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)

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. 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. 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 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 the 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.
9. Each student must complete the Athletic Participation/Parental Consent/Physician's Certificate 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, 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.

*Includes Cheerleaders and other activities as directed

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.

GENERAL MEDICAL HISTORY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you currently have an ongoing medical condition? If so, Please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?		
7. Does your heart race or skip beats during exercise?		
8. Has a doctor ever told you that you have (check all that apply): ☐ 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 ex: ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
13. Does anyone in your family have a heart problem?		
14. Does anyone in your family have a pacemaker or implanted defibrillator?		
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?		
18. Have you had any broken or fractured bones or dislocated joints?		
19. 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?		
20. 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?		
21. Have you ever had a stress fracture of a bone?		
22. Do you regularly use a brace or assistive device?		
23. Do you currently have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have a history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS	**Yes**	**No**
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?		
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?		

MEDICAL QUESTIONS (cont)	Yes	No
29. Do you have groin pain or a painful bulge or hernia in the groin area?		
30. Have you had mononucleosis (mono) within the last month?		
31. Do you have any rashes, pressure sores, or other skin problems?		
32. Have you ever had a herpes or MRSA skin infection?		
33. Are you currently taking any medication on daily basis?		
34. Have you ever had a head injury or concussion? If so, date of last injury:		
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36. Do you have headaches with exercise?		
37. Have you ever been unable to move your arms or legs after being hit or falling?		
38. When exercising in heat, do you have severe muscle cramps or become ill?		
39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
40. Have you had any other blood disorders?		
41. Have you had any problems with your eyes or vision?		
42. Do you wear glasses or contact lenses?		
43. Do you wear protective eyewear, such as goggles or a face shield?		
44. Do you worry about your weight?		
45. Are you trying to or has any professional recommended that you try to gain or lose weight?		
46. Do you limit or carefully control what you eat?		
47. Do you have any concerns that you would like to discuss with a doctor?		
48. What is the date of your last Tetanus immunization? Date:_____		
49. Do you have an allergy to medicine, food or stinging insects?		
50. Have you ever had a COVID-19 diagnosis? Date_____		
FEMALES ONLY 51. Have you ever had a menstrual period?		
52. Age when you had your first menstrualperiod? _____		
53. How many periods have you had in the last 12 months? _____		

EXPLAIN "YES" ANSWERS BELOW:

#_____ »_____

#_____ »_____

#_____ »_____

#_____ »_____

#_____ »_____

*List medications and nutritional supplements you are currently taking here:

☼▶ ▶ **Parent/Guardian Signature:**_____ **Date:**_____ **Athlete's Signature:**_____

PART III – PHYSICAL EXAMINATION

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

NAME_____ **Date of Birth**_____ **School** _____

EXAMINATION				
Height	Weight	☐ Male ☐ Female		
BP /	Resting Pulse	Vision R 20/	L 20/	Corrected ☐ Yes ☐ 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** _____

I have examined the above-named student and completed the preparticipation physical evaluation.

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

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, field hockey, football, soccer, softball, 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 heath 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**_____**DOB**_____

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. _____

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 _____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)_____

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