

FORM CHECKLIST SHEET

print student athletes name: _____

_____ AHSAA Pre-participation Physical Evaluation (2 Pages)

_____ HCS Athletics Permission Form

_____ Out of County/Medical Release Form

_____ Concussion Information Form (2 Pages)

_____ AHSAA Participant Agreement, Consent, and Release

_____ Transportation/Field Trip Information (soccer program)

_____ Star Sportsmanship Certificate

_____ Copy of their Birth Certificate

In order to **participate**, you must have **all forms** completed and turned in by conditioning date (monday Nov 16) to **Ms. Mendenhall** (main building room 115)

Physical evaluations are good for one year.

If you have taken part in other sports at HHS this year, then we can transfer most of these forms over, below just write down the sport you were involved with and the coach's name.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

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

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year from the date of the exam.**

Physical Examination

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision Contact Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

**To Be Filed
In The
Principal's Office**

**HUNTSVILLE CITY SCHOOLS
HUNTSVILLE, AL
ATHLETICS PERMISSION FORM**

**See Policy #105-1
Page 2, Section D.
Insurance**

I hereby give my permission for my child _____ to participate in Soccer athletics at Huntsville High School during the _____ year. I also give my permission for the adult representative to sign for emergency medical treatment my son/daughter may need while participating in this sport, including out-of-town trips.

I fully understand that neither Huntsville High School nor the Huntsville City School System furnishes an accident and/or disability insurance for athletes; however, we feel a responsibility to make available to you information on the best, most inexpensive insurance you can purchase. Each athlete must take out this insurance, or the parents must sign that they will assume responsibility for all medical bills.

By signing this document, I hereby release the Huntsville City School System and all its employees from any liabilities whatsoever and waive any claims for compensation in case of injury to my son/daughter.

PLEASE MARK PREFERENCE DESIRED IN BLANK SPACE

1. Regular school insurance, to be purchased by parents, will cover all sports and school accidents, except football.
2. Special school insurance, to be purchased by parents, will cover football.
3. Parents will assume responsibility for all medical bills.

Signature of Parent Date

Doctor's Name

Emergency numbers where parents can be reached:

Doctor's Phone Number

Home

Work

Cell

Alternate Contact

List any medication your child is allergic to:

Insurance Holder: _____

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Insurance Address: _____

Phone Number: _____

**IN CASE OF EMERGENCIES
COACHES SHOULD HAVE A COPY OF THIS INFORMATION
AVAILABLE AT ALL TIMES**

Huntsville City Schools
Out of County/Overnight Student Trip/Event Medical Release Form

Student's Name: _____	Date of Birth: _____
Street Address: _____	City: _____
Parent/Guardian #1 Address: _____	Parent/Guardian #2 Address: _____
Home Phone #: _____	Home Phone #: _____
Phone # @ Work: _____	Phone # @ Work: _____
Employer: _____	Employer: _____
Cell Ph. # or Pager: _____	Cell Ph. # or Pager: _____
Health Insurance: _____	Effective Date: _____
Contract Number: _____	Group Number: _____

If unable to reach parent/guardian, please notify:

Name: _____	Relationship _____
Home Ph. #: _____	Cell Ph. # or Pager: _____

Student's General Health Information

1. **List your child's *daily* medications: (doses and times of administration)**
 (1) _____
 (2) _____
 (3) _____
 (4) _____

2. **List any *Emergency and PRN* medications OTC or prescribed for your child and the circumstances under which they are to be given.**
 (1) _____
 (2) _____
 (3) _____

Yes No A completed and signed *School Medication Prescriber/Parent Authorization Form (PPA)* is required for each medication –prescription or over-the-counter (OTC) is on file at school?

3. **List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.**
 (1) _____
 (2) _____
 (3) _____

4. **An Individual Health Care Plan (IHP) is on file at school** Yes No
 List IHP(s): _____

Family Physician: _____
Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip Code:** _____

I give permission for an adult representative for Huntsville City Schools to authorize emergency medical treatment and give reasonable necessary medical decisions my son/daughter may need while participating in the student event/trip(s).

 Signature of Parent/Guardian

 Date:

* It is the responsibility of the parent/guardian to update this form.

*Signature of parent/guardian on this form acknowledges their financial responsibility for medical and dental care when required for their child.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form
(Required by AHSAA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AHSAA Concussion Policy in effect since 2009.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student Athlete Name Printed	_____ Student Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date

HHS SOCCER ATHLETIC DEPARTMENT

TRANSPORTATION RELEASE

I hereby give my son/daughter _____, (print name)
a member of the HHS BOYS/GIRLS SOCCER TEAM permission to

Please check all that apply:

_____ Travel only on authorized school vehicles.

_____ Leave from athletic practices or contests with another athlete's parents.

_____ Leave from athletic practices or contests in order to be picked up by a family member or other responsible adult at a designated meeting point.

_____ Use their own personal vehicle as transportation to and from athletic practices or contests.

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control.

I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so.

FIELD TRIP CONTRACT

My child **has my permission to participate in an excursion** to Soccer Matches sponsored by HHS Soccer Team on the following date(s): per schedule.

I understand my child will be transported by self/parent/coach for all area games.

I understand my child will be transported by a parent/coach for all out of county games.

I understand that all Huntsville City Schools and Huntsville High School rules apply while on a trip.

Parent's Signature

Date

Student's Signature

Date

HHS SOCCER

STAR SPORTSMANSHIP INSTRUCTIONS

- | |
|---|
| 1. Go to: http://www.starsportsmanship.com |
| 2. Click on Student Sign In |
| 3. Enter our school code: STAR01251 then Click OK |
| 4. It will then verify your school name - If it says Huntsville High School - Click OK, if not, Click Back and re-enter the school code |
| 5. You are then asked to select your grade - Click OK |
| 6. If this is your first time into the system you will need to register - Click on REGISTER and enter that information |
| 7. If you have already registered - you will see your name on the list. Click your name. |
| 8. Complete your test and print your certificate |
| 9. Turn in your certificate to Mrs. Brennan |