Junior High Athletic Packet

Athlete's Name ______________________________________

To register your student, please provide the following:

_____ Summit Academy Junior High School Activities Department page
(Signed and dated by Parent/Guardian and Student)

_____ Summit Academy Junior High School Athletic Participation Contract
(Signed and dated by Parent/Guardian and Student)

_____ Pre-participation Physical Evaluation Page 1
(Completed, signed and dated by Parent/Guardian and Student)

_____ Pre-participation Physical Evaluation Page 2
(Completed, signed and dated by Physician)
(Physician may have a form that may be used in place of this one.)

_____ Check made payable to Summit Academy
Circle t-shirt size and gender  Men:  XS, S, M, L, XL, or 2XL
          Women:  XS, S, M, L, XL, or 2XL

Cross-County $60.00  Girls Volleyball $100.00
Soccer $105.00  Basketball $140.00

Please return all forms to the Jr. High office by ________________.
Summit Academy Junior High School Activities Department

Many opportunities are provided for students to develop their talents while representing Summit Academy in competitive activities. Student athletes represent their school and fellow students and must be positive examples. This agreement has been designed so that the student and his/her parent(s) will be fully informed and aware of their individual expectations and responsibilities.

1. **Grades:** Our concern for our players begins with their commitment to getting the best education possible. The student must maintain at least a 2.0 grade point average. The student may not have any F’s the previous grading period. Eligibility for any activity is established from the previous quarter grade. During competitive seasons academic progress will be checked weekly. Parents are encouraged to work with coaches and teachers to help motivate players to maintain acceptable grades.

2. **Uniforms:** Athletes are personally responsible for their uniform and must wear it to games. Wash or gentle cycle in cold water. Dry flat. Do NOT bleach! The uniform must be brought back at the end of the season washed, and in the same condition it was checked out. Uniforms must be replaced if lost or damaged.

3. **Behavior:** Show the best behavior, and be a positive example to others. Each athlete is responsible for all of his/her choices. You represent the school, our community, your family, and yourself.

4. **Sportsmanship:** Parents and athletes will treat other athletes, fans, coaches, and officials with respect while observing or participating in activities. An attitude of good sportsmanship will ensure the development of a true competitive spirit.

5. **Practices and Games:** Athletes are expected to be on time and present for practices and games. Absences should be pre-arranged with the coach’s approval. Commit now for the entire season.

6. **Transportation:** Parents are responsible for transportation to and from games.

7. **Locker Rooms:** Athletes are strongly recommended to bring their own padlock to secure personal belongings if locker rooms are available.

8. **Health Examination:** A health examination and the pre-participation physical evaluation must be completed before any student can participate in that sport’s competitive event.

9. **Insurance:** Athletes must be covered by Health/Accident Insurance.

I have read the above expectations necessary to participate in Summit Academy Junior High Athletics, and agree to abide by them.

__________________________  ______________  ______________________  ______________
Parent or Guardian         Date         Student Participant         Date
Summit Academy Junior High School Athletic Participation Contract

Please complete the following information. Initial all statements and return to your coach before the first game. Student athletes will not be allowed to participate until this form is completed and returned to the school.

Name ____________________________ Grade ____________ Email ____________________________ Phone# ____________________________

Student Athlete Code of Conduct

1. I will act responsibly at all times while participating in the Charter School Athletic League. This will include appropriate actions, conduct, and behavior.

2. I will promote good sportsmanship at all times.

3. I will abide by all school policies including the following:
   - Academic requirement of a 2.0 GPA and no F's on previous quarter.
   - Participation in activity may be denied due to school suspension.
   - Alcohol and drug policies
   - Attendance policies

4. I will abide by all team rules and will attend scheduled practices, games, and tournaments.

Student Athlete’s Signature ____________________________ Date ____________________________

Parent’s Consent and Code of Conduct

I/We agree to adhere to the rules and policies concerning my/our child’s participation in athletics at Summit Academy. I/We will:

1. Act respectfully and responsibly at all times while in attendance at athletic events.
2. Promote good sportsmanship at all times.
3. Address all issues and concerns in a responsible manner following the appropriate chain of communication: Coach, Junior High Principal, Executive Director

Parent/Guardian Signature ____________________________ Date ____________________________

I/We understand that Summit Academy does not carry accident/injury insurance. Please mark one of the following statements:

- I/We have accident/injury insurance for the participant.
  Carrier ____________________________
  Policy # ____________________________

- I/We do not have medical coverage on the participant and will assume all medical costs.

I give consent for ____________________________ to receive medical treatment in case of an emergency.

Name of Minor ____________________________

Parent/Guardian Signature ____________________________ Date ____________________________
PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic) Health Examination and Consent Form

COMPLETING THIS FORM:
1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:
1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.

Page 1 of 4
Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

Name of Student: ___________________________ School: ___________________________

Is the student covered by health/accident insurance? □ Yes □ No

Name of health insurance provider: _______________________________________

If no insurance provider, explain: ___________________________________________

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement:
By signing below, I the parent or legal guardian of the above named student do:

• Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.

• Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.

• Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.

• Acknowledge and give consent that a copy of this form will remain in the student’s school. I agree that if my student’s health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.

• Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf

Parent or Guardian Name: ____________________________________________

Parent or Guardian Signature: _________________________________________

Date: ___________________________

Student Statement
By signing below I acknowledge:

• This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

• My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.

• Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of Student: ___________________________ Date: ________________________

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.
**Preparticipation Physical Evaluation**

**History Form**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

**Date of Exam** ________

**Name** ________________

**Sex** ________  **Age** ________  **Grade** ________  **School** ________________  **Sport(s)** ________

**Date of birth** ________

<table>
<thead>
<tr>
<th>Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Do you have any allergies?**

- [ ] Yes  
- [ ] No  

If yes, please identify specific allergy below.

- [ ] Medicines  
- [ ] Food  
- [ ] Pollen  
- [ ] Sting/Insect  
- [ ] Other: ________

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

<table>
<thead>
<tr>
<th>General Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Do you have any ongoing medical conditions? If so, please identify below. 
- [ ] Asthma  
- [ ] Arthritis  
- [ ] Diabetes  
- [ ] Infections  
- [ ] Other: ________

3. Have you ever spent the night in the hospital? |
| 4. Have you ever had surgery? |

**Heart Health Questions About You**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>7. Does your heart race or skip beats (regular basis) during exercise?</td>
<td></td>
</tr>
</tbody>
</table>

Has a doctor ever told you that you have a heart problem? If so, 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 example, EKG, ECG, echocardiogram) |

10. Do you get lightheaded or feel more short of breath than expected during exercise? |

11. Have you ever had an unexplained seizure? |

12. Do you get more tired or short of breath more quickly than your friends during exercise? |

**Heart Health Questions About Your Family**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Has any family member or relative died of a heart problem or had any unexplained sudden death before age 60 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a heart problem, pacemaker, or implantable defibrillator?</td>
<td></td>
</tr>
<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
</tr>
</tbody>
</table>

**Bone and Joint Questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss school or practice?</td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had a broken or fractured bone or dislocated joint?</td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a cast, or braces?</td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had a stress fracture?</td>
<td></td>
</tr>
<tr>
<td>21. Have you ever been told that you have or you have had an x-ray or neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
</tr>
<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, tight, or red?</td>
<td></td>
</tr>
<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Questions**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>27. Have you ever used an inhaler or taken asthma medications?</td>
<td></td>
</tr>
<tr>
<td>28. Is there anyone in your family who has asthma?</td>
<td></td>
</tr>
<tr>
<td>29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?</td>
<td></td>
</tr>
<tr>
<td>30. Do you have a joint pain or a painful lump or hernia in the groin area?</td>
<td></td>
</tr>
<tr>
<td>31. Have you had infectious mononucleosis (mono) within the last month?</td>
<td></td>
</tr>
<tr>
<td>32. Do you have any rashes, pressure sores, or other skin problems?</td>
<td></td>
</tr>
<tr>
<td>33. Have you had a herpes or MRSA skin infection?</td>
<td></td>
</tr>
<tr>
<td>34. Have you ever had a head injury or concussion?</td>
<td></td>
</tr>
<tr>
<td>35. Have you ever had a cut or blow to the head that caused confusion, pro-longed headache, or memory problems?</td>
<td></td>
</tr>
<tr>
<td>36. Do you have a history of seizure disorder?</td>
<td></td>
</tr>
<tr>
<td>37. Do you have headaches with exercise?</td>
<td></td>
</tr>
<tr>
<td>38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>39. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>40. Have you ever become ill while exercising in the heat?</td>
<td></td>
</tr>
<tr>
<td>41. Do you get frequent muscle cramps while exercising?</td>
<td></td>
</tr>
<tr>
<td>42. Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
</tr>
<tr>
<td>43. Have you had any problems with your eyes or vision?</td>
<td></td>
</tr>
<tr>
<td>44. Have you had any eye injuries?</td>
<td></td>
</tr>
<tr>
<td>45. Do you wear glasses or contact lenses?</td>
<td></td>
</tr>
<tr>
<td>46. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
</tr>
<tr>
<td>47. Do you worry about your weight?</td>
<td></td>
</tr>
<tr>
<td>48. Are you trying to lose weight?</td>
<td></td>
</tr>
<tr>
<td>49. Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
</tr>
<tr>
<td>50. Have you ever had an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>51. Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
</tr>
</tbody>
</table>

**Females Only**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Have you ever had a menstrual period?</td>
<td></td>
</tr>
<tr>
<td>53. How old were you when you had your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>54. How many periods have you had in the last 12 months?</td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here.

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete ________  Signature of parent/guardian ________  Date ________
# Preparticipation Physical Evaluation

## Physical Examination Form

### PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 33 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken any medications or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

### EXAMINATION

<table>
<thead>
<tr>
<th>Weight</th>
<th>M</th>
<th>F</th>
<th>L 20/</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### MEDICAL

- **Appearance**
  - Nasal etymology (hypoplastic, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

- **Eyes/ears/nose/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **Heart**
  - Murmurs (auscultation standing, supine, right lateral)
  - Location of point of maximal impulse (PMI)

- **Pulmonary**
  - Simultaneous intercostal and radial pulses

- **Lungs**

- **Abdomen**

- **Genitourinary (males only)**

- **Skin**
  - HS, lesions suggestive of MRSA, three corpora

- **Neurologic**

### MUSCULOSKELETAL

- **Neck**
- **Back**
- **Shoulder/arm**
- **Elbow/forearm**
- **Wrist/hand/fingers**
- **Hip/hip**
- **Knee**
- **Lag/ankle**
- **Fingers**
- **Functional**
  - Buck-walk, single leg hop

### RESULTS

- Clear for all sports without restriction
- Clear for all sports without restriction with recommendations for further evaluation or treatment for

- Not clear
  - Pending further evaluation
  - For any sports
  - For certain sports

### Recommendations

I have examined the above-named student and completed the preparticipation physical examination. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) outlined above. A copy of this physical examination record is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date __________________________

Address __________________________ Phone __________________________

Signature of physician __________________________

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