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. Refer to Rule. File in the office of the Principal.)

PART I – ATHLETIC PARTICIPATION

(To be completed and signed by the student)

Name	•	•	School Year:	,	nterina:					
(Last)				School Year: Grade Entering: Home Address of Parents:						
			City:							
-			Place of Birth: _							
This is my I attended the condensed eligib	semester in(Hig oility rules of the WVSSAC	gh School) or (Junio Cathletics. If accep	(High School) or High/Middle School) an	or (Junior High/Mido d passed	dle School). Last semester subjects. I have read effort to keep up my school					
Date:		Signed:		Phone:						
must be a re must have er participated i must have er must have at must not hav must be resir un if living with l must not hav remainder of must be an a must have s completely fi your parents must not hav must not hav must not hav must not hav scompletely fi your parents must not hav must not hav must not hav must not hav sport in grad must not hav	nrolled on or before the 11th in a contest/scrimmage that arned at least 2 units of cre ttained an overall "C" (2.00) re reached your 15th (MS), ding with parent(s) as specialess parents have made a baless an AFS or other Foreigless the residence requirem legal guardian/custodian, move transferred during the soft the school year. (Exception amateur as defined by Rule submitted to your principal balled in and properly signed, acconsent to your participation to transferred from one school te received, in recognition of the participated in more than the peant consent to your school te the participated in more than the peant consent to	school in any intersor tood standing of the st	school. (See exception under the current school year and the external school way be included. (127 dS) birthday before August 1 and 8. esidence during school term. (one year of eligibility only). 365 calendar days attendance the varsity level. (127-2-8.3) wate to a public or public to prember of any school athletic tive been examined and found lettic purposes. (127-2-7.2.7) and all the school sport season (See the school sport season (See the acch sport. (See exception access to 12. Must not have pringrades 6-7-8. (Rule 127-2 (127-2-5.3) and earn by meeting not only any questions regarding your	e school from which he e included. (127-2-6) -2-6.9) of the current school y e prior to participation. rivate member school team Participation/Pad to be physically fit for resented or approved b organized team or as exception 127-2-10.1). In 127-3-4) articipated in more than 125). The above listed mineligibility or are in dou of the interpretation and 127-10 in 1	without forfeiting eligibility for rent Consent/Physician Form, rathletic competition and that y your school or the WVSSAC. an individual participant in an n two (2) seasons in the same imum standards but also all bt about the effect any activity d intent of each rule. Meeting					
	(To h		RENTAL CONSENT igned by the parent or gu	ardian)						
	·	(9	See Part I)	·						
In accordance with the rule BASEBALL BASKETBALL CHEERLEADING	CREW CROSS COUNTRY FOOTBALL	GOLF LACROSSE	e participation of the student nam SOCCER SOFTBALL	SWIMMING TENNIS TRACK	T MARKED OUT BELOW: VOLLEYBALL WRESTLING OTHERS					
Withholding a studen			TION OF THE STUDENT-AT eam physician has the final i		nine when a student-athlete is					
removed or withheld fro	om participation due to an i	njury, an illness or pre			return to activity is solely the					
I will not hold the school participation. I also un	ol authorities or West Virgin derstand that participation in udent accident insurance av	ia Secondary School n any of those sports	Activities Commission respo listed above may cause pern	nsible in case of accid nanent disability or dea	terscholastic athletic contests. ent or injury as a result of this ath. Please check appropriate ble through the school (); is					
I also give my con this form, byadministration.	sent and approval for the al				t IV, Physician's Certificate, of the named student's school					
					tion in reports of Inter-School to interscholastic athletics.					

Signed:

Date: _

PART III – STUDENT'S MEDICAL HISTORY (To be completed by parent or guardian prior to examination)

Name	Birthdat	te	/		/	_ Grade		Ag	je	
Has the student ever had:	Does	the stu	ıdent:							
Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma,	Seizures, Yes	No 12	. Have	any	problems wit	h heart/bloc	od pre	ssure?		
etc.,)	Yes	No 13	. Has anyone in your family ever fainted during exercise?							e?
Yes No 2. Any hospitalizations?					medicine? L					
Yes No 3. Any surgery (except tonsils)?		No 15	. Wea	r glas	ses, cont	act lenses_	, de	ntal app	oliance	s?
Yes No 4. Any injuries that prohibited your participation in sp				-	organs missi		-			
Yes No 5. Dizziness or frequent headaches?					n longer than	-	-			
Yes No 6. Concussion/knocked out?				-	ever been to					
Yes No 7. Knee, ankle or neck injuries?	Yes	No 19			now of any re	eason this s	studen	t should	d not p	oartici-
Yes No 8. Broken bone or dislocation? Yes No 9. Heat exhaustion/sun stroke?	Voc	No 20	pate		ons <i>:</i> idden death f	nictory in vo	our for	nilv2		
Yes No 10. Fainting or passing out?									502	
Yes No 11. Have any allergies?				Have a family history of heart attack before age 50? Develop coughing, wheezing, or unusual shortness of breath						
100 No 11. Have any anorgico.	100	10 22	when you exercise?							
PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.	Yes	No 23	(Females Only) Do you have any problems with your men- strual periods.							
also give my consent for the physician in attendance annjury.	d the appropriate	medi	cal sta	ff to	give treatme	ent at any	athlet	ic ever	nt for	any
SIGNATURE OF PARENT OR GUARDIAN					DA	TE	/_		_/	
PA	RT IV – VITAL :	SIGN	s							
Height Weight	Pulse _				Blo	ood Pressu	ure			
Visual acuity: Uncorrected/; Co	orrected	/			: Pupils ed	ual diame	eter: `	ΥN		
	L		R							
This exam is not meant to replace a Mouth: Respiratory: Appliances Y N Symmetric Missing/loose teeth Y N Wheezes Caries needing treatment Y N Cardiovascu Enlarged lymph nodes Y N Murmur	cal breath sounds	minatio	on dor N N N	ne by	your privat Abdomen: Masses Organom Genitourina Inguinal	negaly ary (males hernia	only)		Y	N N
Skin - infectious lesions Y N Irregulariti	es	Υ	Ν		Bilaterall	y descend	ed te	sticles	Υ	Ν
Peripheral pulses equal Y N Murmur w	ith Valsalva	Υ	Ν							
Musculoskeletal: (note any abnormalities)										
Neck: Y N Elbow: Y N	l Knee/H	lin:	Υ	N	Hai	mstrings:	Υ	N		
Shoulder: Y N Wrist: Y N		ııρ.	Y	N		nistrings. oliosis:	Υ	N		
Siloulder. I iv Wilst. I i	Alikie.		'	IN	300	niosis.	'	IN		
RECOMMENDATIONS BASED ON ABOVE EVALUATIO	N:									
After my evaluation, I give my:										
Full Approval;										
	and Device to	. –		4		la Dia		_	41	
Full approval; but needs further evaluation by Fa	amily Dentist	; Ey	e Doc	tor _	; Fami	ıy Physicia	ın	; O1	iner _	;
Limited approval with the following restrictions:										;
Denial of approval for the following reasons:										
		N	MD/DC)	Date	/		1		