WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name		PARI		Grade Entering:						
Name Home Address:										
City:										
-			Place of Birth:							
Last semester I att	ended AC athletics. If accept	(High School	ol) or (Middle School).	We have read the condensed eligibility effort to keep up school work and abide by						
must be a re must qualify must have a must not ha must be res must living with must be an must have a completely that your pa must not ha WVSSAC. (must not, w an unsancti must follow must not ha in grades 6-	egular bona fide student / under the Residence ar earned at least 2 units of attained an overall "C" (2 ave reached your 15th (Missiding with parent(s) as since parents have made nless an AFS or other Fornless the residence requilegal guardian/custodiar amateur as defined by Foundard in and properly signated in an area are the signated in a member of a school of the signated in a member of a school of the signated in more in a signated in a member of a school of the signated in a more in a school of the signated in a more in a signated in a more in a signated in a more in a school of the signated in a more in a signated in a signated in a more in a signated in a signat	al before becoming a member of the distribution and the same sport during the same sport during the same sport during the same sport during the same (127-3-4)	c contest, you: (See exception under R Summer School may be it ester. Summer School m August 1 of the current so ce during school term. rear of eligibility only). lendar days attendance p sity level. (127-2-8) If any school athletic team een examined and found urposes. (127-2-7) IS athlete, any award no a member of any other of school sport season (See	included. (127-2-6) hay be included. (127-2-6) chool year. (127-2-4) prior to participation. In Participation/Parent Consent/Physician Form, to be physically fit for athletic competition and of presented or approved by your school or the reganized team or as an individual participant in						
all other standards s activity or action migh	set by your school and that have on your eligibility	the WVSSAC. If you have an	y questions regarding you thletic director. They are	ne above listed minimum standards but also ur eligibility or are in doubt about the effect any aware of the interpretation and intent of each m being penalized.						
J	·	PART II - PARENT								
In accordance with the ru BASEBALL BASKETBALL CHEERLEADING	ules of the WVSSAC, I give r CROSS COUNTRY FOOTBALL	ny consent and approval to the part GOLF SOCCER SOFTBALL	icipation of the student name SWIMMING TENNIS TRACK	ed above for the sport NOT MARKED OUT BELOW : VOLLEYBALL WRESTLING BAND						
MEDICAL DISQUALI	FICATION OF THE STU	DENT-ATHLETE / WITHHOLI	DING A STUDENT-ATHL	ETE FROM ACTIVITY						
an injury, an illness or		clearance for that individual to		s removed or withheld from participation due to the responsibility of the member school's team						
contests. I will not ho result of this participal check appropriate spa	ld the school authorities tion. I also understand t	or West Virginia Secondary Sch hat participation in any of thos accident insurance available th	nool Activities Commission sports listed above ma	It travel to participate in interscholastic athletic on responsible in case of accident or injury as a ny cause permanent disability or death. Please is football insurance coverage available through						
		e above named student to rece ler as recommended by the na		n, as required in Part IV, Physician's Certificate, ninistration.						
				I information in reports of Inter-School Practices related to interscholastic athletics.						
I have read/re	•	sion and Sudden Cardiac		as available through the school and at						

Date: ______Parent Signature______Parent Signature______

PART III - STUDENT'S MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Name	Birthda	ate	/				Grade		Age)	
Has the student ever had: Yes No 1. Chronic or recurrent illness? (Diabetes, Seizures, etc.,)	Asthma,	Yes	No	13.		yone in yo	ms with hea our family ev		nted d		ercise? List
Yes No 2. Any hospitalizations? Yes No 3. Any surgery (except tonsils)?		Yes	Nο	15	Wear	nlasses	, COI	ntact	lense	29	dental
Yes No 4. Any injuries that prohibited your participation in	sports?	applia	ance	s	_?	_					
Yes No 5. Dizziness or frequent headaches?							s missing (e er than 10 ye		-		
Yes No 6. Knee, ankle or neck injuries? Yes No 7. Broken bone or dislocation?		shot?				· ·	•		•		
Yes No 8. Heat exhaustion/sun stroke?					-		een told not				
Yes No 9. Fainting or passing out?		res	NO	19.		oate in spo	f any reaso orts?	n this	stua	ent sno	oula not
Yes No 10. Have any allergies? Yes No 11. Concussion? If Yes							death history				500
Date(s)							story of hea ng, wheezin				
PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHE ADDITIONAL CONCERNS.	R				breath (Fema	when you	exercise? Do you have	-			
I also give my consent for the physician in attendance any injury.	and the appro	opriate n	nedi	cal	staff to	give trea	atment at a	any at	hletic	event	for
SIGNATURE OF PARENT OR GUARDIAN						DA	TE	/_		_/	
P	ART IV – VI	TAL SI	GNS	3							
Height Weight	F	Pulse				Bloo	Blood Pressure				
Visual acuity: Uncorrected/;	Corrected		/_			_; Pupils	s equal dia	mete	r: Y	N	
PART V – This exam is not meant to replace	SCREENING a full physica						ate physic	cian.			
Mouth: Respirate	ory:					Abdom	nen:				
Appliances Y N Symmo	etrical breath	sounds	Υ	Ν	1	Mass	ses			Υ	Ν
Missing/loose teeth Y N Wheez	es		Υ	١	1	Orga	anomegaly	•		Υ	N
Caries needing treatment Y N Cardiova							urinary (m		only);		
Enlarged lymph nodes Y N Murmu			Y			•	inal hernia 			Y	N
Skin - infectious lesions Y N Irregula			Y			Bilat	erally desc	cende	d tes	ticlesY	N
	r with Valsal			١			ilata baalt	h		vidos	
Any "YES" under Cardiovascular requires a	reierrai to i	anniy uc	octo	ror	otner	appropr	iate neart	ncare	e pro	vider.	
Musculoskeletal: (note any abnormalities)		1.7 (1.1							.,		
	N N	Knee/H Ankle:	ip:		Y N Y N		Hamstrin Scoliosis	-	Y Y	N N	
Silouider. I iv Wiist. I	IN	Alikie.			1 1		Scollosis	•	'	IN	
RECOMMENDATIONS BASED ON ABOVE EVALUATIONS	TION:										
After my evaluation, I give my:											
Full Approval;											
Full approval; but needs further evaluation by	Family Denti	ist;	Еує	e Do	octor _	; Fam	ily Physici	an	;	Other	;
Limited approval with the following restriction:	-		-				-				
Denial of approval for the following reasons:											
Domai of approval for the following reasons.									,		•