

## **REQUIRED ATHLETIC PAPERWORK**

All requirements must be met for an athlete to be considered eligible to play sports.

- Physical form - REV. 2018.**
  - Front filled out completely by parent with parent and athlete signature**
  - Back filled out by physician, signed and dated (Must be MD or DO) No chiropractic physicals will be accepted.**
- MCBOE Extracurricular Participation Permission / Waiver**
  - Filled out completely and signed by parent**
- AHSAA FORM (2018-2019)**
  - Filled out front and back completely**
    - signed by parent and athlete**
- CONCUSSION FORM (2018-2019)**
  - Second page filled out completely**
    - signed by parent and athlete**
- NFHS SPORTSMANSHIP COURSE**
  - Take NFHS Sportsmanship Course**
  - Printed Certificate of completion**
- COPY OF BIRTH CERTIFICATE**

**\*\*MUST BE THE CORRECT CURRENT FORMS AS REQUIRED BY ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION\*\***

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form  
Revised 2018

Revised 2018

History

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
 Sport \_\_\_\_\_

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

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

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.

Student's name \_\_\_\_\_

## Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
		Vision R 20 / ____ L 20 / ____ Corrected: Y N		
			Normal	Abnormal Findings
		Cardiovascular		
		Pulses		
		Heart		
		Lungs		
			Skin	
			E.N.T.	
			Abdominal	
			Genitalia (males)	
			Musculoskeletal	
			Neck	
			Shoulder	
			Elbow	
			Wrist	
			Hand	
			Back	
			Knee	
			Ankle	
Foot				
Other				

Revised 2018

Clearance:

- A. Cleared
  - B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
  - C. Not cleared for:
    - Collision
    - Contact
    - Noncontact
- \_\_\_\_\_ Strenuous    \_\_\_\_\_ Moderately strenuous    \_\_\_\_\_ Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

# MADISON COUNTY BOARD OF EDUCATION

## Extracurricular Participation Permission/Waiver

\_\_\_\_\_ has my permission and consent to participate  
Student's Name

in the following activity: \_\_\_\_\_, including participation in out-of-town contests/events pertaining to such activity. I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity, I further agree as follows:

1. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of the activity or such travel.
2. I accept the responsibility for payment of all medical bills, including, but not limited to, charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in such activity.
3. I waive any claims or cause of action against the Madison County School System and employees of the system which may arise by reason of injuries to my child because of such participation and agree that said School District and employees are released and forever acquitted from any and all claims of liability to me or my child.
4. I understand that, prior to practice (including tryouts), a physician's examination is required for all athletes by the Madison County School System and the Alabama High School Athletic Association.
5. Circle a or b below. (If a is selected, fill in information regarding insurance company/policy.)
  - a. My child is insured with \_\_\_\_\_, Policy # \_\_\_\_\_, and I agree to maintain this coverage for the tenure of his/her participation in any school activity.
  - b. My child is not covered by insurance and I understand and agree that I will be responsible for payment of any medical bills that may be incurred by reason of participation in such activity/activities. (Note: Refer to item #2 above.) I understand that insurance at a reasonable rate is available on an optional basis.

\_\_\_\_\_  
Signature of Parent/Custodial Parent

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_



Participant Agreement, Consent, Release, And Venue

This completed form must be kept on file by the school. This form is valid for the 2018-19 school year.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AHSAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AHSAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AHSAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school that is in the Youth Services Department District. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES. I agree that in the event I, or anyone acting on my child's behalf, files suit against AHSAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I also agree that filing such action in the Montgomery County Circuit Court is both fair and reasonable. I further agree that should AHSAA prevail in such litigation, either in Circuit Court or any Appellate Court, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (student must sign)

Name of Student (printed)

Signature of Student

Date

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION  
**Concussion Information Form**  
*(Required by AHSAA Annually.)*

**2018-19 School Year**

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" or a bump on the head can be serious. You cannot 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 child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• "Don't feel right"</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>
<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can't recall events prior to hit</li> <li>• Can't recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>	

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)  
(2018-19 School year)

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

**AHSAA Concussion Policy:** Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

**If you think your child has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

**I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.**

\_\_\_\_\_  
Student-Athlete Name Printed

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# **Instructions for NFHS**

## **Sportsmanship Course**

1. Go to [www.NFHSlern.com](http://www.NFHSlern.com) and register an account if you have not done so before.
2. Under courses, type in sportsmanship and the “Sportsmanship” course should appear.
3. Click on the course title. Then the “View” button.
4. Click on the blue tab to order the course. (The course is free.)
5. A box will appear for the student to identify who will be completing the course.
6. A shopping cart should appear. Click on the state of Alabama and checkout.
7. Click on the agreement statement and continue.
8. At the Order Receipt box, “click here”
9. Begin taking the course.
10. You can come back and finish at any time.
11. When finished, print the certificate to turn in.



## Madison County School System Field Trip Permission Slip

School: Meridianville Middle School Grade 7-8 Date: April 21, 2019  
May 30, 2020

**Memorandum to Parents:**

On Scheduled dates our class will be taking a field trip to athletic contests  
Date Name of place  
 at the campus designated address at approximately 3:30 o'clock and return  
Location Time  
 to Meridianville Middle School at approximately 9 pm o'clock.  
Place of return Time

Mode of transportation: Madison County School Bus

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In the event of a date change you will not receive another permission slip, however, you will be notified of the change.

Please complete, sign and return the lower portion no later than April 15, 2019  
Date

Cindi Carr Markham AD

Teacher's Signature

Amelia E. Whitley

Principal's Signature

Detach and Return

## Madison County School System Field Trip Permission Slip

Teacher Name: Cindi Carr Markham School: Meridianville Middle

I wish  I do not wish:

To give my permission for my child \_\_\_\_\_  
Child's name

to accompany your group on the field trip to athletic contests  
Name of place

at the campus designated address on all dates  
Location Date of trip

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date