



# WELLS MIDDLE SCHOOL

*"Home of the Roadrunners"*  
A California Distinguished School

---

To Wells Middle School Parents and Athletes:

We believe participation in athletics is an integral part of the overall educational experience for our student athletes. Teamwork, communication, discipline and goal setting are a few of the many skills our students will learn.

Middle school athletics in the Dublin Unified School District cannot function without your support. Unfortunately, our school does not receive district (tax dollar) funds for equipment, uniforms, and tournaments fees. As such, participation donations are solicited to fund these valuable programs. Without your generous donations, sports at Wells Middle School cannot be offered. Middle school sports cost much less than many families already pay for outside club sports and we appreciate your help in keeping our programs running at their current level.

Donations are used to cover the major operating costs of our athletic budget including officials, tournament fees, sports equipment, facilities, dues & league fees and supervision. Your athletic donation is tax deductible and funds the sport your student/athlete is participating in.

The voluntary donation suggested below is designed to cover the costs of referee fees, tournaments fees, uniforms, sports equipment, course fees and supervision. This voluntary donation is calculated by dividing the costs in these areas by the number of students expected to participate in the sport.

We respectfully ask that you make the suggested donation below, or any donation that you are able to make, in order that your student(s) and all of our student-athletes will have the opportunity to develop as both athletes and young adults benefitting from the unique experiences found only in middle school sports.

On behalf of the students and staff, we would like to take this opportunity to thank you for your continued support of Wells Middle School and its programs. Your donation may be returned to Wells Student Activities Office.

\$75	-	7 <sup>th</sup> /8 <sup>th</sup> grade Basketball – Wrestling – Volleyball - Golf
\$50	-	6 <sup>th</sup> grade Basketball
\$40	-	Cross Country - Track & Field



## WELLS MIDDLE SCHOOL Athletic Clearance Packet Checklist and Signature Form

List of **Mandatory Signature** forms to be submitted to the Student Activities Office prior to participation in athletics:

- 1. ATHLETIC PROGRAM DONATION PARTICIPATION FORM
- 2. ATHLETE PARTICIPATION AGREEMENT
- 3. INSURANCE INFORMATION
- 4. CONCUSSION INFORMATION STREET
- 5. RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
- 6. ATHLETE INFORMATION CARD
- 7. SPORTS PHYSICAL FORM
- 8. ATHLETIC CLEARANCE PACKET CHECKLIST AND SIGNATURE FORM

**Please sign and return this form along with all mandatory signature forms to the Student Activities Office.**

By signing this form, we acknowledge that we have read, understand and agree to the information provided in the following documentation:

**ATHLETIC AGREEMENT  
CONCUSSION INFORMATION  
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

We agree to abide by all regulations and expectations required by the Dublin Unified School District/Wells Middle School Athletic Program and any rules set forth by individual coaches. We accept the consequences should any rule be violated.

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## WELLS MIDDLE SCHOOL ATHLETIC PROGRAM DONATION PARTICIPATION FORM

Donations may be tax deductible. Additionally, if your company offers matching funds, this is a great way to maximize your donation. Please make checks payable to Wells Middle School and **notate “Athletic Program Donation” and “Sport” in the lower left corner of your check for tax purposes.** Attach your check to your athletic packet and return to the Student Activities Offices. Please help us protect the future of Wells Middle School Athletics by making any donation you are able to.

This form is intended only for the Athletic Program Donations. This money is used to pay for part of the team costs, officials, equipment, tournament fees and facility upkeep. **Based on the costs to the athletic program the suggested donations for each sport are:**

- \$75 - 7<sup>th</sup>/8<sup>th</sup> grade Basketball – Wrestling – Volleyball - Golf
- \$50 - 6<sup>th</sup> grade Basketball
- \$40 - Cross Country - Track & Field

*Please print clearly.*

<b>STUDENT(S):</b>
Student Name:
Parent Name:
Sport:
Phone:

<input checked="" type="checkbox"/> <b>DONATION (Please choose one)</b>	
	We are attaching our donation of \$_____
	We are unable to make a donation at this time but we will at a later date of \$_____
	We are choosing not to support WMS Athletics at this time.

# WELLS MIDDLE SCHOOL ATHLETIC PARTICIPATION AGREEMENT

STUDENT-ATHLETE NAME \_\_\_\_\_

SPORT(S) \_\_\_\_\_

I understand that a fulfilling educational sport experience requires the exercise of responsibilities on the part of both personnel associated with the athletics program and student-athletes. As a student-athlete, I understand my responsibility to commit to the principles of self-discipline, collaborative effort and team building, and to be an ambassador for the institution.

## **Academic Standards**

I understand that the athletics department is committed to the philosophy that student-athletes are students first and foremost and that all student-athletes must exhibit behaviors that demonstrate a commitment to maximizing academic success as their first priority. I understand that the athletics department has created the following standards, strategies, and policies to maximize the possibility of student-athletes meeting their academic goals. I understand that I am obligated to comply with these standards:

- Student-athletes must adhere to all academic requirements (study halls, tutoring sessions, etc.) specified by the academic counselor.
- The academic support program staff monitors student-athletes' academic progress. If at any time, the a student-athlete is not meeting his or her responsibilities (i.e. warning notices, probationary status notices, grade point average reduction, tardies, excessive absences notices, etc.) the Administration will meet with the head coach and to determine if playing or practice privileges will be restricted, suspended, or terminated.
- If a student-athlete's grade point average drops below a 2.0 and has no more than one "F", he or she will become automatically ineligible to participate until the grade point average returns to the 2.0 minimum and the "F" grade improves.
- While classes missed for regular- or post-season contests are approved, the expectation is that student-athletes will make every effort not to miss any additional classes and will only do so under extenuating circumstances such as illness or family emergency. Excessive absences may result in restriction of a student-athlete's participation in practice or competition.
- Student-athletes are not permitted to miss any regularly scheduled classes for activities other than scheduled athletics competitions, unless approved by a school Administrator and the professor of the class involved.
- Student-athletes are expected to meet all deadline dates for class assignments and are required to make pre-arrangements with instructors when quizzes, tests or special assignments conflict with contest dates.

## **Behavioral Expectations**

I understand that student-athletes are visible representatives of the school both on campus and off-campus whose behaviors are often closely scrutinized by the media and general public. Student-athlete behavior affects public perception of institutional ethos, athletics department standards, and the character of the student body. Therefore, it is an expectation that student-athletes will demonstrate consistent role model behavior, sportsmanship and self-control. More specifically:

## ATHLETIC PARTICIPATION AGREEMENT (Cont'd)

- Student-athletes must be committed to fair play. Intentional acts of unsportsmanlike behavior or cheating will not be tolerated.
- When representing their teams during competition, student-athletes will exercise self-control in all ways including, but not limited to, resisting the use of profanity, demonstrating unnecessary aggression or hostility towards others, making inappropriate physical gestures, taunting or excessively celebrating, and disrespecting coaches, officials, teammates or opponents.
- Student-athletes are prohibited from interacting in any negative way with fans.
- Student will not engage in the use of any social media outlet to harass, bully, or demean any players, coaches, officials, or parents from Wells Middle School or any opposing schools. This will result in suspension or possible removal from the team if such actions occur.
- Any actions that result in a student-athlete being sanctioned by school, local, state, or federal authorities may also result in sanctions from the athletics department.

### Teamwork and Team Expectations

I understand that team unity and team chemistry are key variables for a positive and successful athletics experience. Commitment to team goals is essential which, at times, may take precedence over individual goals. However, I understand that the athletics department does not subscribe to a team culture based on intimidation or mandatory allegiance to questionable practices and requires that all student-athletes be treated fairly by coaches, support staff, and teammates. Under these conditions, I understand that student-athletes are expected to exhibit a level of selflessness that promotes team goals. More specifically:

- Student-athletes are expected to immediately report any behaviors they would describe as abusive by a coach, staff member, or a teammate to the Athletics Director or an Administrator.
- Student will be responsible for all equipment or clothing checked out. All equipment and clothing must be returned in good condition. Equipment or clothing that is lost, misplaced, or misused will be paid for at Student's expense.

I agree to accept the participation standards and policies listed above and knowingly accept that violations of these standards may result in a variety of sanctions by the athletics department including, but not limited to restriction, suspension from, or termination of participation in the athletics program.

\_\_\_\_\_  
Student/Participant Name Printed

\_\_\_\_\_  
Student/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**INSURANCE INFORMATION**  
**SPECIAL INSTRUCTIONS FOR STUDENTS IN GRADES 6 – 12**  
**WHO PLAN TO BECOME A MEMBER OF AN ATHLETIC, CHEER OR MUSIC PROGRAM**

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE**

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury. Pursuant to Education Code 32220, "member of an athletic team" also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompom girls, color guard, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangement of the district or a student body organization, to or from a school or other place or instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than 80 percent payable for each occurrence.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

As the parent/guardian of \_\_\_\_\_, who plans to participate in an athletic, cheer or music program, I understand that the District does not provide medical insurance for student injuries, but does make voluntary student insurance available. I have received the information on this program.

- The student named below is covered by medical insurance.
- The student named below needs medical insurance coverage. I have completed and mailed an application to Meyers-Stevens Company.
- The student named below needs medical insurance coverage and will participate in athletic events. I have completed and mailed an application form to Meyers-Stevens Company.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Wells Middle School

## Concussion Information Sheet

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.** You can't 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"> <li>▪ Headache</li> <li>▪ "Pressure in head"</li> <li>▪ Nausea or vomiting</li> <li>▪ Neck pain</li> <li>▪ Balance problems or dizziness</li> <li>▪ Blurred, double, or fuzzy vision</li> <li>▪ Sensitivity to light or noise</li> <li>▪ Feeling sluggish or slowed down</li> <li>▪ Feeling foggy or groggy</li> <li>▪ Drowsiness</li> <li>▪ Change in sleep pattern</li> </ul>	<ul style="list-style-type: none"> <li>▪ Amnesia</li> <li>▪ "Don't feel right"</li> <li>▪ Fatigue or low energy</li> <li>▪ Sadness</li> <li>▪ Nervousness or anxiety</li> <li>▪ Irritability</li> <li>▪ More emotional</li> <li>▪ Confusion</li> <li>▪ Concentration or memory problems (forgetting game plays)</li> <li>▪ Repeating the same question/comment</li> </ul>
--	---

**Signs observed by teammates, parents and coaches include:**

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

**What can happen if my child keeps on playing with a concussion or returns to 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 young 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**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 medical clearance. You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

\_\_\_\_\_  
Student/Participant Name Printed

\_\_\_\_\_  
Student/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



# WELLS MIDDLE SCHOOL

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC ACTIVITIES PARTICIPATION



This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is a prerequisite to participation in any interscholastic athletic activity. This release essentially says the student named below is going to participate in an athletic activity that involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the student, parents and heirs) will not make a claim against or sue Wells Middle School, Dublin Unified School District, its Board of Trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

**THEREFORE LET IT BE KNOWN:**

We, the undersigned, understand and acknowledge that \_\_\_\_\_, (Name of Student) has voluntarily chosen to participate in a school-sponsored athletic activity. We know and fully understand that any athletic activity or competitive sport, including, but not limited to, basketball, cheer, cross country, drill, golf, track, volleyball, or wrestling, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, coaches, trainers, or other staff. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, games, meets, or any other type of competition, including any transportation to or from any such event.

\_\_\_\_\_’s (Name of Student) participation in this activity is purely voluntary and it is being done at his/her own risk In consideration for Wells Middle School allowing the above-named student to participate in this athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless Wells Middle School, Dublin Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student’s participation in this activity. We also expressly agree to release and discharge Wells Middle School, Dublin Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this athletic activity, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student’s right and the rights of the parents and heirs to make a claim or file a lawsuit against Wells Middle School, Dublin Unified School District, its Board of Trustees, officers, employees, volunteers, and agents. California Law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion.” (Education Code Section 35330)

**WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ATHLETIC ACTIVITY, WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AN ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.**

\_\_\_\_\_  
Student/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# WELLS MIDDLE SCHOOL SPORTS PHYSICAL FORM

I grant permission to release the information below to School Personnel.

Signature of Parent/Guardian: \_\_\_\_\_

NAME: _____	Date of Birth: _____	Student ID: _____
Sports: _____	School: _____	Grade: _____
Emergency Contact: _____	Cell Phone: _____	Home Phone: _____
ALLERGIES: _____	MEDICATIONS: _____	

Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_/\_\_\_\_\_

HEARING:  Passed Right/Left <25dcbls (all frequencies)      Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Both 20/\_\_\_\_ Corrected:  Y  N  
 Failed \_\_\_\_\_       Not Done      U/A:  Normal \_\_\_\_\_

REQUIRED IMMUNIZATIONS: Measles, Mumps, Rubella, Hepatitis B, Polio, Tetanus, Pertussis, and Varicella/illness.

- Up to date (See Attached Vaccine Documentation)       Not up to date, Vaccines Needed: \_\_\_\_\_  
 Baseline Concussion Assessment Complete (Recommended)

MEDICAL:	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL:	NORMAL	ABNORMAL FINDINGS
Back (including scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan: \_\_\_\_\_

OFFICE STAMP:

- Cleared for all sports without restrictions  
 Not Cleared for:  All sports     Certain sports: \_\_\_\_\_  
Reason: \_\_\_\_\_  
 Deferred requires further evaluation (See Recommendations Below):  
 Cleared with restrictions (See Recommendations Below):

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, M.D., D.O., or N.P. Date: \_\_\_\_\_

PLEASE FILL OUT PRIOR TO YOUR APPOINTMENT

**SPORTS PHYSICAL PHYSICIAN OFFICE FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Sports: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ Male  Female

**EXPLAIN YES ANSWERS BELOW CIRCLE QUESTIONS YOU DO NOT UNDERSTAND**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a medical condition (asthma/diabetes)?                   | <input type="checkbox"/> | <input type="checkbox"/> |

**CARDIAC RISK:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Has any relative died of a heart condition suddenly before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 2. Do you or your relatives have a history of:  |                          |                          |
| a. Heart muscle disease such as hypertrophic cardiomyopathy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Arrhythmia, irregular rhythm, pacemaker WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Marfan Syndrome?   | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Does your heart race or skip beats during exercise?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during exercise?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out during or after exercise?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a history of high blood pressure?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of a heart murmur (other than innocent murmur) or other heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of unexplained dizziness with exercise?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had an ECG or Echocardiogram test for your heart?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of congenital heart disease?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. History of Carditis or Kawasaki disease?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

**RESPIRATORY RISK:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. History of cough, wheezing, or difficulty breathing during or after exercise?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever used an inhaler or taken asthma medication?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been told by a doctor that you have asthma?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of fractured ribs in the last 6 weeks?   | <input type="checkbox"/> | <input type="checkbox"/> |

**NEUROLOGICAL RISK:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. History of head or neck injury, or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had amnesia or memory loss after a head injury?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of seizures?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a history of any problems with your eyes or vision?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you wear glasses or contact lenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of neck instability (i.e. Atlantoaxial Instability)   | <input type="checkbox"/> | <input type="checkbox"/> |

**INFECTION RISK:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes, or other skin infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed or treated for a MRSA infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of Mono (EBV) in the last 4 weeks?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of recurrent unexplained fevers, or chronic coughing?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you or any members of your household have a history of tuberculosis or positive PPD?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History of Hepatitis?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of HIV?  | <input type="checkbox"/> | <input type="checkbox"/> |

**ORTHOPEDIC RISK:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Have you ever broken any bones?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. History of neck or back injury?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of chronic back or neck pain?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of ankle, knee, hip injury?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of wrist, elbow, shoulder injury?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any artificial limbs or prosthetic devices (false teeth)? | <input type="checkbox"/> | <input type="checkbox"/> |

**OTHER PERTINENT QUESTIONS:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you taking any prescription or nonprescription (over the counter) medicines or pills?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you taking supplements or medications to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking medications or supplements to increase your strength or improve your sports performance?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you trying to gain or lose weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you born without or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History of bleeding or clotting disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of severe muscle cramps or feeling severely ill when exercising in the heat?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. History of enlarged liver or spleen?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of sickle cell disease/trait?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. History of Hypoglycemia (low blood sugar)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any medical changes since your last physical?  | <input type="checkbox"/> | <input type="checkbox"/> |

**FEMALES OLDER THAN 16 (OPTIONAL):**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you had no periods?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you gone more than 90 days without a period in the last 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |

**EXPLAIN "YES" ANSWERS HERE:** \_\_\_\_\_

\_\_\_\_\_

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

Signature of athlete: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_