

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 Executive Drive, Lexington, Kentucky 40505
Athletic Participation/Physical Examination Form/Consent and Release

PART I - ATHLETE INFORMATION
(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____
Home Address (Street, City, State, Zip) _____
Gender _____ Birth Place (County, State) _____
Date of Birth: _____ School _____
Grade _____
Attendance History: _____
Grade _____ School Year _____
9 _____
10 _____
11 _____
12 _____

I am planning to participate in the following (circle all you might try to play):
Basketball _____ Football _____ Soccer _____
Baseball _____ Cross Country _____ Golf _____
Swimming _____ Tennis _____ Track and Field _____ Volleyball _____ Wrestling _____
Cheerleading _____ Other _____

PART II - MEDICAL HISTORY

This part must be completed by parent and student and presented to the authorized health care provider before the physical.
CHECK THE APPROPRIATE RESPONSE TO EACH ITEM. YES NO
1. Have you ever been hospitalized? _____
2. Have you ever had surgery of any kind (e.g., tonsillectomy)? _____
3. Are you presently taking any medications or pills? _____
4. Do you have any allergies (medicine, bees, or other insects)? _____
5. Have you ever passed out during exercise? _____
6. Have you ever been dizzy during or after exercise? _____
7. Have you ever had chest pain during or after exercise? _____
8. Have you ever had high blood pressure? _____
9. Have you ever been told you have a heart murmur? _____
10. Have you ever had rashes of your heart? _____
11. Has anyone in your family died of heart problems before 50? _____
12. Do you have any skin problems? (itching, rashes, acne) _____
13. Have you ever had a head injury? _____
14. Have you ever been knocked out or unconscious? _____
15. Have you ever had a seizure or suffer from epilepsy? _____
16. Have you ever had a sting, burn, or pinched nerve? _____
17. Have you ever had heat related problems? _____
18. Have you ever been dizzy or passed out in the heat? _____
19. Do you cough heavily or breathe heavily during activity? _____
20. Do you use any special equipment (e.g., knee brace)? _____
21. Have you had any problems with your eyes or vision? _____
22. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? _____
23. Are you missing one of any paired organs (e.g., eyes)? _____
24. Have you ever been diagnosed with any form of asthma? _____
25. Are you using an inhaler for asthma? _____
26. Are you diabetic? _____
27. Do you administer insulin to yourself? _____
28. Are you presently using tobacco in any form? _____
29. Do you have a history of sickle-cell anemia in your family? _____
30. Have you had any other medical problems? _____
31. Have you had a medical problem or injury within the last year? _____
32. Can you swim? _____
33. When was your last tetanus shot? _____

Please explain any YES answers from questions 1-31 on page 1.

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Division 2.

PATIENT NAME: _____
HEIGHT: _____ WEIGHT: _____ BP: _____ PULSE: _____
VISION: R-20' _____ L-20' _____ BOTH-20' _____ CORRECTED Y/N _____

	Normal	Abnormal	Comment
HEAR1			
Rhythm (regular/irregular)			
Murmur (supine)			
Murmur (standing)			
EKG			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared only to participate in the sports of _____

Recommendation/Restriction (attach additional if necessary) _____
In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Provider's Name (please print) _____
Address _____
City/State/Zip _____
Phone _____
Date: _____
Authorized Signature _____
This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM

(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____
 SOCIAL SECURITY NUMBER _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 SCHOOL _____
 BIRTH DATE _____
 PHONE _____
 NAME _____
 RELATION _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 DAYTIME PHONE _____
 EVENING PHONE _____

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used.

PART V - CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coach's instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain in person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have received, read and understood the document entitled *KHSAA Eligibility Rules and Personal Permission from Older Athletes as of April 30, 2008*. Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, Section 1, otherwise known as the "Transfer Rule," upon participation in any varsity context regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V - CONSENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

The student and parent/legal guardian consent to this student being a physical examination as required by the KHSAA. The student and parent/legal guardian consent to this student's demographic information and participation statistics and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including, but not limited to, academic, financial and health care information, to third parties including, but not limited to, school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including, but not limited to, making determinations regarding eligibility to participate in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students' Name (Please print) _____ School _____

Student and Parent/Guardian Address _____

Signature of Student _____ Date _____

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) _____ Emergency Phone Number _____

Signature of Parent(s)/Guardian(s) who has/have custody of this student _____ Date _____

Insurance Carrier _____ Policy Number _____