

# Delaware Interscholastic Athletic Association

## Pre-Participation Physical Evaluation

**Parents/Guardians:** The DIAA pre-participation physical evaluation and consents form consists of seven pages. Pages 1, 2 and 4 require your signature while pages 5, 6 and 7 are references for you to keep. Page 3 requires the exam date and physician's signature. Pages 3 and 4 require the clearance to participate date and physician's signature. The student must be cleared to participate on or after April 1st based on a physical examination conducted within 12 months of the signature. The clearance is valid through June 30th of the following school year.

NAME OF ATHLETE: \_\_\_\_\_ PHONE: \_\_\_\_\_ SCHOOL: ST. ANDREW'S SCHOOL  
 GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 PARENT/GUARDIAN NAME: (PLEASE PRINT) \_\_\_\_\_

### PARENT/GUARDIAN/STUDENT CONSENTS

\_\_\_\_\_ has my permission to participate in all interscholastic sports **NOT** checked below.  
 (Name of Athlete)

**Note: If you check any sport below, the athlete will NOT be permitted to participate in that sport.**

- |   |                                     |                                       |  |  |
|---|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> baseball       | <input type="checkbox"/> basketball | <input type="checkbox"/> cheerleading | <input type="checkbox"/> cross country | <input type="checkbox"/> crew          |
| <input type="checkbox"/> field hockey   | <input type="checkbox"/> football   | <input type="checkbox"/> golf         | <input type="checkbox"/> ice hockey    | <input type="checkbox"/> boys lacrosse |
| <input type="checkbox"/> girls lacrosse | <input type="checkbox"/> soccer     | <input type="checkbox"/> softball     | <input type="checkbox"/> squash        | <input type="checkbox"/> swimming      |
| <input type="checkbox"/> tennis         | <input type="checkbox"/> track      | <input type="checkbox"/> volleyball   | <input type="checkbox"/> wrestling     |  |

1. My permission extends to all interscholastic activities whether conducted on or off school premises. I have read and discussed the **Parent/Player Concussion Information Form; Symptoms and Risk Factor for Sudden Cardiac Arrest Form;** and the list of items that protect against the loss of athletic eligibility, with said participant and I will retain those pages for my reference. I have also discussed with him/her and we understand that physical injury, including paralysis, coma or death can occur as a result of participation in interscholastic athletics.

I waive any claim for injury or damage incurred by said participant while participating in the activities **NOT** checked above.

➡ Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
 ➡ Student Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

2. To enable DIAA and its full and associate member schools to determine whether herein named student is eligible to participate in interscholastic athletics, I hereby consent to the release of any and all portions of school record files, beginning with the sixth grade, of the herein named student, including but not limited to, birth and age records, name and residence of student's parent(s), guardian(s) or Relative Care Giver, residence of student, health records, academic work completed, grades received and attendance records.

➡ Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

3. I further consent to DIAA's and its full and associate member schools' use of the herein named student's name, likeness, and athletically related information in reports of interscholastic practices, scrimmages or contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

➡ Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

4. By this signature, I hereby consent to allow the physician(s) and other health care providers(s) selected by myself or the schools to perform pre-participation examination on my child and to provide treatment for any injury received while participating in or training for athletics for his/her school. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation, with coaches, medical staff, Delaware Interscholastic Athletic Association, and other school personnel as deemed necessary. Such information may be used for injury surveillance purposes.

➡ Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

5. **By this signature, I agree to notify the physician and school of any health changes during the school year that could impact participation in interscholastic athletics.**

➡ Parent Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_