



VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

Routing
1 _____
2 _____
3 _____

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

Male _____

(To be filled in and signed by the student)

Female _____

PRINT CLEARLY

Name _____ Student ID # _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

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 your League, district 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 principal for interpretations and exceptions provided under League rules. Meeting the intent and spirit of League 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 high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

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

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

Form with columns for 'Yes' and 'No' and rows for various medical questions including 'GENERAL MEDICAL HISTORY', 'HEART HEALTH QUESTIONS ABOUT YOU', 'HEART HEALTH QUESTIONS ABOUT YOUR FAMILY', 'BONE AND JOINT QUESTIONS', and 'MEDICAL QUESTIONS'. Includes a section for 'FEMALES ONLY' and an 'EXPLAIN "YES" ANSWERS BELOW' section.

Parent/Guardian Signature: _____ Date: _____ Athlete's Signature: _____



PART III – PHYSICAL EXAMINATION

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

NAME _____ Date of Birth _____ School _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP /	Resting Pulse	Vision R 20/	L 20/	Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site Inhaler Epinephrine Glucagon 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.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING NOTATION:** _____
- Cleared **AFTER** documented further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reason" for all that apply): "*Limited Until Date*" when appropriate
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION Reason** _____

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.

Physician Signature: _____ (*MD, DO, LNP, PA) . Date** _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

*** Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.



PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed 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, swimming/diving, 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:

Name of Medical Insurance Company: _____
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 participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities 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 VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855.242.8282.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____ DOB _____

HIGH SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc. _____

Is the student currently prescribed an inhaler or Epi-Pen? _____ List the emergency medication: _____

Is student presently taking any other medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Date of last Tdap or Td (tetanus) shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Cell phone _____

☀▶▶ Signature of parent or guardian _____ Date _____

Relationship to student _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct _____

☀▶▶ Parent/Guardian Signature

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



ONE OF THE CHESAPEAKE PUBLIC SCHOOLS
GREAT BRIDGE HIGH SCHOOL
 301 HANBURY ROAD WEST • CHESAPEAKE, VA 23322
 (757) 482-5191 • FAX (757) 482-5559

Media Permission Form

Dear Parents of a GBHS Student-Athlete:

As a member of a GBHS athletic team, there will be occasions when the news media will want to photograph or talk to your child. We will not knowingly allow this to happen unless you give us your permission.

Please complete the bottom portion of this letter and return it to your child's coach as soon as possible. Thank you for your cooperation in this matter.

Sincerely,

Jeff Johnson
 Principal

_____ cut here _____

MEDIA PERMISSION FORM FOR THE SPORT OF _____

I give permission for my son/daughter _____
 Print Name

to talk to, be photographed by, and have their photograph/likeness placed in the news media or on their website.

 Parent's Signature Parent's Printed Name Date

 Student's Signature Student's Printed Name Date

 Coach's Signature Coach's Printed Name Date



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GUIDELINES FOR STUDENT-ATHLETES

Playing and competing for Great Bridge High School is a privilege. Student-athletes are held in the highest regard and are seen as role models in the community. As leaders you have the responsibility to portray your team, your coaches, our school, and yourselves in a positive manner at all times. Good sportsmanship and appropriate behavior should be exercised not only during school and at athletic events, but also outside of school and on social media. Great Bridge High School has been awarded numerous sportsmanship awards over the years. Student-athletes are expected to uphold our school's positive reputation at all times.

Facebook, Twitter, and other social media sites have increased in popularity globally, and are used by the majority of student-athletes in one form or another. Student-athletes should be aware that third parties—including the media, faculty, college officials, and future employers—could easily access your profiles and view your personal information. This includes all pictures, videos, comments, and postings. Inappropriate material found by third parties affects the perception of the student-athlete and our school. Unsportsmanlike conduct and offensive behaviors in online communities will not be tolerated.

If you are ever in doubt of the appropriateness of your behavior or online public material, consider whether it upholds and positively reflects your own values and ethics, as well as those of Great Bridge High School. Remember, always present a positive image and do not do anything to embarrass yourself, your team, your family, or our Great Bridge High School community.

By signing below you affirm that you understand the Great Bridge High School Guidelines for Student-Athletes and the requirements that you must adhere to as a Great Bridge High School student-athlete. Also, you affirm that failure to adhere to this policy and guidelines may result in consequences that include suspension and/or dismissal from your athletic team, and you may be subject to additional penalties imposed by the school and/or school division.

Student-Athlete Printed Name _____

Student-Athlete Signature _____ Date _____

Parent Signature _____ Date _____



Chesapeake Public Schools
Concussion Information Sheet

What can happen if my student-athlete keeps on playing with a concussion or returns too soon?

Student-athletes with the signs and symptoms of concussions should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the student-athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the student-athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage student-athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and student-athletes is the key for the student-athlete's safety.

If you think your student-athlete has suffered a concussion

Any student-athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No student-athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the student-athlete should continue for several hours. CPS requires the consistent and uniform implementation of well-established "return to play" concussion guidelines that have been recommended for several years:

"A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the student-athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider, which will initiate the 'Gradual Return to Sports Participation Program' (see Form 3)"

You should also inform your child's coach if you think that your child may have a concussion. Remember... it's better to miss one game than miss the whole season. And... "when in doubt, the athlete sits out."

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/Concussions>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC, AAP and 3rd International Conference on Concussion in Sport

CHESAPEAKE PUBLIC SCHOOLS SPORTSMANSHIP PLEDGE

STUDENT SPORTSMANSHIP, PARTICIPATION AND PARENTAL STATEMENT OF UNDERSTANDING
--

As a participant in the extracurricular activities program at _____
(School Name)

I pledge to exhibit **good sportsmanship and citizenship** at school or school-sponsored activities. I understand that violation of the _____
(School Name)

extracurricular participation policy and/or School Board policy P 9-42 (Sportsmanship Policy), Virginia High School League/ Chesapeake Middle School League, or Southeastern District Rules might result in my exclusion from the extracurricular activities by decision of the coach (with the right to appeal to the principal).

Section I: To be completed by the student.

NAME _____ Club/ Sport _____
(Please print)

Signature _____ Date _____

Section II: To be completed by parent/guardian.

My signature indicates that I have read and understand the _____
(School Name)

SPORTSMANSHIP pledge and policies governing scholastic athletics in Chesapeake Public Schools provided through the pre-season meeting, or some other means and by my signature, agree that I understand and will abide by the CPS Sportsmanship Policy.

Signature of Parent/Guardian Date

Address: _____

Phone Number: _____