

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2875 Staunton Turnpike - Parkersburg, WV 26104

2016-2017  
May 2016

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM  
(Form required each school year on or after June 1<sup>st</sup>. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) School Year: 2016-2017 Grade Entering: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address of Parents: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last semester I attended \_\_\_\_\_ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you ...
- \_\_\_\_\_ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
  - \_\_\_\_\_ must qualify under the Residence and Transfer Rule (127-2-7)
  - \_\_\_\_\_ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
  - \_\_\_\_\_ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
  - \_\_\_\_\_ must not have reached your 15th (MS), 16th (9th) or 19th (HS) birthday before August 1 of the current school year. (127-2-4)
  - \_\_\_\_\_ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
    - \_\_\_\_\_ unless parents have made a bona fide change of residence during school term.
    - \_\_\_\_\_ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
    - \_\_\_\_\_ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
  - \_\_\_\_\_ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
  - \_\_\_\_\_ must be an amateur as defined by Rule 127-2-11.
  - \_\_\_\_\_ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
  - \_\_\_\_\_ must not have transferred from one school to another for athletic purposes. (127-2-7)
  - \_\_\_\_\_ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
  - \_\_\_\_\_ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
  - \_\_\_\_\_ must follow All Star Participation Rule. (127-3-4)
  - \_\_\_\_\_ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in the same sport in grades 7 and 8 or more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).

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 school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- |              |               |        |          |        |            |
|--------------|---------------|--------|----------|--------|------------|
| BASEBALL     | CROSS COUNTRY | GOLF   | SOFTBALL | TENNIS | VOLLEYBALL |
| BASKETBALL   | FOOTBALL      | SOCCER | SWIMMING | TRACK  | WRESTLING  |
| CHEERLEADING |               |        |          |        |            |

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school ( ); has football insurance coverage available through the school ( ); is insured to our satisfaction ( ).

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

**I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)**

Date: \_\_\_\_\_ Student Signature \_\_\_\_\_  
Parent Signature \_\_\_\_\_

**PART III – STUDENT'S MEDICAL HISTORY**  
(To be completed by parent or guardian prior to examination)

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

- Has the student ever had:
- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Knee, ankle or neck injuries?
- Yes No 7. Broken bone or dislocation?
- Yes No 8. Heat exhaustion/sun stroke?
- Yes No 9. Fainting or passing out?
- Yes No 10. Have any allergies?
- Yes No 11. Concussion? If Yes \_\_\_\_\_  
Date(s) \_\_\_\_\_

- Does the student:
- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List \_\_\_\_\_
- Yes No 15. Wear glasses \_\_\_\_, contact lenses \_\_\_\_, dental appliances \_\_\_\_?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

**PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.**

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV – VITAL SIGNS**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Visual acuity: Uncorrected \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; Corrected \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; Pupils equal diameter: Y N

**PART V – SCREENING PHYSICAL EXAM**

This exam is not meant to replace a full physical examination done by your private physician.

<b>Mouth:</b>		<b>Respiratory:</b>		<b>Abdomen:</b>	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	<b>Cardiovascular:</b>		Genitourinary (males only);	
Enlarged lymph nodes	Y N	Murmur	Y N	Inguinal hernia	Y N
Skin - infectious lesions	Y N	Irregularities	Y N	Bilaterally descended testicles	Y N
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

**Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.**

**Musculoskeletal: (note any abnormalities)**

Neck: Y N      Elbow: Y N      Knee/Hip: Y N      Hamstrings: Y N  
Shoulder: Y N      Wrist: Y N      Ankle: Y N      Scoliosis: Y N

**RECOMMENDATIONS BASED ON ABOVE EVALUATION:**

After my evaluation, I give my:

- \_\_\_\_\_ Full Approval;
- \_\_\_\_\_ Full approval; but needs further evaluation by Family Dentist \_\_\_\_\_; Eye Doctor \_\_\_\_\_; Family Physician \_\_\_\_\_; Other \_\_\_\_\_;
- \_\_\_\_\_ Limited approval with the following restrictions: \_\_\_\_\_;
- \_\_\_\_\_ Denial of approval for the following reasons: \_\_\_\_\_.

\_\_\_\_\_  
MD/DO/DC/Advanced Registered Nurse Practitioner/Physicians Assistant

\_\_\_\_\_  
Date

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS,  
RELEASE, ASSUMPTION OF RISK, AND  
AGREEMENT TO HOLD HARMLESS**

**PART IX**

(Both the applicant student and parent or guardian must read carefully and sign.)

**SPORT** (Check applicable spaces):

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track    |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Swimming   | <input type="checkbox"/> Tennis   |
| <input type="checkbox"/> Golf          | <input type="checkbox"/> Crew       |                                   |

**STUDENT**

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 in the above-checked 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 skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s), I recognize the importance of following coaches instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of GWMS High School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing / participating in that sport(s). I hereby assume all the risks associated with participation and agree to hold GWMS High School of Putnam County School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the GWMS High School athletic team (s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**PARENT/GUARDIAN**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of GWMS High School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold GWMS High School of Putnam County School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the GWMS High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

PART VI RESIDENCE AND PARTICIPATION

Athlete's Name \_\_\_\_\_ Class \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_ Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_

Signature of Student-Athlete \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School. Last semester I attended

\_\_\_\_\_ (HS/JHS) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the

WVSSAC and I have also read the \_\_\_\_\_ High School Student-Athlete Handbook and I agree to make every

effort to keep up my school work and abide by the rules and regulations of the \_\_\_\_\_ High School Athletic

Department and the WVSSAC.

PART VII INSURANCE

\_\_\_\_\_ High School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

(1) Individual or Group Health/Accident Insurance

Company \_\_\_\_\_ Policy No \_\_\_\_\_

(2) Special Insurance purchased for Football only \_\_\_\_\_

(3) Student Classroom Accident Insurance \_\_\_\_\_

PART VIII EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

(Student Name) \_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_

(1) Allergies or Special Problems \_\_\_\_\_

\_\_\_\_\_

(2) Date of last tetanus shot \_\_\_\_\_

(3) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_