



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): _____

Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Grade	School Name	School Year	Varsity Play - (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

- Baseball Cross Country Golf Softball Tennis Volleyball
 Basketball Football Soccer Swimming Track Wrestling
 Cheerleading Field Hockey 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had surgery of any kind (e.g., tonsillectomy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently taking any medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (medicine, bees, or other insects)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had racing of your heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died of heart problems before 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any skin problems? (itching, rashes, acne) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a seizure or suffer from epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had heat related problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you cough heavily, or breath heavily during activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you use any special equipment (e.g., knee brace)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are you missing one of any paired organs (e.g., eyes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been diagnosed with any form of asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you using an inhaler for asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you diabetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you administer insulin to yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you presently using tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have a history of sickle-cell anemia in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had any other medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had a medical problem or injury within the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Can you swim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. When was your last tetanus shot? _____ | | |

Please explain any YES answers from questions 1-31. _____

PART III - PHYSICAL EXAMINATION

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

NAME: _____ SEX _____

SCHOOL: _____ GRADE _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____

VISION: R- 20/____ L- 20/____ BOTH- 20/____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
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 _____
- Recommendations/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.

Authorized Signature _____ Date _____

Authorized Provider's Name (please print) _____

Address _____ Phone _____

Date _____ City, State, Zip _____

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 _____
 SOC. SEC. NO _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 SCHOOL _____
 BIRTH DATE _____
 PHONE _____
 PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:
 NAME _____
 RELATION _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 DAYTIME PHONE _____
 EVENING PHONE _____

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

Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and the first contest.

This form must be reproduced to travel with respective athlete.

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

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves inherent risks of 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, general health and well being. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' 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 to 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.

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

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

The student and parent/legal guardian acknowledge that they have received, read and understood the document entitled *KHSAA Eligibility Rules and Parental Permission Form Bylaw References as of April 30, 2006*.

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.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release 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 and any administrative or legal proceedings resulting from participation or attempted participation 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, individual 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