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ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year	PART I- ATHLETIC PARTICIPATION (To be filled in and signed by the student)	Male Female					
Name	Student ID#						
(Last) Home Address	(First) (Middle Initial)						
City/Zip Code							
Home Address of Pa	rents						
City/Zip Code _	Place of Birth						

INDIVIDUAL VISAA ELIGIBILITY RULES

A student who does not satisfy the rules set forth in this Article V is NOT allowed to participate in any regular season competition between VISAA member schools or any VISAA championship event (defined as a VISAA Event).

- Academic Requirement: The student must be a regular bona fide student in good standing of the school that they represents and must be enrolled and in attendance at the VISAA school that they represents at least 30 days prior to the date of the commencement of the VISAA championship in which they proposes to participate to be eligible for such VISAA championship. For the purposes hereof, the term "regular bona fide student" shall mean a full-time student taking an average of four (4) hours of classroom instruction per day or at least five (5) academic classes per semester/grade reporting period and is working toward graduation requirements at the school they represents. For the purposes hereof, the term "school" shall mean a private, preparatory, parochial or other nonpublic school that is accredited by the accrediting agency approved by the VCPE and that does not derive its financial support from state or local taxes.
- Age Requirement: The student shall not have reached the age of 19 on or before August 1 of the school year in which they wishes to compete.
- Grade Level Requirement: Students in grades 8-12 are eligible for VISAA Events. Students below the 8th grade level are ineligible for VISAA Events.
- **Conference Requirement**: Any student or school team ruled ineligible by a VISAA recognized conference is considered ineligible for VISAA Events. A conference's determina-tion of eligibility under its rules is not appealable to the Appeals Committee of the Executive Committee or the Executive Committee.
- Senior Status Requirement: Attending academic classes while classified as a senior at any school marks the student's last year of eligibility for VISAA Events. A student who has been classified as a senior at any school, who then transfers to another VISAA member school, is eligible for VISAA Events during that transfer year only. The student may not gain additional eligibility thereafter. Post-graduates are ineligible for VISAA Events.
- Non-Conference School Participation: Schools not participating in a VISAA approved conference may apply to participate in VISAA championship events if they participate in at least 50% of their athletic contests with VISAA member schools. Non-conference schools must comply with all VISAA tournament dates and times and VISAA eligibility requirements.
- **Multisport Participation**: In order for a student to participate in more than one school sport in a season, the student must be a regular member of both teams participating in practice for both sports and participating in at least two scheduled contests for both teams during the regular season.
- Gender: If a school maintains separate teams in the same sport for girls and boys during the school year, regardless of sports season, girls may not compete on boys' teams, and boys may not compete on the girls' teams. If a school maintains only a boys' team in a sport, girls may compete on the boys' team. Notwithstanding the foregoing, if the Executive Committee determines the boys' opportunities for participation in athletics have been limited in the past, boys may not participate on a girls' team, unless the sport involved is a contact sport.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by you Conference and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your administration for interpretations and exceptions provided under VISAA rules.** Meeting the intent and spirit of VISAA standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any school or VISAA athletic program, publication or video.

→Student Signature:_

Date:

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

			•	ysical examination, for review by examining practitioner. stion. Circle questions you don't know the answers to.		
	GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO
1.	Do you have any concerns that you would like to discuss with			24. Have you had mononucleosis (mono) within the last month?		
	your provider?			25. Are you missing a kidney, eye, testicle, spleen or other		
	Has a provider ever denied or restricted your participation in			internal organ?		
	sports for any reason?			26. Do you have groin or testicle pain or a painful bulge or hernia		
	Do you have any ongoing medical conditions? If so, please	_	_	in the groin area?		
	identify: Asthma Anemia Diabetes Infections			27. Have you ever become ill while exercising in the heat?		
	Are you currently taking any medications or supplements on			28. When exercising in the heat, do you have severe muscle cramps?		
	a daily basis?			29. Do you have headaches with exercise?		
	Do you have allergies to any medications?			30. Have you ever had numbness, tingling or weakness in your		
	Do you have any recurring skin rashes or rashes that come			arms or legs or been unable to move your arms or legs		
	nd go, including herpes or methicillin-resistant			AFTER being hit or falling?		
	Staphylococcus aureus (MRSA)?			31. Do you or does someone in your family have sickle cell trait		
	Have you ever spent the night in the hospital? If yes, why?			or disease?		
				32. Have you had any other blood disorders?		
8.	Have you ever had surgery?			33. Have you had a concussion or head injury that caused		
	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	confusion, a prolonged headache or memory problems?		
9.	Have you ever passed out or nearly passed out DURING or	_	_	34. Have you had or do you have any problems with your eyes	_	
	AFTER exercise?			or vision?		
10.	Have you ever had discomfort, pain, tightness, or pressure in	_	_	35. Do you wear glasses or contacts?		
	your chest during exercise?			36. Do you wear protective eyewear like goggles or a face shield?		
11.	Does your heart race, flutter in your chest or skip beats	_	_	37. Do you worry about your weight?		
	(irregular beats) during exercise?			38. Are you trying to or has anyone recommended that you gain		
12.	Has a doctor ever ordered a test for your heart? For			or lose weight?		
	example, electrocardiography or echocardiography.			39. Do you limit or carefully control what you eat?		
13.	Has a doctor ever told you that you have any heart problems,			40. Have you ever had an eating disorder?		
	including:			41. Are you on a special diet or do you avoid certain types of		
	High blood pressure			foods or food groups?		
	□ High cholesterol □ A heart infection			42. Allergies to food or stinging insects?		
	🗆 Kawasaki Disease 🛛 Other			43. Have you ever had a COVID-19 diagnosis? Date:		
				44. What is the date of your last Tdap or Td (tetanus) immunization		
				(circle type) Date:		
14.	Do you get light-headed or feel shorter of breath than your					
	friends during exercise?			FEMALES ONLY		
15.	Have you ever had a seizure?					
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO	46. Age when you had your first menstrual period:		
	Does anyone in your family have a heart problem?		47. Number of periods in the last 12 months:			
	Has any family member or relative died of heart problems or			48. When was your most recent menstrual period?		
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			EXPLAIN "YES" ANSWERS BELOW # >>		
	Does anyone in your family have a genetic heart problem			# >>		
	such as hypertrophic cardiomyopathy (HCM), Marfan			# >>		
	syndrome, arrhythmogenic right ventricular cardiomyopathy					
	(ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),			# >>		
	Brugada syndrome, or catecholaminergic polymorphic					
	ventricular tachycardia (CPVT)?			# >>		
19.	Has anyone in your family had a pacemaker or an implanted	_	_	1		
	defibrillator before age 35?			# >>		
	BONE AND JOINT QUESTIONS	YES	NO			<u> </u>
	Have you ever had a stress fracture or an injury to a bone,			# >>		
	muscle, ligament, joint, or tendon that caused you to miss a					
	practice or game?			# >>		
	Do you currently have a bone, muscle or joint injury that				• • •	
	bothers you?			List medications and nutritional supplements you are currently tal	king he	re:
22	MEDICAL QUESTIONS	YES	NO	4		
	Do you cough, wheeze or have difficulty breathing during or after exercise?					
				4		
	Do you have asthma or use asthma medicine (inhaler, nebulizer)?					

→ Parent/Guardian Signature:

Date:

→ Athlete's Signature:



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PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after <u>May 1</u> of the preceding school year and is good through June 30 of the current school year)**

NAME			DA	TE OF BIRTH_			SCHOOI	L		
Height		Weight				🗆 Mal	e		🗆 Femal	e
BP /	Resting pulse		Vision	R 20/	L	20/		Corrected	🗆 Yes	□ No
	MEDIC			-	NC	ORMAL		ABNO	ORMAL FIND	INGS
	n stigmata: kyphosco		•	•						
excavatum, arachno aortic insufficiency)	odactyly, hyperlaxity,	myopia, m	itral valve	prolapse, and	d					
Eyes/ears/nose/thre	oat (Pupils equal, hea	ring)								
Lymph nodes										
Heart (Murmurs: au	scultation standing, s	supine, +/-	Valsalva)							
Pulses										
Lungs										
Abdomen										
Skin (Herpes simple	x virus, lesions sugge	stive of MF	RSA or tine	ea corporis)						
Neurological										
	MUSCULOSI	KELETAL			NC	ORMAL		ABNO	ORMAL FIND	INGS
Neck										
Back										
Shoulder/arm										
Elbow/forearm										
Wrist/hand/fingers										
Hip/thigh										
Knee										
Leg/ankle										
Foot/toes										
	ble leg squat, single l									
• ·	ions required on-site	: 🗆 Inhaler	🗆 Epi	nephrine	🗆 Gluca	gon	□ Other:			
COMMENTS:										

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

□ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION

□ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:

	G SPORTS:						
Reason:							
NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:							
□ <u>NOT</u> MEDICALLY ELIGIBLE FOR ANY SPORTS							
By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.							
→ PRACTITIONER SIGNATURE:		(MD, DO, NP or PA) + DATE**:					
EXAMINER'S NAME AND DEGREE (PRINT):		PHONE NUMBER:					
ADDRESS:	CITY:	STATE:	ZIP:				
		hic Medicine, Nurse Practitioner or Phy <u>red States</u> will be accepted.	sician's Assistant				
Rule 28B-1 (3) Physical Examination Rule/Transfer St transfers to Virginia and attaches proof of that physical	· · · ·						



PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for ______ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports):

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Policy number: _

Name of policy holder: ____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VISAA athletic program, publication or video.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME:	GRADE:	AGE:	DOB:				
HIGH SCHOOL:		CITY:					
Please list any significant health problems that might be significant t	to a physician evalu	ating your child <u>ir</u>	1 case of an emergency:				
PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:							
IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?							
DOES THE STUDENT WEAR CONTACT LENSES?							
EMERGENCY AUTHORIZATION: In the event I cannot be reached in the coaches and staff of	High School to hos n named above.	spitalize, secure p	proper treatment for and to				
EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY):							
CELL PHONE NUMBER:							
→ SIGNATURE OF PARENT/GUARDIAN:		DAT	 `E:				
RELATIONSHIP TO STUDENT:							
*Emergency Permission Form may be reproduced to travel with respective	teams and is accepta	ble for emergency t	reatment in needed.				
→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:							

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

REVISED JUNE 2021

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Parent/Guardian signature