

Carman-Ainsworth Youth Football & Cheerleading League

www.facebook.com/cayfcl OR cayfcl2014@gmail.com

Dear Parent/Guardian,

Thank you for choosing to have your child participate in the Carman-Ainsworth Youth Football & Cheerleading League! There are a few things to remember when registering:

- Because of changes with the MMRFL, ALL registrations for football and cheerleading MUST be received by July 31st.
- Registration is CASH only (no cashier checks, personal checks, or money orders) - no exceptions! (Late registration and missed weigh-ins are Non-Refundable. Refunds will be issued at the discretion of the CAYFCL Board)
- You can turn in your registration forms and money at Community Ed or during one of our registration days.
- ALL paperwork must be turned in before the first day of practice. Your child will not be able to participate until all paperwork is turned in.
- Below is a check list of paperwork that is needed for you child's registration to be complete:

_____ Completed registration form - signed and dated	_____ <u>Copy</u> of child's birth certificate
_____ Medical Treatment Consent form	_____ Consent to be photographed
_____ MMRFL Concussion & Waiver/Liability	_____ Volunteer/Refund form
_____ Practice/Attendance/Disciplinary form	_____ Weigh-in rules
_____ Current physical (Remember, you may want to retain a copy of your child's current physical for you records if your child might be participating in other sports later on!)	

Below are a couple of places that you can have a sports physical done if you are unable to get into your doctor:

Urgent Care
2265 S. Linden Rd
Flint 48532
(810) 720-8700

C-A High School
1300 N. Linden Rd
Flint 48532
(810) 591-3240

(Physicals will be done around the
beginning of August at the high school-
call for specific dates)

*****ATTENTION*****

**NEW LEAGUE MANDATED COACH/VOLUNTEER RULES AND WEIGH IN RULES IN PLACE
MANDATORY PLAYER/PARENT/COACHES MEETING
MON., AUGUST 3RD @ 6PM @ CAMS GYM**

Please visit http://www.cdc.gov/concussion/HeadsUp/online_training.html and print out your
certificate of completion

3 Football Weight Divisions Eligibility:

- Freshman: 8 & 9 years of age and up to 90.5 lbs
- Junior Varsity: Up to 11 years of age and up to 120.5 lbs
- Varsity: Up to 12 years of age and up to 170 lbs

Cheerleading Eligibility:

6-12 years of age

*****Due to the rising costs with MMRFL, insurance, and the purchase of new helmets,
jerseys and cheer jackets will not be handed out at the end of the season. However, jerseys and
cheer uniforms will be provided for use during the season.*****

Volunteer!

This league is all volunteer!!

Volunteer!

Do not forget that volunteers will be needed! We need volunteers to coach football and cheerleading, help out at the games, and with fundraising.

FOOTBALL PRACTICE BEGINS AUGUST 17TH @ 5:30 PM

CHEER PRACTICE BEGINS AUGUST 24TH @ 6:00 PM*

All practices are held at Carman-Ainsworth Middle School

Please note that you will be contacted regarding uniform fittings for cheerleaders

~ If your child requires an inhaler, please bring an extra one to practice, labeled with your child's name. It will be kept in their coach's medical kit box throughout the season.



Carman-Ainsworth

Youth Football & Cheerleading League



(PLEASE PRINT)

Participant's Full Name: _____

Parent/Guardian: _____

Address: _____ City _____ Zip _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

School Attending (Fall 2015): _____ Grade (Fall 2015): _____

Birthday: _____ Age as of Aug. 31st 2015: _____ Weight (**football only**): _____ (<160 lbs.)

Participating in: Football: _____ Cheerleading: _____ Previous Experience: Yes _____ No _____

❖ Is there a sibling participating also: Yes _____ No _____

❖ Is the sibling participating in: Football _____ or Cheer _____

Sibling's Name: _____

Interested in coaching: Football: _____ Cheerleading: _____

(Please visit http://www.cdc.gov/concussion/HeadsUp/online_training.html and print out your certificate of completion)

Emergency Contact: _____ Relationship: _____ Phone: _____

REGISTRATION FEE IS *CASH ONLY* <> NO Refunds on Registration after July 31st, 2015

Early Registration: March 5th – May 31st, 2015

Early Registration Cost: \$90.00 + *\$50.00 = \$140.00

Registration: June 1st – June 30th, 2015

Registration Cost: \$110.00 + *\$50.00 = \$160.00

Registration: July 1st – July 31st, 2015

Registration Cost: \$130.00 + *\$50.00 = \$180.00

*Volunteer fee will be refunded at the end of the 2015 season, only if you have volunteered a minimum of 2 hours, signed the volunteer sign-in sheet, and returned all equipment (if you have more than one child participating, you must volunteer a minimum of 2 hours per child)

*******Due to the rising costs with MMRFL keepsake football jerseys and cheer jackets will NOT be included for the 2015 season. However, football jerseys and cheerleading uniforms WILL BE provided for use during the season*******

I, the parent or guardian of the above named candidate for a position on the Carman-Ainsworth Youth Football & Cheerleading League, hereby gives my approval to participate in any and all team related activities, including transportation to and from activities. I know that participation in Cheerleading may result in serious injuries and protective equipment does not prevent all injuries to football players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Carman-Ainsworth Youth Football & Cheerleading League, Carman-Ainsworth Community Schools, it's organizers, supervisors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or any other cause.

At least one adult must be present and responsible for their child at football and cheerleading practice.

Signature of Parent or Guardian: _____ Date: _____

A sports physical is due before the start of the first day of practice for football and cheerleading.

Please provide a Copy of the birth certificate and a current sports physical at registration.

ALL FORMS MUST BE COMPLETED PRIOR TO THE FIRST DAY OF PRACTICE IN ORDER TO PARTICIPATE.

For Official Use Only

Amount Paid: \$ _____ Board Member: _____ Date: _____

Birth Certificate: _____ Physical: _____ MMRFL Concussion & Wavier/Liability: _____ Medical Treatment Consent: _____

Volunteer/Refund Form: _____ Consent to Photograph: _____ Practice/Discipline: _____ Weigh-in: _____

Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the CAYFCL to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____

Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

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Consent to Photograph

I, the Parent/Guardian of the minor child listed below, give my permission for him/her to be photographed and/or video taped during activities related to the Carman-Ainsworth Youth Football and Cheerleading League for use in print, video, and online purposes, such as the Carman-Ainsworth Youth Football and Cheerleading League website and/or facebook page.

Authorization:

Printed Name of Parent/Guardian: _____

Signature: _____ Date: _____

Relationship to Child: _____

Names and Age of Minor Child:

Name: _____ Age: _____

_____ I **DO NOT** want my Child's photographs and/or video taped activities related to the Carman-Ainsworth Youth Football and Cheerleading League to be used.

Mid Michigan Rural Football League, Inc.
AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in _____ CAYFCL _____ / MMRFL athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Acknowledge that I have received and reviewed the Heads Up Parent and Athlete Concussion Information Sheet provided by _____ CAYFCL _____ and MMRFL in accordance with Public Acts 342 and 343 of 2012 and MDCH requirements.
5. Release, waive, discharge and covenant not to sue _____ CAYFCL _____ / MMRFL its affiliated clubs, their respective administrators, directors, agents, employees, other members or participants, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Please Print Clearly

Participant Name (one per waiver) _____

Participant Signature _____ Date: _____

Participant Address _____ City _____

Name of Parent/Guardian _____

Relationship to Participant _____

Signature of Parent/Guardian _____ Date ____/____/____

Participant is: Cheerleader ☐ Football Player ☐ Season: _____

Return this signed form to the sponsoring organization named that must keep this form on file for the duration of participation or age 18.

Participants and Parents – Please review and keep the attached Educational materials available for future review .

PARENT & ATHLETE CONCUSSION INFORMATION SHEET

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

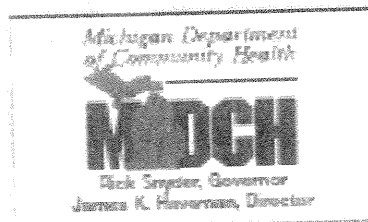
WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, she should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.



SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

► **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

PHOTO COURTESY OF THE NATIONAL OPERATING COMMITTEE ON STANDARDS FOR ATHLETIC EQUIPMENT (NOCSE)

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

PHOTO COURTESY OF THE NATIONAL OPERATING COMMITTEE ON STANDARDS FOR ATHLETIC EQUIPMENT (NOCSE)

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

PHOTO COURTESY OF THE NATIONAL OPERATING COMMITTEE ON STANDARDS FOR ATHLETIC EQUIPMENT (NOCSE)

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED _____

STUDENT-ATHLETE NAME SIGNED _____

DATE _____

PARENT OR GUARDIAN NAME PRINTED _____

PARENT OR GUARDIAN NAME SIGNED _____

DATE _____

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO  WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSE).

COACH VOLUNTEER FORM

Please fill out this form if you are interested in coaching football or cheerleading

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

You will be contacted by a CAYFCL Board Member by mid-July regarding a background check and concussion training (both required by the MMRFL and must be completed before the first day of practice)

VOLUNTEERING

I understand that in order to receive my \$50.00 volunteer refund at the end of the season, I must volunteer a minimum of 2 hours (per participant) at a home game and sign the volunteer sheet located in the concession stand. If I do not volunteer or sign the volunteer sheet each time I volunteer, I will not receive my volunteer refund.

A parent, guardian or family member 18 years or older may volunteer for the participant. The volunteer refund will be issued to the parent/guardian that signs the registration form and mailed to the address provided when registering.

Board Members are not responsible to sign in individuals.

Volunteer sheet must be signed by the volunteer – **no exceptions!!**

Participant Name: _____

Parent/Guardian Signature: _____

Date: _____

REFUND POLICY

I understand that any refunds (volunteer and registration) will be determined on an individual basis and issued at the discretion of the CAYFCL Board.

Participant Name: _____

Parent/Guardian Signature: _____

Date: _____

Practice Schedule

Football Practice will be as follows:

Week of 8/17/15: Monday, Tuesday, Wednesday, Thursday 5:30pm – 8:30pm

Week of 8/24/15: Monday, Tuesday, Wednesday, Thursday 5:30pm – 8:30pm

Week of 8/31/15: Monday, Tuesday, Wednesday, Thursday 5:30pm – 8:30pm

Week of 9/07/15: Tuesday, Wednesday, Thursday 5:30pm – 8:30pm

Week of 9/14/15 – Week of 10/19/15: Monday, Tuesday, Thursday 5:30pm – 8:00 pm

Monday and Tuesdays will be contact practice days; Thursdays will be conditioning practice

Attendance policy

It is recommended that you attend all practices. However, if you miss practices, the following apply:

Attend 1 contact practice for the week, participant will only play during the second half of the game that week.

Attend all 3 practices or 2 practices for the week (2 contact practices or 1 contact and 1 conditioning), participant will play entire game that week.

If participant misses both contact practices for the week, participant will not play in the game that week at all, no exceptions!

I have read and understand the practice schedule and rules regarding practicing and game eligibility.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Disciplinary Rules

We encourage participants to do their best both on and off the field. If a participant has been in trouble at school or practice, the coach may discipline the participant at their discretion. We believe academics are more important than athletics and should always come first, therefore, if a parent chooses to discipline their child due to fighting, bad behavior, poor grades, etc, our coaches will stand behind the parent's decision to do so.

I have read and understand the rules regarding discipline within the CAYFCL.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Weigh-In Rules

There are new procedures for weigh-ins throughout the season (football only).

Due to these new rules, there will be absolutely **NO** refunds issued for missed weigh-ins. It is up to you, the parent, to be responsible to have your child at **ALL** weigh-ins, no exceptions. If you miss the first weigh-in, they will not be able to participate until week 4 of games, after the 3rd weigh-in takes place. Also, if your child is over the weight limit for their division, the team will automatically forfeit the next game as well as all previous games played.

First weigh-in: Monday, August 17th, 2015 (C-A Middle School)

Second weigh-in: Saturday, August 29th, 2015 (location TBA)

Third weigh-in: Third week of games (specific date/location TBA)

It will be up to the CAYFCL Board to determine weight class, as well as players dropping down. This will be reviewed on an individual basis.

From MMRFL website:

-- Revised weigh-in process to have 3 weigh-ins across league per year with players being placed in appropriate Age/Weight Division based upon that official weight.

(1) Pre-Season for initial placement

(2) Week before Roster Meeting for official Division assignment before first game

(3) 3rd week of games for verification of assignments before 4thh week games.

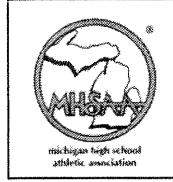
Participant Name: _____

Parent/Guardian Signature: _____

Date: _____



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	Month	Day	Year	PLACE OF BIRTH:	City	State		
DATE OF BIRTH:								
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		
Lungs:						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

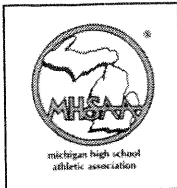
< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

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

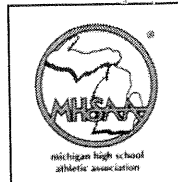
DATE



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:				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	MEDICAL QUESTIONS		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 hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
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 numbness, tingling, or weakness in your arms or legs after being hit or falling?			
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 been unable to move 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)?				Are you trying to or has anyone recommended that you gain or lose weight?			
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 on a special diet or do you avoid certain types of foods?			
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?				Do you wear protective eyewear, such as goggles, or a face shield?			
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 or someone in your family have sickle cell trait or disease?			
Has a doctor ever told you that you have high blood pressure?				Do you have any history of juvenile arthritis or connective tissue disease?				Have you had any problems with your eyes or vision or had any eye injuries?			
Has a doctor ever told you that you have high cholesterol?				Have you ever had a stress fracture?				Do you wear glasses or contact lenses?			
Has a doctor ever told you that you have Kawasaki disease?				Have you a bone, muscle, or joint injury bothering you?				Have you ever had herpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?				IMMUNIZATION HISTORY		YES	NO	Have you had infectious mononucleosis (mono) within the last month?			
Has a doctor ever told you that you have a heart infection?				Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)				Do you have any rashes, pressure sores, or other skin problems?			
Has a doctor ever told you that you have a heart murmur?				MEDICAL QUESTIONS		YES	NO	Do You Have Any Allergies?			
YOUR FAMILY'S HEART HEALTH QUESTIONS		YES	NO	Have you ever become ill while exercising in the heat?				FEMALES ONLY		YES	NO
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?				Have you ever had a menstrual period?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?				Do you have headaches or get frequent muscle cramps When exercising?				How old were you when you had your first menstrual period?			
Anyone in your family had unexplained fainting?				Do you have pain, a painful bulge or hernia in the groin?				How many periods have you had in the last twelve (12) months?			
Anyone in your family had unexplained seizures?				Is there any one in your family who has asthma?							
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: _____