

Chesapeake Middle School League
P.O. Box 16496 • Chesapeake, VA 23328
Athletic Participation / Parent Consent / Physical Examination Form

Separate examination is required for each school year April 1 of the current year through June 30 of the succeeding year

For school year _____

Male Female

PART 1 – ATHLETIC PARTICIPATION *

(To be filled in and signed by the student)

Name _____ Student I.D. # _____
(Last) (First) (Middle Initial)

Home Address _____

City/ Zip Code _____

Home Address of Parents _____

City/ Zip Code _____

Date of Birth _____ Place of Birth _____

I am in the 5th 6th 7th 8th grade. Name of Middle School I will attend: _____

Individual Eligibility Rules

Attention Student! To be eligible to represent your school in the C.M.S.L., you must meet the following rules:

1. The student shall be a bona fide student in good standing in the school that he/she represents. This includes being enrolled in at least five classes during each of the four nine week grading periods.
2. The student shall be a bona fide student (in good standing) in the sixth, seventh or eighth grade and must have met all necessary requirements (2.0) after having been promoted.
3. After promotion to the sixth grade, students must have a 2.0 grade point average. The 2.0 will be based on the previous nine weeks or overall grade point average. A minimum 2.0 grade point average will be required from that point.
4. As with sixth graders, those promoted to the seventh or eighth grade must also have a 2.0 grade point average. Likewise, a minimum 2.0 grade point average will be required from that point.
Exception: A student may remove an academic deficiency during summer school so as to render that student eligible to participate during the first nine weeks of the ensuing school year.
5. Special Education Students – The eligibility of special education students will be determined by the principal of each middle school on a case-by-case basis. This is subject to nine-week review as required of other students. However, special education students do not automatically become eligible to participate in sports once they switch to an IEP. The principal and IEP team are to decide whether or not the student has met the goals established in the IEP (usually over a four-week period).
6. Age: A student may not have reached the age of fifteen (15) on or before August 1 of the school year in which the student intends to participate.
7. A student may not participate in a particular sport more than once as a sixth, seventh, or eighth grader. In addition, he/she is not eligible to participate in any sport during the first nine weeks of the repeat year.
8. Though middle school students may qualify under the Virginia High School League rules to participate on the junior varsity level, they should participate on the middle school level unless they are ineligible (e.g., age). Should an eligible eighth grade student elect to participate in a junior varsity sport, the student may not participate in the same sport at the middle school level during the remainder of the school year.
9. Each student must complete the Athletic Participation/Parental Consent/Physician's Certificate Form at least once during each school year.

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, and school. If you have any questions regarding your eligibility or if you are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized.

I have received rules of the Chesapeake Middle School League (above) and believe I am eligible to represent my school in the Chesapeake Middle School League.

Student Signature: _____ **Date:** _____

Providing false information will result in ineligibility for one year.

Part II – MEDICAL HISTORY

This form must be completed by parent or guardian prior to the physical examination and should be taken with the physical form for review by the physician during the examination.

YES	NO	1. Have you ever had any of the following?	Please explain any YES answers.
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur _____	
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other heart problems _____	
<input type="checkbox"/>	<input type="checkbox"/>	Broken bones _____	
<input type="checkbox"/>	<input type="checkbox"/>	Weak joints –ankles, knees _____	
<input type="checkbox"/>	<input type="checkbox"/>	Concussion _____	
<input type="checkbox"/>	<input type="checkbox"/>	Operation _____	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy _____	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever fainted or passed out? _____	
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been knocked out? _____	
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been hospitalized? _____	
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever had to stop running after ¼ or ½ miles for chest pain or shortness of breath? _____	
<input type="checkbox"/>	<input type="checkbox"/>	6. A. Have you ever had significant allergies to:	
<input type="checkbox"/>	<input type="checkbox"/>	Bee Stings? On medication – yes <input type="checkbox"/> no <input type="checkbox"/> _____	
<input type="checkbox"/>	<input type="checkbox"/>	Foods _____	
<input type="checkbox"/>	<input type="checkbox"/>	Medicine _____	
<input type="checkbox"/>	<input type="checkbox"/>	Others _____	
<input type="checkbox"/>	<input type="checkbox"/>	B. Do you have prescription for use of:	
<input type="checkbox"/>	<input type="checkbox"/>	Adrenaline _____	
<input type="checkbox"/>	<input type="checkbox"/>	Inhalers _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other allergy medicine _____	
<input type="checkbox"/>	<input type="checkbox"/>	C. Do you have asthma? _____	
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you take any medicine regularly? _____	
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you had any illnesses lasting a week or more such as mononucleosis, etc? _____	
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you had any blood disorders, including sickle cell trait, anemia, etc.? _____	
<input type="checkbox"/>	<input type="checkbox"/>	10. Has any family member had a heart attack, heart problems or sudden death before the age of 50? _____	
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you wear contact lenses, eyeglasses or dental appliance? _____	
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc.? _____	
<input type="checkbox"/>	<input type="checkbox"/>	13. Menstrual History:	
<input type="checkbox"/>	<input type="checkbox"/>	Have you begun menses yet? _____	
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you have any other significant health problems? _____	
<input type="checkbox"/>	<input type="checkbox"/>	15. Hepatitis B Immunization Series? _____	
		16. DATE OF LAST TETANUS IMMUNIZATION _____	

PART III – PHYSICAL EXAMINATION
(To be completed and signed by examining physician)

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Stage _____ BP _____

* Percent Body Fat _____ * Pulse (Rest) _____

(Exercise) _____

(Recovery) _____

* Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

* Audiogram _____ Cervical spine/ neck _____

Backs _____

Eyes _____ Shoulders _____

Ears _____ Arm /elbow/wrist/hand _____

Nose _____ Knees / hips _____

Throat _____ Ankles / feet _____

Teeth _____

Skin _____ Lab: _____

Lymphatic _____ *Urine _____

Lungs _____ *Hemoglobin or HCT _____

Heart _____ and/or Fe Stores _____

Abdomen _____

Genital/ hernia _____

Peripheral pulses _____ ***WHEN MEDICALLY INDICATED**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendation for his/her participation in athletics.

Full Participation Limited Participation

No participation Needs Additional Evaluation

If not full participation give reasons & recommendations: _____

Any recommendations or concerns on such items as:

a. Weight loss or gain or restrictions of weight loss: _____

b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing: _____

c. Other _____

Physician Signature _____, M.D. * Date _____

* Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

Physician Name (print)

Address _____

City / Zip Code _____

Telephone Number _____

PART IV – ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: basketball, cheerleading, football, girls softball, track, girls volleyball, wrestling, other (identify sport).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student accident insurance available through the school year (yes no); has athletic participation insurance coverage through the school (yes no); is insured by our family policy with:

Name of Company _____

Policy Number _____ Name of Policy Holder _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for my child/ward to receive a physical examination, as required in Part III, Physical Examination, of this form, by _____ M.D., D.O. or LNP as recommended by the name student's school administration.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any middle school or CMSL athletic program.

PART V – EMERGENCY PERMISSION FORM

STUDENT'S NAME _____ GRADE _____ AGE _____

MIDDLE SCHOOL _____ CITY _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of any emergency ____

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the coaches and staff of _____ Middle School to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in an emergency) _____

Evening time phone number (where to reach you in emergency) _____

Relationship to student _____

I agree to give my child full athletic participation as outlined on Part I. The medical history as outlined in Part II is accurate to the best of my knowledge. I understand the acknowledgement of risk as outlined in Part IV, and give emergency authorization as outlined in Part V as needed.

*** Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.**

I certify the above information is correct _____ Date _____

Parent/Guardian Signature