one game than miss the whole season.*

When in doubt, the athlete sits out.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

REPORT IT.

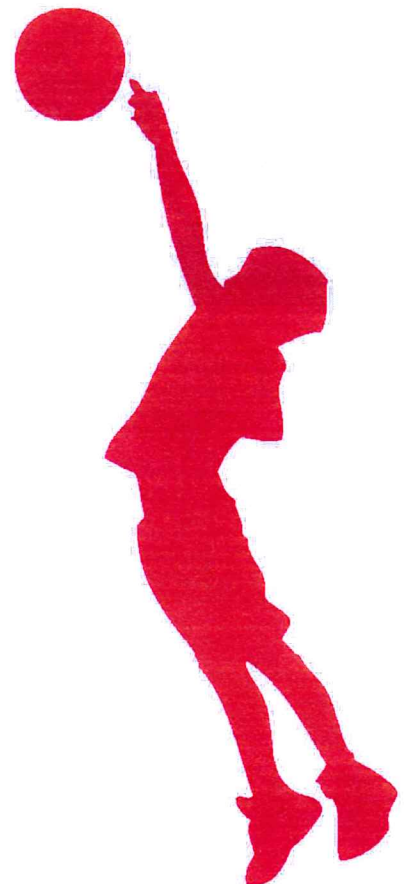
Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GET CHECKED OUT BY A DOCTOR.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play.

GIVE YOUR BRAIN TIME TO HEAL.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.



HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish, or foggy
- Are bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

BE A TEAM PLAYER.

If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.

GOOD TEAMMATES KNOW:

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

TO LEARN MORE GO TO

>> www.cdc.gov/HEADSUP

**HEADS UP
CONCUSSION**

JOIN THE CONVERSATION AT

↳ www.facebook.com/CDCHEADSUP

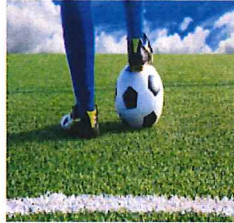
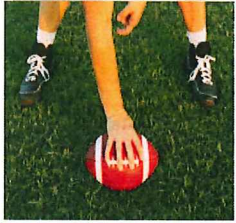
Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



**SCA Awareness
Youth Heart Screening
CPR/AED in Schools**

www.nickoftimefoundation.org

2019-2020 Rochester School District – Rochester Middle School
WINTER ATHLETICS/ACTIVITIES SIGNATURE PAGE

The following items are required to complete your Athletic Registration and PRIOR to participation in any sport:

- Participation fee paid and registration completed via the RMS online store
- Annual ASB Card purchased

- Current sports physical on file with RMS office
- Completed WINTER Athletic/Activities Signature Page

PARENT REQUEST *I hereby request that my son/daughter be permitted to participate in the sport checked below:*

- Boys Soccer Girls Basketball Wrestling Boys Basketball Volleyball
-

RIDE PERMIT

Participants will travel to and from contests with the team on the designated bus/van. Participants may ride home with their parent or guardian with a signature from the parent and permission of the coach. A “face to face” release of the participant by the coach to the parent must occur. Failure of the participant to comply with this policy can result in suspension from travel and participation for future activity events. *Any exception to the travel policy for traveling to contest on the provide transportation must be cleared by the principal and or Athletic/Activities Director prior to the event.*

WARNING and AGREEMENT TO OBEY INSTRUCTIONS

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sport(s) include but are not limited to death, serious neck 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 my body, general health, and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the interscholastic sport(s) may result, not only in serious injury, but in a serious impairment of my future abilities to earn a living; to engage in other business; social and recreational activities; and to generally enjoy life.

Because of the dangers of participating in the interscholastic sport(s), I recognize the importance of following coaches’ instructions regarding playing techniques, training, and other team rules, etc., and to agree to obey such instructions. I further understand that by following the instructions provided by the district, the risk of injury described above may be reduced, but that due to the nature of the sport(s) I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

If your child has been diagnosed with a concussion they **MUST** follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

I further acknowledge that baseball, basketball, fastpitch, football, soccer, and wrestling are sports which involve sometimes violent person-to-person contact; and, therefore, the risk of injury in these sports is even greater than other sports.

By signing the document, I certify that all information provided online and all associated forms are accurate and truthful. Signatures on this document verify that the student and parent/guardian have read, understand and agree to all of the above and to the following:

- Concussion Information • Athletic/Activities Code • Sudden Cardiac Arrest Awareness

ATHLETE

I have read and understand **ALL** the information provided on this form. I request the Rochester School District to allow me to participate in the sport(s) that I have identified on the other side of this form, including, but not limited to, trying out, practicing, playing, or otherwise participating in these sports. I have read, understand, and agree to abide by the Athletic/Activity code.

Athlete Signature: _____ **Date:** _____

PARENT / GUARDIAN

I, _____, am the parent/legal guardian of _____ (student). I have read, checked where appropriate, and agree with the: Athletic Eligibility Information, Parent Request for Permission to Participate, Athletic/Activity Code Agreement, Insurance, Ride Permit, and Warning and Agreement to Obey Instructions (*I understand its terms*).

I understand that all sports can involve **MANY RISKS OF INJURY**, including but not limited to, those risks outlined. I request the Rochester School District permit my child/ward to try out for his/her school’s athletic team(s) and to engage in all activities related to the team. I hereby give consent for my child to participate in the school’s athletic program, and to receive any necessary healthcare treatment including first aid, diagnostic procedures, and medical treatment that may be provided by the treating physicians, nurses, athletic trainers, or other healthcare providers employed directly or through a contract by the school, or the opposing team’s school. The healthcare providers have my permission to release my child’s medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to receive necessary treatment.

Parent/Legal Guardian Signature: _____ **Date:** _____