

Category: <b>8000 STUDENTS</b>	Policy Number: <b>8214</b>
Policy Title: <b>PERMISSION FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION</b>	Effective Date: <b>April 12, 2006</b>

**In order for a student to participate in an interscholastic athletic program, the following requirements must be met:**

- i. The student (grades 7-12) must have a physical examination on file each school year prior to participating in an interscholastic practice and/or event. A valid physical for the upcoming school year must be completed *after* May 1**
- ii. Each student (grades 7-12) must have on file a signed and completed Idaho High School Athletic Association and Snake River School District Health Examination and Consent Form (8214f) prior to participation in any interscholastic practice and/or event.**

**Reference: Form 8214f "Idaho High School Athletic Association and Snake River School District Health Examination and Consent Form" (2 pages)**  
**Policy 4510, "Chaperones"**  
**Policy 5020, "Student Insurance"**  
**Policy 5370, "Student Activity Fees"**  
**Policy 8070, "Code of Conduct"**  
**Policy 8200, "Extracurricular Activities"**  
**Policy 8294, "Transportation to School Activities"**

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**Idaho High School Activities Association and Snake River School District  
Health Examination and Consent Form**

It is required that all students complete a History and Physical Examination prior to his/her first practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions.

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

1. This application to compete in interscholastic athletics for Snake River School District is entirely voluntary on my part is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association and rules and regulations set forth by the Snake River School Board.
2. I hereby consent to the above-named student participating in the interscholastic athletic program in the Snake River School District which is the school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. My son/daughter has my permission to participate in the school's extra-curricular activities and programs.
3. When a person practices and participates in any sport, the activity can be dangerous. The person risks serious and permanent injury. Injuries which may result from practicing, playing, and participation in sports could be serious and affect the general health and well-being of participant. My son/daughter will be participating at their own risk. Serious injury could impair a person's ability to earn a living and to engage in social and recreational activities in the future.
4. The parent/guardian further releases the District from liability for any medical, dental, or hospital bills occurring as a result of injuries sustained by the student while participating in a school activity or sport.
5. My son/daughter has my permission to get a physical from a licensed physician, physician's assistant or nurse practitioner under optimal conditions for this application.
6. **INSURANCE:** The IHSAA does not require students to carry insurance, but as a school we encourage students to carry insurance. Is your child covered by a family insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Insured by \_\_\_\_\_  
(Information about school insurance can be obtained at school building office.) Parent or guardian's signature denotes having insurance coverage or serves as a waiver of insurance offered.

**SCHOOL DISTRICT #52 ATHLETICS**

Coaches will set rules for training as long as they do not conflict with school policy. Athletes are, because of the exposure to the public, ambassadors of the school district. The schools are often judged by the members of the community and in other communities by actions of young people who represent them in the athletic area. This is a weighty, but nonetheless, real responsibility that we place on the shoulders of our young people.

Because of the representative role that our athletes must naturally assume, and because athletic programs are optional, it is expected that all athletes, both boys and girls, will adhere to certain minimum standards of behavior and scholarship as established by the Board, the building administration, and the coaches.

**STUDENT RESPONSIBILITIES – GENERAL RULES AND TRAINING RECOMMENDATIONS**

1. In order to be eligible to participate in any or all athletic teams, I realize I must have passed four (4) subjects for the trimester prior to competing. (Plus 2.00 GPA)
2. I realize I must attend classes and be responsible for all required work.
3. I will conduct myself in an orderly manner at all times in such a way as to bring credit to my team, school, and family.
4. In all contests away from school, I will ride to and from contests in provided school transportation, unless arrangements are made by the parents with the coach/teacher.
5. I will be personally responsible for all athletic equipment checked out to me and will return it in good condition or will pay for lost or damaged equipment.
6. I will report all injuries to the coach immediately. I will get a proper amount of rest and will follow the warm-up designed for my sport.
7. I will attend all scheduled workouts on time, and notify the coach beforehand if I miss due to illness or emergency.
8. I will adhere to the District Code of Conduct.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

Medical History Form

\*Fill in details of "YES" answers in space on page 2:

- 1. A. Have you ever been hospitalized? YES NO
B. Have you ever had surgery?
2. Are you presently taking any medication or pills?
3. Do you have any allergies (Medicine, bees, others stinging insects?)
4. A. Have you ever passed out during or after exercise?
B. Have you ever been dizzy during or after exercise?
C. Have you ever had chest pain during or after exercise?
D. Do you tire more quickly than your friends during exercise?
E. Have you ever had high blood pressure?
F. Have you ever been told you have a heart murmur?
G. Have you ever had racing of your heart or skipped beats?
H. Has anyone in your family died of heart problems or a sudden death before age 50?
5. Do you have any skin problems? (itching, rash, acne)
6. A. Have you ever had a head injury?
B. Have you ever been knocked out or unconscious?
C. Have you ever had a seizure?
D. Have you ever had a stinger, burner, or pinched nerve?
7. A. Have you ever had heat cramps?
B. Have you ever been dizzy or passed out in the heat?
8. Do you have trouble breathing or cough during or after exercise?
9. Do you use special equipment, pads, braces, mouth or eye guards?
10. A. Have you had problems with your eyes or vision?
B. Do you wear glasses, contacts or protective eye wear?
11. Have you ever sprained/strained, dislocated, fractured/broken or had repeated swelling or other injuries of any of your bones or joints?
12. Have you ever had any other medical problems such as:
13. Have you had a medical problem or injury since last exam?
14. When was your last tetanus shot? When was your last measles immunization?
15. When was your first menstrual period? When was your last menstrual period?
What was the longest time between periods last year?

\* Explain "Yes" answers here:

PHYSICAL EXAMINATION FORM

Height Weight BP Pulse R Pupils
Visual Acuity R 20/ L 20/ Corrected Y N
Ears, Nose, Throat Normal Abnormal
Cardiopulmonary Normal Abnormal
Pulses
Heart
Lungs
Skin
Abdominal
Genitalia
Musculoskeletal Normal Abnormal
Neck
Shoulder
Elbow
Wrist
Hand
Back
Knee
Ankle
Foot

Clearance: CLEARANCE/RECOMMENDATIONS

- A. Cleared for all sports and other school-sponsored activities.
B. Cleared after completing evaluation/rehabilitation for:
C. Not cleared to participate in the following IHSAA sponsored sports:
Baseball Cross Country Golf Softball Track
Wrestling Football Soccer Tennis Basketball Volleyball
Not cleared for other school-sponsored activities:
(Example) 1. Swimming 2. 3.
D. Student is NOT permitted to participate in high school athletics. Reason:
Recommendation:

Examiner's Signature Date:
(This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner.)

Address: Phone: ( )