



Chesapeake Middle School League
P.O. Box 16496 • Chesapeake, VA 23328
Athletic Participation / Parent Consent / Physical Examination Form

Separate examination is required for each school year April 1 of the current year through June 30 of the succeeding year

For school year _____

Male [] Female []

PART 1 – ATHLETIC PARTICIPATION *

(To be filled in and signed by the student)

Please print the following information:

Student Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/ Zip Code _____

Home Address of Parents _____

City/ Zip Code _____

Date of Birth _____ Place of Birth _____

I am in the 5th [] 6th [] 7th [] 8th [] grade. Name of Middle School I will attend: _____

Individual Eligibility Rules

Attention Student! To be eligible to represent your school in the C.M.S.L., you must meet the following rules:

- 1. The student shall be a bona fide student in good standing in the school that he/she represents. This includes being enrolled in at least five classes during each of the four nine week grading periods.
2. The student shall be a bona fide student (in good standing) in the sixth, seventh, or eighth grade and must have met all necessary requirements (2.0) after having been promoted.
3. After promotion to the sixth grade, students must have a 2.0 grade point average. The 2.0 will be based on the previous nine weeks or overall grade point average from fifth grade. A minimum 2.0 grade point average will be required from that point.
4. As with sixth graders, those promoted to the seventh or eighth grade must also have a 2.0 grade point average based on the previous nine weeks or overall grade point average. Likewise, a minimum 2.0 grade point average will be required from that point. Exception: A student may remove an academic deficiency during summer school so as to render that student eligible to participate during the first nine weeks of the ensuing school year.
5. Special Education Students – The eligibility of special education students will be determined by the principal of each middle school on a case-by-case basis. This is subject to a nine-week review as required of other students. However, special education students do not automatically become eligible to participate in sports once they switch to an IEP. The principal and IEP team are to decide whether or not the student has met the goals established in the IEP (usually over a four-week period).
6. Age: A student may not have reached the age of fifteen (15) on or before August 1 of the school year in which the student intends to participate.
7. A student may not participate in a particular sport more than once as a sixth, seventh, or eighth grader. In addition, he/she is not eligible to participate in any sport during the first nine weeks of a repeat year.
8. Though middle school students may qualify under the Virginia High School League rules to participate on the junior varsity level, they should participate on the middle school level unless they are ineligible (e.g., age). Should an eligible eighth grade student elect to participate in a junior varsity sport, the student may not participate in the same sport at the middle school level during the remainder of the school year. (See #7 above)
9. Each student must complete the Athletic Participation/Parental Consent/Physical Examination Form at least once during each school year.

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, school division, and school. If you have any questions regarding your eligibility or if you 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.

I have received rules of the Chesapeake Middle School League (above) and believe I am eligible to represent my school in the Chesapeake Middle School League.

Student Signature: _____ Date: _____

Providing false information will result in ineligibility for one year.

PART II - - MEDICAL HISTORY

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

MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever told you that you have (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			42. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	44. Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)	<input type="checkbox"/>	<input type="checkbox"/>	47. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	48. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	49. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	50. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	51. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	52. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	53. What is the date of your last Tetanus immunization? Date: _____		
	FEMALES ONLY			<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	54. Have you ever had a menstrual period?		
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	55. Age when you had your first menstrual period? _____		
				56. How many periods have you had in the last 12 months? _____	
24. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	57. Do you take a calcium supplement? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
25. Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here:		
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>			
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			
30. Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>			
31. Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>			

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

PART III – PHYSICAL EXAMINATION

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

NAME: _____ SCHOOL: _____

HEIGHT: _____	WEIGHT: _____	SEX: _____	AGE: _____	DOB: _____	
*Tanner Stage or Maturation Index: (males only) _____			BP: _____		
*Percent Body Fat: _____			Pulse: *(rest) _____		
*Audiogram _____			*(Exercise) _____		
*Vision: Corrected (L) _____ (R) _____ (Both) _____			*(Recovery) _____		
Uncorrected (L) _____ (R) _____ (Both) _____			*FEV or Peak Flow (rest) _____		
			*(Exercise) _____		
			*(Recovery) _____		
	N	ABNORMAL		N	ABNORMAL
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

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 **AFTER** further evaluation or treatment for: _____

Cleared for **Limited participation** (check and explain “reason” for all that apply):

Not cleared for (specific sports) _____

Cleared only for (specific sports) _____

Reason(s): _____

NOT CLEARED FOR PARTICIPATION: _____

Reason(s): _____

Other Recommendations: _____

Recommend close monitoring during early conditioning because of weight/fitness/other

Recommend restrictions or monitoring of weight loss or gain

Other _____

Reason(s): _____

Physician Signature: _____ + M.D. Date of Examination** _____
 +(MD, DO, LNP, PA)

Date Signed: _____

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

Address: _____ City _____ State _____ Zip _____

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 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 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 middle school or CMSL athletic program, publication or video.

PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

MIDDLE 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. _____

Has student been prescribed an inhaler or epipen? _____ Is

student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last 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 Middle 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) _____

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



**Parents and Student-Athletes: Please read, sign and keep a copy.
You must turn in a signed copy prior to the start of practice.**

Chesapeake Public Schools

Concussion Information Sheet

A Concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding,” “getting your bell rung,” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

***Symptoms may include one or more of the following:**

- > Headaches
- > “Pressure in head”
- > Nausea or vomiting
- > Neck pain
- > Balance problems or dizziness
- > Blurred, double, or fuzzy vision
- > Sensitivity to light or noise
- > Feeling sluggish or slowed down
- > Feeling foggy
- > Drowsiness
- > Amnesia
- > “Don’t feel right”
- > Fatigue or low energy
- > Sadness
- > Nervousness or anxiety
- > Irritability
- > More emotional
- > Confusion
- > Concentration or memory problems
- > Repeating the same question/ comment
- > Change in sleep patterns

***Signs observed by teammates, parents and coaches include:**

- > Appears dazed
- > Vacant facial expression
- > Confused about assignment
- > Forgets plays
- > Is unsure of game, score, or opponent
- > Moves clumsily or displays uncoordination
- > Answers questions slowly
- > Shows behavior or personality changes
- > Can’t recall events prior to event
- > Can’t recall events after event
- > Seizures or convulsions
- > Any change in typical behavior or personality
- > Loses consciousness
- > Slurred speech

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



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:

www.CHKD.org/concussion and
http://www.cpschools.com/departments/student_services/health_athletic_forms.php

- **I have read this information sheet and watched the CPS concussion video**

Student-Athlete Name Printed Student-Athlete Signature Date

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

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