

Marquette Senior High School Athletic Department
Pay-to –Participate 2011-2012

Each District funded sport has a participation fee that athletes pay to the district. In addition, fees for Self-funded sports are set by the Committees for each of those sports and those fees are paid to that committee.

District-funded Sports:

XC Running, Football, Tennis, Volleyball, Basketball, Hockey, Alpine Ski, Swim/Dive, Gymnastics, Wrestling,
Sideline Cheer, Dance, Golf, Track and Field. (See fees on reverse side).

Self-funded Sports:

Boys and Girls Soccer, Bowling, Competitive Cheer, Nordic Ski, Figure Skating, Softball, Baseball.
(See team info sheets located in the Participation Packet)

1. Each Pay to Participate fee is due and payable **IN FULL on the FIRST DAY OF PRACTICE or TRYOUTS to the Athletic Department.** Athletes are considered ineligible until the fee is received by the coach or athletic department.
2. Athletic fees will not go into effect until teams have been selected. In the event that an athlete does not make a team roster, checks will be returned.
3. An athlete may qualify for assistance based on need. MSHS will follow the Federal Guidelines for Free or Reduced Hot Lunch in assisting families who qualify to enable their children to participate in athletics. Free or reduced pay-to-participate will automatically be applied for those who apply for, and are granted, Free or Reduced Hot Lunch. All transactions will be confidential.
4. **PLEASE WRITE A SEPARATE CHECK (Payable to “Marquette Area Public Schools”) FOR EACH CHILD/SPORT, AND INCLUDE ATHLETE NAME AND SPORT ON “NOTES” SECTION OF YOUR CHECK(S).**
5. A full refund will be granted up to the first contest. A 50% refund will be given up to one (1) month from the beginning of the sport season (see schedule below) for: a) moving out of district; b) season-ending sports injuries or other medical reasons affecting ability to participate (physician’s note must be submitted); c) extenuating circumstances (determined by Coach, Athletic Director, and High School Principal). **Refunds will NOT be granted for academic ineligibility, quitting the team, or disciplinary action affecting team participation or membership.**
6. **Scholarship donations by individuals, organizations, and businesses are GREATLY appreciated to assist in underwriting the costs for participants who are in need. Please make checks payable to “MSHS ATHLETIC HARDSHIPS” and forward to the Athletic Office at the following address: MSHS Athletics, 1203 West Fair Avenue, Marquette, MI 49855**
7. A \$700 per-family cap has been approved by the school board for participation in athletics. If your family has exceeded, or is close to the cap, please notify the Athletic Office. If you are close to the cap, you will only need to pay the difference for your spring sport. **Please note that any pay-to-participate amount charged by the self-funded teams WILL NOT count toward the MSHS family cap.**
8. Please call the Athletic Office (225-4220) or submit an e-mail (athletics@mapsnet.org) with any questions you may have or to request a scholarship or refund.

*****PLEASE REMIT THE BOTTOM PORTION OF THIS FORM WITH PAYMENT*****

Please return this portion with payment, enclosed in the pre-participation turn-in envelope.

ONE CHECK AND FORM PER ATHLETE, PLEASE

Athlete Name

Level (V-JV-F)

Sport

Lunch Status: (Normal-Free-Reduced)

Office Use Only:

Date: _____ Amount: _____ Received By: _____

Amount Enclosed: _____

| Sports/Activities | Participation Fee | Start Date | Fee Due Date | 50% Refund Deadline |
|--------------------------|--------------------------|-------------------|---------------------|----------------------------|
|--------------------------|--------------------------|-------------------|---------------------|----------------------------|

Fall

| | | | | |
|----------------------------|------|---------|---------|----------|
| JV/Var Fall Sideline Cheer | \$70 | Aug. 10 | Aug. 10 | Sept. 09 |
| Cross Country | 140 | Aug. 10 | Aug. 10 | Sept. 09 |
| JV/Varsity Football | 180 | Aug. 08 | Aug. 08 | Sept. 09 |
| Freshman Football | 125 | Aug. 08 | Aug. 08 | Sept. 09 |
| Varsity Girls Tennis | 145 | Aug. 10 | Aug. 10 | Sept. 09 |
| JV Girls Tennis | 125 | Aug. 10 | Aug. 10 | Sept. 09 |
| Varsity Volleyball | 170 | Aug. 10 | Aug. 10 | Sept. 09 |
| JV Volleyball | 140 | Aug. 10 | Aug. 10 | Sept. 09 |
| Freshman Volleyball | 140 | Aug. 10 | Aug. 10 | Sept. 09 |
| Dance | 125 | June 09 | June 09 | July 01 |

Winter

| | | | | |
|-----------------------------|-------|---------|---------|---------|
| JV/Var Winter | | | | |
| Competitive/Sideline Cheer | \$100 | Nov. 07 | Nov. 07 | Dec. 16 |
| JV/Varsity Boys Basketball | 170 * | Nov. 14 | Nov. 14 | Dec. 16 |
| Freshman Boys Basketball | 150 | Nov. 14 | Nov. 14 | Dec. 16 |
| JV/Varsity Girls Basketball | 170 * | Nov. 07 | Nov. 07 | Dec. 09 |
| Freshman Girls Basketball | 150 | Nov. 07 | Nov. 07 | Dec. 09 |
| Gymnastics | 125 | Oct. 31 | Oct. 31 | Dec. 02 |
| Hockey | 415 * | Oct. 31 | Oct. 31 | Dec. 02 |
| B/G Ski | 125 * | Nov. 14 | Nov. 14 | Dec. 16 |
| B/G Swimming | 125 | Nov 07 | Nov. 07 | Dec 16 |
| Varsity Wrestling | 200 * | Nov. 21 | Nov. 21 | Dec. 23 |
| JV Wrestling | 155 | Nov. 21 | Nov. 21 | Dec. 23 |

Spring

| | | | | |
|---------------------|-------|---------|---------|--------|
| B/G Golf | \$125 | Mar. 12 | Mar. 12 | Apr 20 |
| Varsity Boys Tennis | 145 | Mar. 12 | Mar. 12 | Apr 20 |
| JV Boys Tennis | 125 | Mar. 12 | Mar. 12 | Apr 20 |
| B/G Track | 125 | Mar. 12 | Mar. 12 | Apr 20 |

* These sports will also be required to pay a user fee and/or hotel fee for regular season overnight trips. These additional fees WILL NOT count toward the family cap.

Good Luck to all Athletes & Teams!
GO RED!!!

Please remember to complete bottom of the front page and return, with payment, to the Athletic Office.

STUDENT/PARENT ATHLETIC HANDBOOK

JOINING A TEAM

All eligible students will be offered the opportunity to try out for an athletic team. Each sport has a starting date and there will be a minimum of three days of tryouts/practice before cuts are made.

Once tryouts are complete and the team is selected, or competition has started for a non-cut sport, no student may join a team. The Athletic Director may grant additions only under unique situations and after careful review. The decision of the Athletic Director will be final.

PARTICIPATING ON MORE THAN ONE TEAM DURING THE SAME SEASON

MSSH does provide the opportunity for students to participate on more than one team during the same sport season as long as the following applies:

- 1) Coaches of each sport mutually AGREE that, based on practice and event schedules, team functions, etc., that participation in more than one chosen sport will be beneficial to the student and the team.
- 2) Student-Athlete is able to maintain academic and athletic balance.
- 3) If coaches cannot agree that multi-sport participation will work, a meeting may be held between the coaches involved, Athletic Director, parent(s), and student for discussion.
- 4) Decision of the Athletic Director will be final.

Students will be expected to attend every practice, event, and other team function with each sport of participation. Coaches must agree that missing practice for a contest in another sport will be acceptable. Students should declare a primary sport in case of conflicting events, etc.

PAY-TO-PARTICIPATE

MSSH has had a pay-to-participate program since the 1993-1994 school year. Pay-to-participate revenue helps offset the cost of the District's General Fund transfer to Athletics. It covers areas such as transportation, salaries, supplies, and tournament entry fees. Although paying pay-to-participate does not give any student the right to "play" it does continue to aide in the District being able to maintain a significant number of sport offerings and participation opportunities for students. No student should feel discouraged from the privilege of participating in Athletics based on an inability to pay. MAPS offers hardship opportunities based on the Free & Reduced Lunch program. If there is a need for financial assistance in order for a student to participate, students and parents are encouraged to discuss with the Athletic Director.

PHYSICALS

All students who wish to tryout for, or participate in, any sport at MSSH, must have on file in the Athletic Office in advance of ANY participation in that sport. Physicals must be signed and dated (by the M.D., D.O., Physician's Assistant, or Nurse Practitioner who administers the physical examination) on or after April 15 of the previous school year and is valid for the entire current school year. In cases of serious injury or extended illness, students should be re-examined by a physician (M.D. or D.O.) before again being allowed to compete.

GENERAL TEAM GUIDELINES

Each team and coach will have various guidelines that are relative to the particular sport. However, listed below are a few guidelines that are the same regardless of the sport.

- A. **General Commitment to the Program** ~ Each athlete that is on a team must have a strong commitment to the team and athletic program in general. Being on a team will require **teamwork, self-discipline, loyalty, tolerance, sportsmanship, citizenship, and perseverance**. If an athlete has a concern or conflict, first, begin by talking with the Head Coach of the team (**See Issues in Athletics**).
- B. **Practices & Contests** ~ Practice days/times will be determined by the head coach of each level. Most athletic contests are usually scheduled a year in advance or more. Various sports, however, do schedule during the current school year.
- C. **Equipment & Uniforms** ~ The student-athlete is responsible for all uniforms and equipment that the school provides. All equipment must be turned in immediately following the end of the season. Some coaches may require a uniform/practice gear/travel sweats deposit, not to exceed the total value of the issued merchandise, in assurance that all issued equipment/apparel is returned at the end of the season.
- D. **Transportation & Out-of-Town Contests/Trips**
 1. All athletes must travel with the team and return with the team. Regardless of the age or method of team transportation, student athletes are prohibited from driving to and from athletic events. This includes ALL MSSH SPORTS AND ALL AWAY EVENTS.
 2. **EXCEPTIONS FOR RETURN:** Only prior arrangements, in writing, approved through the Athletic Director at least 48 hours in advance of team departure will be considered. Upon approval, personal face-to-face contact between parent and Head Coach at contest site is required prior to departure. Written request and face-to-face contact are required to protect the safety of the students and the responsibility of the coach(es) involved.
 3. Student athletes will not be permitted to ride with parents other than their own, unless proper written request, with signatures of both sets

LEAVING A TEAM

An athlete can not quit one sport to join another during the same season without the prior approval of both coaches involved and the Athletic Director. The decision of the Athletic Director to allow a student to join another team or disallow from joining will be final.

ISSUES IN ATHLETICS

When a person (such as a student, a parent, a coach, a teacher, or an administrator) has a question, concern, or complaint regarding an athletic situation, we have found the following line of communication is most effective in resolving issues.

- A. **START WITH THE SOURCE.** Talk directly with the head coach of that level, in private, fact-to-face, away from the practice site or game arena. A telephone call may be necessary to arrange an appointment. After a contest is not the best time.
- B. **IF NECESSARY, TALK NEXT WITH THE VARSITY HEAD COACH OF THE SPORT;**
- C. **IF NECESSARY, TALK NEXT WITH THE ATHLETIC DIRECTOR;**
- A. **IF NECESSARY, TALK WITH THE SUPERINTENDENT (OR DESIGNEE);**

* All complaints/concerns **MUST** be heard at the lowest possible level **BEFORE** intervention by the higher authority can occur. This system works best. However, the next level arbitrator is available to meet, if need be, with a complainant if sub-level discussions do not accomplish their intended purpose.

* Help the student learn to resolve his or her own differences. When a student successfully deals with difficult situations, he or she learns and grows. Of course, a parent always has the right to intervene on behalf of a child.

* When stating your complaint/concern, be prepared with the facts in so far as you understand, or can ascertain, them. Think through your expectations for the outcome resulting from voicing your concern. That is, be clear about what you hope will happen as a result of your meeting.

* As you converse with the coach, or other authority, repeat back what you hear him or her say to be sure that you understand the important points. Stay calm and friendly as you talk and listen.

* We always assume that all parties have the best interest of the students in mind when complaints/concerns are discussed. We will make every effort to assure that the student is not penalized or placed in an awkward position as a result of voicing a complaint/concern.

* When bringing a complaint/concern to each level (A-D as stated above), that staff member shall listen, address the situation, and provide a timely response (within approximately five school days) to the student-athlete.

* Any concern/complaint that is brought to the Athletic Director or above must state specifically, in writing, the concern/complaint that is to be addressed.

ATHLETIC INSURANCE AND INJURIES

We never want to hear that an athlete has been injured while participating in athletics, however, it is important that we are informed ahead of time of reasonable action to take if an injury does occur to your son or daughter. Athletics can play an important role in your child's development, however, there is the risk of injury, even serious, while participating in athletics. The use of proper techniques and equipment is also essential.

It is encouraged that all parents have medical insurance in the event that an injury occurs while participating in school sports.

Marquette Area Public Schools does not provide insurance covering injuries to an athlete while participating or practicing with a school team. The school does provide information for parents to purchase insurance or additional coverage that will provide some coverage for injuries occurring during school athletics. Parents should contact the High School Office for additional information regarding student insurance.

If a coach, athletic trainer, or physician, in the best interest of the student-athlete, determines that a student-athlete is unable to participate due to a potentially serious injury, such as an injury to the head, neck, back, etc., the athlete involved should seek medical assistance. A signed physician's statement clearing the athlete to resume participation will be required. Physician's notes should be turned in to the Athletic Department to be kept in the student-athlete's health file.

INJURY TREATMENT BASICS FOR HOME

As a parent, you may find yourself treating a sports injury at home. When treating an injury at home, remember **R-I-C-E**. This stands for:

Relative Rest ~ Stop working the injured area and rest the injured area. Avoid anything that causes pain in the injured area.

Ice ~ Apply ice to control swelling and reduce pain. *Do not* apply heat. While applying heat may "feel good," this actually increases swelling and recovery time. Always apply ice first.

Compression ~ Wrap the injured area to control swelling. If the skin is discolored (blue or purple), a doctor should be consulted.

Elevation ~ Elevate the injured area.

- C. Illegal drugs, including but not limited to those substances defined as "controlled substances" pursuant to federal/state statute; including drug paraphernalia as well as "look-alike" drugs.
- D. Steroids, human growth hormones, or other performance-enhancing drugs
- E. Substances purported to be illegal, abusive, or performance enhancing;
- F. Inhalants

It shall not be a violation of the athletic code for a student to use or possess a prescription or patent drug when taken pursuant to a legal prescription issued by a licensed physician or for which permission to use in the school has been granted pursuant to Board policy. A student shall notify his/her coach if he or she is taking a prescription medicine, which could alter the student's behavior or affect the student's ability to participate in the activity. It shall not be a violation for students to use or possess legal substances when such use or possession is part of an established religious or cultural tradition.

For a complete list of examples of banned drugs that would apply to alcohol and substance offenses, please refer to Public Act 215 of 2006 below:

PUBLIC ACT 215 OF 2006

This act, which took effect with its signing by the Governor in late June 2006, reflects the nationwide concern for cheating in professional sports and the hope that performance-enhancing drugs will negatively affect neither the integrity of contests nor the health of participants in school sports of Michigan.

Students who use, possess, conceal, distribute, sell, or are under the influence of these substances will be subject to the Athletic Code.

Michigan's Department of Community Health is to maintain a list of banned substances based on the policies of the National Collegiate Athletic Association (NCAA). Lists of substances banned by the NCAA can be found by Googling "NCAA banned substances" or "WADA banned drugs."

The NCAA list of banned-drug classes is subject to change by the NCAA Executive Committee. Contact NCAA education services or www.ncaa.org/health-safety for the current list. The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example. Please note that many nutritional/dietary supplements contain NCAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their family physician for further information.

NCAA Banned-Drug Classes 2006-2007

Bylaw 31.2.3. Banned Drugs

The following is a list of banned-drug classes, with examples of substances under each class:

(a) Stimulants:

| | | |
|-------------------------------|-------------------------------|--|
| amiphenazole | ethylamphetamine | pipradol |
| amphetamine | fencarnfamine | prolintane |
| bemigrade | meclofenoxate | strychnine |
| benzphetamine | methamphetamine | synephrine (citrus aurantium, |
| bromantan | methylenedioxymethamphetamine | zhi shi, bitter orange) |
| caffeine1 (guarana) | (MDMA, ecstasy) | and related compounds. |
| chlorphentermine | methylphenidate | |
| cocaine | nikethamide | The following stimulants are not banned: |
| cropropamide | pemoline | phenylephrine |
| crothetamide | pentetrazol | pseudoephedrine |
| diethylpropion | phendimetrazine | |
| dimethylamphetamine | phenmetrazine | |
| doxapram | phentermine | |
| ephedrine (ephedra, ma huang) | phenylpropanolamine (ppa) | |
| ethamivan | picrotoxine | |

(b) Anabolic Agents:

anabolic steroids

| | | |
|---------------------------------|--------------------|------------------------------|
| androstenediol | epitrenbolone | norethandrolone |
| androstenedione | fluoxymesterone | oxandrolone |
| boldenone | gestrinone | oxymesterone |
| clostebol | mesterolone | oxymetholone |
| dehydrochlormethyl-testosterone | methyltestosterone | stanozolol |
| dehydroepiandrosterone (DHEA) | nandrolone | testosterone2 |
| dihydrotestosterone (DHT) | norandrostenediol | tetrahydrogestrinone (THG) |
| dromostanolone | norandrostenedione | trenbolone |
| | | and related compounds |

e) **Additional Analysis.** Drug screening for select nonbanned substances may be conducted for nonpunitive purposes. (Revised: 8/15/89)

GROSS MISCONDUCT OFFENSES

Students shall not engage in acts of cumulative or major gross misconduct, included but not limited to behavior, which is addressed in the student-parent handbook, such as acts of theft, extortion, vandalism, assault, fighting, sexual misconduct, and gross disrespect.

PENALTIES FOR ALCOHOL, SUBSTANCE, AND GROSS MISCONDUCT

FIRST VIOLATION

Suspension-25% of season contest dates—Suspension will overlap into athlete's next sport season if necessary. Substance assessment required if alcohol or drug related.

SECOND VIOLATION

Unable to participate in any interscholastic athletics for one (1) year from date of second violation. Another substance assessment required if alcohol or drug related.

THIRD VIOLATION

Permanent loss of eligibility.

REQUIREMENTS DURING SUSPENSION

- A. Athlete will travel with the team and sit with the team during contest (if not suspended from school), unless coach and athletic director agree that it is not in the best interest of the team and/or suspended student to travel.
- B. Athlete will not suit up for contests.
- C. Athlete will continue to practice (if not suspended from school) and take part in other in-season team functions.

PROCEDURE FOR CARRYING OUT ATHLETIC CODE SUSPENSION

- A. Athlete will be suspended from sport(s) while serving an out-of-school suspension (OSS).
- B. Parents will be notified.
- C. Athlete must complete the sport season in good standing, through the awards banquet, in which the suspension is in effect in order for the suspension to be fully served.
- D. Athletes will have the right to appeal any suspension or dismissal if they feel an injustice has been imposed upon them: This may be accomplished through the MSHS Athletic Code Appeals Board.

APPEALS PROCEDURE

- Step 1 An informal discussion will be held between student involved, the Athletic Director, and possibly the head coach (if sport is in-season).
- Step 2 Written appeal to the Athletic Director within 5 days (after Step 1) which must indicate specifically what is being appealed.
- Step 3 The Athletic Director will submit a written recommendation to the Superintendent (or designee) within 48 hours of receiving the appeal.
- Step 4 The Athletic Review/Appeals Committee, upon request, will hear the case. Parents and athlete will be in attendance and decision rendered will be **FINAL**.

ACADEMIC REQUIREMENTS

- A. Pass (5) five subjects/credits previous semester in order to begin the next semester of participation
- B. Enrolled in a minimum of five (5) subjects/credits for present semester.
- C. Pass a minimum of five (5) subjects/credits and maintain a minimum of 1.66 (C-) GPA weekly.

ACADEMIC ELIGIBILITY

- A. Previous Semester Record—No student shall compete in any athletic contest during any semester who does not have to his or her credit (on the books of the school represented), at least two (2) credit hours of work (passed five (5) classes) for the last semester during which he or she shall have been enrolled in grades nine to twelve, inclusive. A student entering the 9th grade for the first time, except those who had eligibility advanced under Regulation III, Section 2 (B) of the MHSAA Code may compete without reference to his/her record in the 8th grade.

**MARQUETTE SENIOR HIGH SCHOOL
ATHLETIC TRAINING RULES/ELIGIBILITY AGREEMENT**

** Code Agreement must be signed by both Athlete AND Parent. Code Agreement must be signed EACH school year. Code is in effect 24 hours/day, 7 days/week, 365 days/year from the first signing as a high school athlete until graduation or leaving the district.*

I have thoroughly read and understand the training rules and scholastic eligibility criteria for participation in the Marquette Senior High School athletic program.

Athlete's Name (Please print legibly)

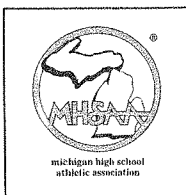
Date

Athletes Signature

Parent's Signature

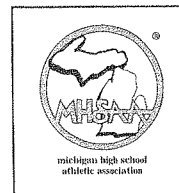
Date

RETURN TO Coach or ATHLETIC DEPARTMENT



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY



- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

| | | | | | | |
|----------------------------|-------|--------------|----------------------|----------------------------|---------------|------------|
| LAST | FIRST | MI | SEX | GRADE | DATE OF BIRTH | AGE |
| STUDENT'S NAME: | | | | | | |
| NUMBER AND STREET | | | | CITY | | ZIP |
| STUDENT'S ADDRESS: | | | | | | |
| NAME OF FATHER OR GUARDIAN | | | WORK PHONE | NAME OF MOTHER OR GUARDIAN | | WORK PHONE |
| FAMILY DOCTOR | | OFFICE PHONE | STUDENT'S HOME PHONE | | | |

INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

| GENERAL QUESTIONS | YES | NO | YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO | MEDICAL QUESTIONS | YES | NO |
|--|-----|----|--|-----|----|--|-----|----|
| Has a Doctor ever denied or restricted your participation in Sports for any reason? | | | Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome? | | | Do you have any concerns that you would like to discuss with a doctor? | | |
| Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____ | | | Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome) ? | | | Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____ | | |
| Have you ever spent the night in the hospital? | | | Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome? | | | Have you ever had an eating disorder? | | |
| Have you ever had surgery? | | | | | | Do you worry about your weight? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | YES | NO | BONE AND JOINT QUESTIONS | YES | NO | | YES | NO |
| Have you ever passed out or nearly passed out DURING or after exercise? | | | Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? | | | Have you ever had a head injury or concussion? | | |
| Have you ever had discomfort, pain, tightness or pressure in your chest during exercise? | | | Have you ever had any broken or fractured bones or dislocated joints? | | | Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| Do you get lightheaded or feel more short of breath than expected during exercise? | | | Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches? | | | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| Do you get more tired or short of breath more quickly than your friends during exercise? | | | Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)? | | | Have you ever been unable to move your arms or legs after being hit or falling? | | |
| Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram | | | Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? | | | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| Have you ever had an unexplained seizure or do you have a history of seizure disorder? | | | Do you regularly use a brace, orthotics, or other assistive device? | | | Are you on a special diet or do you avoid certain types of foods? | | |
| Does your heart ever race or skip beats (irregular beat) during exercise? | | | Do any of your joints become painful, swollen, feel warm or look red? | | | Do you wear protective eyewear, such as goggles, or a face shield? | | |
| Has a doctor ever told you that you have high blood pressure? | | | Do you have any history of juvenile arthritis or connective tissue disease? | | | Do you or someone in your family have sickle cell trait or disease? | | |
| Has a doctor ever told you that you have high cholesterol? | | | Have you ever had a stress fracture? | | | Have you had any problems with your eyes or vision or had any eye injuries? | | |
| Has a doctor ever told you that you have Kawasaki disease? | | | Have you a bone, muscle, or joint injury bothering you? | | | Do you wear glasses or contact lenses? | | |
| Has a doctor ever told you that you have other heart problems? | | | IMMUNIZATION HISTORY | YES | NO | Have you ever had herpes or MRSA skin infection? | | |
| Has a doctor ever told you that you have a heart infection? | | | Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR) | | | Have you had infectious mononucleosis (mono) within the last month? | | |
| Has a doctor ever told you that you have a heart murmur? | | | MEDICAL QUESTIONS | YES | NO | Do you have any rashes, pressure sores, or other skin problems? | | |
| YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO | Have you ever become ill while exercising in the heat? | | | Do You Have Any Allergies? | | |
| Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator? | | | Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | FEMALES ONLY | YES | NO |
| Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome? | | | Do you have headaches or get frequent muscle cramps when exercising? | | | Have you ever had a menstrual period? | | |
| Anyone in your family had unexplained fainting? | | | Do you have pain, a painful bulge or hernia in the groin? | | | How old were you when you had your first menstrual period? | | |
| Anyone in your family had unexplained seizures? | | | Is there any one in your family who has asthma? | | | How many periods have you had in the last twelve (12) months? | | |
| Anyone in your family had unexplained near drowning? | | | Have you ever used an inhaler or taken asthma medicine? | | | | | |

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

Signature: _____ Signature of: _____ Date: _____
Of Student Parent/Guardian

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____
CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **three** places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

Last First Middle

STUDENT'S COMPLETE LEGAL NAME:

STUDENT'S DATE OF BIRTH: Month Day Year PLACE OF BIRTH: City State

CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

| EXAMINATION: (Circle Correct Response As Necessary) | Height: | Weight: | Male/Female | BP: / | Pulse: | Vision: R 20/ | L 20/ | Corrected: Yes No |
|---|---------|---------|---------------|--------------------------|------------------------|---------------|--------------------------|-------------------|
| MEDICAL | | | NORMAL | ABNORMAL FINDINGS | MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS | |
| Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | | | Neck | | | |
| Eyes/Ears/Nose/Throat: Pupils Equal Hearing | | | | | Back | | | |
| Lymph Nodes | | | | | Shoulder/Arm | | | |
| Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) | | | | | Elbow/Forearm | | | |
| Pulses: Simultaneous femoral and radial pulses | | | | | Wrist/Hand/Fingers | | | |
| Arteries: | | | | | Hip/Thigh | | | |
| Abdomen | | | | | Knee | | | |
| Genitourinary (Males Only) | | | | | Leg/Ankle | | | |
| Skin: HSV, lesions suggestive of MRSA, tinea corporis | | | | | Foot/Toes | | | |
| Neurologic: | | | | | Functional: Duck Walk | | | |

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities **NOT** crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

SIGNATURE OF EXAMINER:
PRINTED NAME OF EXAMINER:

CIRCLE ONE MD DO PA NP

DATE:

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT: _____ Date: _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD

Date

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize 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 care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE

EMERGENCY INFORMATION
(To be completed by parent/guardian)

Student's Name (Please Print)

Grade

In case of emergency, contact (name & relationship to student...PARENT/GUARDIAN or NEAREST RELATIVE ONLY):

Home #

Work #

Cell #

Home #

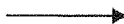
Work #

Cell #

My family doctor is _____ Phone _____

Please detail any special medical information (allergies, known drug reaction, current prescribed medication, etc.)

OVER



MEDICAL TREATMENT CONSENT
(To be completed by parent/guardian)

I, _____, the parent or guardian of _____,
(Please Print) (Please Print)

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize 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 care including hospital care, as may be deemed necessary under the then existing circumstances.

Date

Signature of Parent or Guardian

OVER

