

## Nampa School District Athletics/Activities Participation Packet

# DIRECTIONS

## FOR COMPLETING PHYSICAL FORMS

Dear Parent/Guardian:

In order to insure efficient and appropriate health care for your child, we must ask you to complete several forms before allowing your child to participate in interscholastic athletics or extracurricular activities.

If you should have any questions or concerns about this process, please do not hesitate to contact the Activities Director or Athletic Trainer at the appropriate high school.

Columbia High School AD – Randy Potter, 208-498-0571

Nampa High School AD – Ty Thomas, 208-498-0551

Skyview High School AD – Eric Bonds, 208-498-0561

Please follow the directions below for completing the attached physical forms...

1. *Emergency Card* (#1) **READ, SIGN, and DATE**
2. *Program/Activity Participation and Release Form* (#2) **COMPLETE** Top section **READ, SIGN, and DATE** on back.
3. **COMPLETELY fill out the front** of the *Interim Questionnaire, Consent form* (#3), and the **Sign and Date** it at the bottom. It is **EXTREMELY IMPORTANT** that **NO** parts of the form be left blank. Incomplete forms will not be accepted!
4. Take the *Athletic Physical Form* (#3 back) to your doctor and have them complete the physical examination portion.
5. Please **READ and KEEP** any attached high school *Athletic Standards* (#4) for your records.

**NOTE: All 9<sup>th</sup> and 11<sup>th</sup> grade students are required to undergo a physical examination and have it, on file with the school prior to their first practice in any IHSAA sponsored sport or activity. Physicals are valid for two years. Physical exams must be conducted by a licensed physician, physician's assistant or nurse practitioner in the state of Idaho.**

Turn ALL forms into the high school Sports Medicine Department or Activities Director before the first practice.

**EMERGENCY CARD**

NAMPA SCHOOL DISTRICT 131

Physical/Consent \_\_\_\_\_

\_\_\_\_\_ High School

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name(s): Father \_\_\_\_\_ Mother \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Work/Cell Phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Emergency Contact If Parent/Guardian Cannot Be Contacted Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance #: \_\_\_\_\_ Insurance Address: \_\_\_\_\_

Known Allergies (i.e. food, insect, drug): \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_ Last Measles \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Medications Being Taken (i.e. inhaler, insulin): \_\_\_\_\_

**As parent or guardian of the above named student, I hereby give my permission for an authorized school official to obtain professional medical attention, including transportation, diagnostic testing, and necessary hospitalization, for my son or daughter in case of injury or illness while participating (practice or competition) in the athletic program of \_\_\_\_\_ High School during this current school year and I agree to pay all costs incurred.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Idaho High School Activities Association  
Idaho Health Examination and Consent Form**

It is required that all students complete a History and Physical Examination prior to his/her first 9<sup>th</sup> and 11<sup>th</sup> grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1<sup>st</sup> of the 8<sup>th</sup> and 10<sup>th</sup> grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10<sup>th</sup> and 12<sup>th</sup> grade years and must be submitted to the principal prior to the first practice.

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ Sports \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

**History Form**

Fill in details of "YES" answers in space below:

- |   | YES   | NO    |  | YES   | NO    |
|---|-------|-------|--|-------|-------|
| 1. A. Have you ever been hospitalized?      | _____ | _____ | 5. Do you have any skin problems?      | _____ | _____ |
| B. Have you ever had surgery?               | _____ | _____ | (itching, rash, acne)                  | _____ | _____ |
| 2. Are you presently taking any medication  | _____ | _____ | 6. A. Have you ever had a head injury? | _____ | _____ |
| or pills?                                   | _____ | _____ | B. Have you ever been knocked out or   | _____ | _____ |
| 3. Do you have any allergies                | _____ | _____ | unconscious?                           | _____ | _____ |
| (medication, bees, other stinging insects)? | _____ | _____ | C. Have you ever been diagnosed with   | _____ | _____ |
| 4. A. Have you ever passed out during or    | _____ | _____ | a concussion?                          | _____ | _____ |
| after exercise?                             | _____ | _____ | D. Have you ever had a seizure?        | _____ | _____ |
| B. Have you ever been dizzy during or       | _____ | _____ | Have you ever had a stinger, burner,   | _____ | _____ |
| after exercise?                             | _____ | _____ | or pinched nerve?                      | _____ | _____ |
| C. Have you ever had chest pain during or   | _____ | _____ | 7. A. Have you ever had heat cramps?   | _____ | _____ |
| after exercise?                             | _____ | _____ | B. Have you ever been dizzy or passed  | _____ | _____ |
| D. Do you tire more quickly than you        | _____ | _____ | out in the heat?                       | _____ | _____ |
| friends during exercise?                    | _____ | _____ | 8. Do you have trouble breathing or    | _____ | _____ |
| E. Have you ever had high blood pressure?   | _____ | _____ | cough during or after exercise?        | _____ | _____ |
| F. Have you ever been told you have a       | _____ | _____ | 9. Do you use special equipment, pads, | _____ | _____ |
| heart murmur?                               | _____ | _____ | braces, mouth or eyeguards?            | _____ | _____ |
| G. Have you ever had racing of your heart   | _____ | _____ | 10. A. Have you had problems with your | _____ | _____ |
| or skipped beats?                           | _____ | _____ | eyes or vision?                        | _____ | _____ |
| H. Has anyone in your family died of heart  | _____ | _____ | B. Do you wear glasses, contacts, or   | _____ | _____ |
| problems or sudden death before age 50?     | _____ | _____ | protective eyewear?                    | _____ | _____ |

11. Were you born without a kidney, testicle, or any other organ? \_\_\_\_\_

12. Have you ever sprained/strained, dislocated, fractured/broken, or had repeated swelling or other injuries of any of your bones or joints?

____Head	____Neck	____Chest	____Back	____Hip
____Shoulder	____Elbow	____Forearm	____Wrist	____Hand
____Thigh	____Knee	____Shin/Calf	____Ankle	____Foot

13. Have you ever had any other medical problems such as:

____Mononucleosis	____Diabetes	____Asthma	____Hepatitis
____Headaches (frequent)	____Eye Injuries	____Other	

14. Have you had a medical problem or injury since your last exam? \_\_\_\_\_

15. When was your last tetanus shot? \_\_\_\_\_

When was your last measles immunization? \_\_\_\_\_

16. When was your first menstrual period? \_\_\_\_\_ When was your last menstrual period? \_\_\_\_\_

What was the longest time between periods last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Consent Form**

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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 State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

# INTERIM QUESTIONNAIRE



**PLEASE PRINT!!**

\_\_\_\_\_ Male/Female  
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	_____
(1) Had surgery	___	___	Year in
(2) Been hospitalized	___	___	School
(3) Been under a physician's care	___	___	
(4) Had a serious illness	___	___	
(5) Had an injury requiring a physician's care	___	___	
(6) Been rendered unconscious	___	___	
(7) Started taking any new medications	___	___	
(8) Developed any new drug allergies	___	___	
(9) Developed any health problems	___	___	

(Please explain all **yes** answers)

=====

My child    **should** or    **should not** have a physical examination prior to participation in high school athletics.

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Zip Code

=====

### CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

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

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: The original copy is to be returned to the school

# Program/Activity Participation and Release Form

Student's Name	Home Phone	Other Phone
Birth Date	Last School Attended	Current Grade Level
Family Physician	Phone	Address (Street, City, Zip)
Parent/Guardian Name	1 <sup>st</sup> Phone #	2 <sup>nd</sup> Phone #

Your child has expressed a desire to enroll/participate in a Nampa School District program or activity. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact your child's teacher, coach, or the school athletic director. Before your child is allowed to enroll or try out, you are required to read, sign and return this participation and release form to the appropriate teacher or coach.

**Notice of Risk:** Both students and parents/guardians need to be aware that enrolling/participating in certain programs or activities involves a risk of injury. I understand the risk involved and I desire my child to participate in Nampa School District Activities/Programs.  
\_\_\_\_\_/\_\_\_\_\_ (Initial of parent/guardian AND student).

- The Nampa School District is **NOT** liable or responsible for any medical, dental, or hospital bills occurred as a result of injuries sustained by a student while participating in a school program or activity. All injury related expenses shall be the responsibility of the student's parents/guardian. Further, the undersigned Parent/Guardian agrees to indemnify and hold harmless Nampa School District #131 from any and all liability that may arise from the students participation in any program or activity which is the subject matter of this Programs/Activities Release Participation Form. \_\_\_\_\_/\_\_\_\_\_ (Initial of parent/guardian AND student).
- Recognizing that, as a result of enrollment or participation in a school program or activity, emergency medical care may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, and hospital care for my child as may be deemed necessary and agree to be responsible for and pay all costs incurred. \_\_\_\_\_/\_\_\_\_\_ (Initial of parent/guardian AND student).
- Insurance waiver (parent/guardian initial one)**  
\_\_\_\_\_/\_\_\_\_\_ I have insurance that will pay for medical expenses if my child is injured while participating in a school program or activity.  
\_\_\_\_\_/\_\_\_\_\_ I have purchased school related insurance to cover medical expenses for my child (*See attachment for available coverage*).  
\_\_\_\_\_/\_\_\_\_\_ I do not have insurance for my child and understand that the school district is **NOT** responsible and **WILL NOT** pay any doctor, hospital, or medical expenses if my child is injured while participating in a school program or activity.
- Transportation:
  - The school district provides transportation for participants to and from the location of the program or activity during the normal school day of 7:30 am to 3:00 pm.
  - The school district will not provide transportation to other high schools within the Nampa School District for activities outside the school day (football and track teams are exceptions – transportation will be provided for those activities within NSD).
  - When transportation is not provided, school officials and/or coaches cannot help arrange transportation.
  - Participants must be transported by district transportation to and from athletic events scheduled outside the city.
  - Students may ride home from an event with parents if permission is granted by the coach, and parents have signed their student out.
  - Particular programs or activities warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the Athletic Director's office.
- Nampa School District officials, coaches, or athletic director may use photographs taken at activities to promote the program and by signing this form, I consent to all use of photographs of my child.

I give my permission for my child to participate in the following activities/programs. Please circle and initial the programs and/or activities the student plans on participating in the school year.

**Athletic Activities:**

*Fall:*      Football\_\_\_\_    Volleyball\_\_\_\_    Cross Country\_\_\_\_    Soccer\_\_\_\_    Cheerleading\_\_\_\_    Dance Team\_\_\_\_    Drill Team\_\_\_\_

*Winter:*      Basketball\_\_\_\_    Wrestling\_\_\_\_    *Spring:*    Baseball\_\_\_\_    Softball\_\_\_\_    Tennis\_\_\_\_    Golf\_\_\_\_    Track\_\_\_\_

**Professional/Technical Programs:**

Health Professions Programs \_\_\_\_      Automotive Technology \_\_\_\_      Agriculture Science \_\_\_\_      Small Engines Repair \_\_\_\_

Construction Technology \_\_\_\_      Pre-Engineering \_\_\_\_      Welding \_\_\_\_

# Athletic Participation Information

1. Prior to being eligible to practice, each student must have a passed physical examination on file (renewable every two years), followed by a yearly interim questionnaire filled out by the parent/guardian.
2. All students are expected to conform to the rules of scholastic eligibility, participation, and training as prescribed by the Idaho High School Activities Association, the Nampa School District and the athletic coaching staff. This information will be reviewed at parent/guardian preseason meetings.

3. Code of Conduct:

It is the policy of the Athletic Department of the Nampa School District to prevent and prohibit the possession, use, sale, distribution and/or intent to distribute any illegal or controlled mood-altering chemical, medication, vaping paraphernalia or materials, look-alike drugs or abuse of a chemical by any student involved in any activity sponsored by the Nampa School District.

Consequently, should any member of the school's administration, faculty, or coaching staff witness or have evidence of a student's use or being in possession of, or being under the influence of any of the previously mentioned substances that student will be dealt with according to the following procedure:

- (A) On the occasion of a first infraction during a scholastic year, the athletic director and head coach will have a meeting with the student and his/her parents. The incident will be reviewed and if the evidence supports the accusation, the student will be suspended from all competitive events (excluding practices) for a period of 21 calendar days from the time the student has been notified of his/her infraction. Seven days of the suspension shall be waived when the student has completed a Drug and Alcohol Assessment and has taken a course on drug and alcohol abuse arranged by school counselors or parents. If the course is unavailable, other arrangements will be made. Suspension will be understood to allow the student to practice with his/her team at its scheduled events during the time of the suspension.
- (B) On the occasion of the second infraction by a student during a scholastic year, that student will be dismissed from all participation in the school's sports programs for the remainder of that school year. The student will be advised of his/her right to appeal. It is to be understood that the initial infraction in a scholastic year automatically carries over into each sport's season of that scholastic year. Thus, an initial violation occurred at that time.
- (C) Should a student decide to submit an appeal, a panel composed of the principal, athletic director, and head coach will convene upon the principal's receipt of a written request from the student and parent/guardian. This request for a hearing/review should clearly state the reasons why the hearing is being requested. The decision of the review panel after closed discussion shall be final.
- (D) As in the case with all students who attend the Nampa school District, students who are found to be in violation of the above policies as they relate to the use/possession of alcohol, tobacco, and drugs will be held accountable to the school authorities for their actions and will be subject to the same sanctions imposed on all members of the student body for such violation.

4. Hazing

Abusive or humiliating tricks or ridicule constitutes hazing. On the occasion of a first infraction during the scholastic year, the coach will handle the infraction with on-court/on-field discipline.

On the occasion of a second infraction, the coach will report the incident to the Athletic Director and Principal. The student will receive two days of in-school suspension and seven days of competition suspension (not practices). On the occasion of a third infraction, the student will receive five days of in-school suspension and be removed from the team.

### Rules Addendums and Definitions

- a. Suspension from school means the student cannot practice nor play in games while under suspension. This also includes in-school suspension.
- b. Missed practice is UNEXCUSED when a coach is not notified prior to practice the student will be absent. Penalty is at the coach's discretion.
- c. Tardiness – Penalty is at the coach's discretion.
- d. Misconduct- Any behavior which does not represent the school or the Nampa School District in a positive manner. Misconduct will be addressed by each coach during their preseason meetings. Any misconduct will result in discipline up to and including dismissal from the team.
- e. Students will be considered ineligible until all uniforms and equipment are turned in for a prior sports activity, or fines for replacement value have been paid.

I have carefully read, understand, and will comply with all of the above information as outlined in this Program/Activity Participation and Release Form and Athletic Participation Section and hereby agree to indemnify and hold harmless the Nampa School District from any and all liability that may arise from my child's participation in any program or activity which is the subject matter of this Program/Activity Participation and Release Form and Athletic Participation Section.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_