



*THE PURSUIT OF EXCELLENCE*

# ***PIONEERS - BECOME ONE***

## ***SPORTS REGISTRATION PACKET***



Parents: Please review pages carefully, sign where indicated, and turn in the entire packet completed. This must be completed and approved before athletes may participate in tryouts, practices, or games. You may carefully remove the physical examination form located on the back page of this packet. Your physician must use this form when completing your son/daughter's physical. Please return the completed physical to the Jo Lane Athletic Department, along with the rest of this document, as soon as possible to ensure your student athlete does not miss any practices or games.





Dear Parents of Student Athletes:

Welcome to Jo Lane! We are certainly hoping to offer a variety of extra-curricular activities this year for our students. We are thrilled that your son/daughter is interested in joining one of our athletic teams.

First, all athletes are required to have a physical examination completed by a physician. This must be completed before your son/daughter will be allowed to step onto the practice field/court. These physicals can be completed by your primary care physician or one of the urgent care clinics. We are required to have this completed on an official OSAA form. These forms are included at the end of this packet. You must supply this form for the medical facility as they likely have another version, and we are not able to accept other forms. Sports physicals are good for two years. In addition to a physical, each athlete is required to read, understand, sign and comply with the policies outlined throughout this packet.

We are proud to say that the Roseburg School District, in an effort to promote extracurricular activities for all students, will be picking up the participation fee for each athlete this year so you will not be required to pay for your son/daughter to participate. However, take note that students are responsible for turning in their jersey at the season end. **\*There will be a \$40 charge for any missing jerseys\***

**Student athletes will NOT be eligible to participate in preseason work, tryouts, practices or games until ALL paperwork has been approved in the school athletic office.**

**\*6th Graders\* Cross Country, Wrestling & Track are available through Jo Lane. Football is offered through Roseburg Youth Football. Boys & Girls Basketball and Volleyball are offered through the Boys & Girls Club.**

**Athletic Schedule**

<b>Season 1: Fall</b>	<b>Season 2: Late Fall</b>
Football, Volleyball & Cross Country	Boys & Girls Basketball
<b>Season 3: Winter</b>	<b>Season 4: Spring</b>
Wrestling	Track and Field

**HOME OF  
THE  
PIONEERS**





## Athlete Plan for Wednesday Early Release Days

Dear Parents,

As students are dismissed from school each Wednesday at 1:17 they are expected to leave campus by 1:25 to go to their homes or other regular after school destinations. Students involved in supervised, after school activities at Jo Lane will have a one hour wait before their activities begin since those activities will begin at their normal start times.

Because of this, we want to offer a place for your child to stay during that hour if making it home and back is not an option. Attendance is taken but is not compulsory. You may contact the school at 541-440-4105 to verify if your student has been attending.

Parents may choose to have their children leave campus and return later or to stay at Jo Lane and attend the supervised after school area ONLY. They may not be left to wander around campus as experience has shown us that this ends up causing problems. If they choose to stay and attend the after-school option, they will be supervised by Jo Lane Instructional staff. While there, they may catch up on homework, quietly play games or visit with friends. Students will have the opportunity to receive a free snack from our cafeteria.


To help us with planning, please indicate below if your son or daughter will be leaving campus by 1:25 and returning for their sport/activity or if they will be attending the structured after school classroom time.

Please return this form to the school athletics office before the first Wednesday when your son/daughter will begin participating in an after-school activity.

**Student Name:** \_\_\_\_\_ **Sport/Activity:** \_\_\_\_\_

My child will be picked up/leave campus by 1:25 and will return for sport/activity

My child will remain on campus and will attend the after-school classroom time

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Until you direct us otherwise, we will keep this form on file for the entire school year and will apply your directions to whatever after school activity your student becomes involved in. **Please read, choose your option, sign and return to the Athletics Office.**



**Emergency Information**

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Address \_\_\_\_\_

Student School, if not Jo Lane \_\_\_\_\_

**Emergency Contacts**

Parent/Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Required Insurance Information**

Name of Insurance \_\_\_\_\_

Company \_\_\_\_\_

Group # or N/A \_\_\_\_\_ Policy # \_\_\_\_\_

\*\*\*NOTE: If you do not have insurance, you may purchase affordable district coverage at

[https://www.hsri.xom/k12\\_Enrollment/Main/default.asp](https://www.hsri.xom/k12_Enrollment/Main/default.asp)

**Medical Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_


Ongoing Medical Conditions \_\_\_\_\_

Current Medication \_\_\_\_\_

**Check the sport(s) your student plans to participate in - \*6<sup>th</sup> grade\* Wrestling, Cross Country and Track only**

Football  Volleyball  Boys Basketball  Girls Basketball  Wrestling  Cross Country  Track

I give my consent for my child to participate in competitive activities; therefore, he/she may go with the coach on any regularly scheduled trip. I also give consent for the coaches to apply first aid treatment and to use their own judgment with securing emergency medical aid ambulance service in case of injury or illness in case I cannot be reached to provide consent. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury or illness that may occur. I understand that if my child is seen for an injury, we will need to have a physician's release before he/she can return to full participation. I also confirm that my student has adequate accident insurance as described above, effective as of this date.

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Official Use Only*

Sports Physical Expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sport 1 \_\_\_\_\_ Date \_\_\_\_\_ OK \_\_\_\_\_

Sport 2 \_\_\_\_\_ Date \_\_\_\_\_ OK \_\_\_\_\_

Sport 3 \_\_\_\_\_ Date \_\_\_\_\_ OK \_\_\_\_\_

Sport 4 \_\_\_\_\_ Date \_\_\_\_\_ OK \_\_\_\_\_



## **Jo Lane Middle School - Athletic Eligibility Policy: Revised 9/20**

Interscholastic athletic competition is part of the total curriculum; therefore, participation in such activities is contingent upon meeting established guidelines to insure the moral and physical health of the student athlete. In addition to regular school policies, athletes at Jo Lane Middle School are expected to conform to the following athletic code. This code is upheld throughout the school year including school vacation periods. All students wanting to participate in interschool athletic competition must meet the following eligibility requirements:

### **Grades**

- Students must be passing ALL classes
- Grade checks will occur every two weeks to determine eligibility.
- Ineligibility extends until the teacher submits documentation to the Athletic Office indicating grade improvement by which eligibility will be reinstated. Coaches will be notified at that time.
- If the athlete is not passing all classes, he/she will be ineligible to participate in competitions. Ineligible athletes will be expected to dress for competition and sit on the bench in order to support the rest of the team.
- Ineligible athletes (due to grades) will still be expected to participate in practices.

### **Attendance**

- Students must be attending school and practice regularly.
- Students must be in attendance a minimum of a ½ day (3 periods) {or 2 periods during Hybrid Learning} on the day of the scheduled event/game/competition.
- An athlete who continuously misses school the day before and/or after an athletic event (as determined by an attendance record review) may be suspended from further athlete competition during the sport season.
- Circumstances beyond the control of the athlete may be grounds for exception to this rule as determined by the building principal(s) and/or athletic director.

### **Behavior**

Students participating in interschool athletic competition must demonstrate the ability to conduct themselves in an acceptable manner in the classroom, on the court/field, and during competition. Behavioral infractions including, but not limited to, harassment, defiance, disrespect, insubordination, and/or actions deemed unsafe may result in an athletic probation contract and/or suspension from practices or competitions. Continued behavior infractions violating the athletic probation contract may result in permanent exclusion from the team. School administration and/or the athletic director will make such determination.

### **Discipline**

In addition to school and district policy, the coaches shall set up guidelines for discipline expectations during their respective sport season. Athletes are subject to all disciplinary actions as outlined in Policy JFC in relation to substance abuse. In addition to JFC policy, a student athlete found:

- Vaping, smoking, chewing tobacco, and/or possession will be subject to suspension based upon the athletic suspension schedule.
- In possession, using, transmitting or being under the influence of alcohol, marijuana, any illegal drug, and/or prescription drug not medically prescribed by a licensed physician, shall be suspended from athletic competition in accordance with the athletic suspension schedule. Any athlete involved in a substance abuse violation shall automatically be referred to the appropriate program provided by the school/or related agencies designated to deal with such infractions. The athlete must successfully complete the requirements of the program or be declared ineligible to participate in interscholastic competitions as a Joseph Lane Middle School representative. Any athlete cited, arrested, and/or found violating any law, which carries a misdemeanor or felony penalties, shall be suspended in accordance with the athletic suspension schedule.

**Athletic Suspension Schedule – The following suspension schedule represents minimum penalties. Depending on the infraction, the length of the suspensions may increase. This decision will be made by the Athletic Director.**

**Cross Country/Track: 1 meet Football: 1 game Volleyball: 2 games Basketball: 2 games Wrestling: 1 match**



## **Spectator/Athlete Code of Conduct Contract Part A – Roseburg Public Schools**

**Be supportive of the program and provide positive support for your athlete.** Never be critical of coaches, players, or game officials, especially in front of your player. Nothing can erode the effectiveness of a team more quickly. Cheer for all players on the team and never coach the athletes or jeer the officials from the sidelines. It only detracts from the quality of the experience. Spectators at all sporting events hosted by or sponsored by the Roseburg School District will be informed of defined spectator seating and viewing areas as deemed appropriate by school staff.

**Playing time decisions are the sole responsibility of the coach of that team.** The coach is in the best position to determine the amount of time an athlete competes. While the coach will endeavor to make the team membership experience as fulfilling as possible, playing time is determined in large part by the coaches' decisions as influenced by attendance, performance, attitude, team commitment, ability and effort.

**Encourage your son/daughter to speak directly to coaches about sports issues.** By assuming this responsibility, your athlete claims ownership of his/her own participation. If you still have concerns please speak privately to the coach at an appropriate time, never right before, during or after a game. If you are still unable to come to a resolution and need further assistance, contact the Athletic Director, Darin Lomica, at 541-420-4105.

**Be part of the team's parent network.** Sports programs benefit when parents work together in support of the team. Interact positively with other parents and work to halt group related criticism and rumors.

**Support the Code of Conduct.** Our athletes are "in-training" for life as well as sports. It is essential that parents and the schoolwork as partners to ensure that athletes within the Roseburg School District are behaving responsibly, including remaining substance-free and maintaining his/her academic performance.

**Help to foster positive and healthy relationships among athletes and coaches.** Talk to your son/daughter about relationships that may be concerning to him or her. Bullying, intimidation, and hazing have no place in our school programs. If your student reports an uncomfortable situation with others, report it to your coach or school administrator.

**Be proud of the team's effort.** Remember that winning is just "icing on the cake." Your student's participation in athletics builds values, instills a strong work ethic, and teaches them to work with others. These lessons last a lifetime, far longer than the glory of victory or the sting of defeat. So, cheer for all athletes on the court and never do anything to discourage the players, coaches, or officials.

**Roseburg Public School policies are designed to maintain a positive environment for our student athletes and spectators. The district reserves the right at any time, to eject or deny attendance to any guest of the district for any reason that district administration determines is sufficient.**

### **Spectators who:**

- **Inappropriately address, threaten, or harass a coach, player or official before, during or after the game**
- **Use insulting or profane language**
- **Substantially interfere with the orderly operation of the game**
- **Encroach upon the playing area without consent of officials**
- **Engage in tumultuous, threatening, or violent behavior WILL BE EJECTED from this event**

Furthermore, police may be contacted to determine if a crime has been committed. Suspension of spectator privileges from all Roseburg School District events ranging from one game up to one calendar year will be determined by the administrators of the schools involved. After the suspension period, the offending spectator must agree to a Contract of Expected Behavior as a condition of reinstating spectator privileges.

**When a participant in an event relies for transportation on a spectator who has been ejected, they will be directed to meet at the edge of campus so the ride may commence once off from district property.**

**Game officials who are "calling" the game or contest, have the authority to halt the game indefinitely, to preserve safety and order. Further, game officials have the authority to eject any player or spectator as described by Oregon Revised Statutes.**



## Spectator/Athlete Code of Conduct Contract - Part B

### Sportsmanship is the expectation!

LET THE PLAYERS PLAY

LET THE COACHES COACH

LET THE OFFICIALS OFFICIATE


LET THE SPECTATORS BE POSITIVE


### Parent/Guardian

I \_\_\_\_\_, parent/guardian of Jo Lane Middle School Athlete

\_\_\_\_\_, have read and understand the Roseburg Public School's

Spectator/Athlete Code of Conduct. I agree that I am responsible for complying with these expectations, and I understand that consequences for failure to comply with these rules and responsibilities.

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 **Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Permission for Use of Pictures

I hereby give Roseburg School District permission to use photos of my student participating in Jo Lane Activities. The photographs will be used for display to recognize our students (website, display case, yearbook, etc.).

I, the undersigned, hereby authorize Roseburg School District to take and use photographs of my student for the above-mentioned purposes.

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PLAYERS & PARENTS....*MUST READ & SIGN*

**Football** is a contact sport and injuries will occur. The coaches working in our program are well qualified, professional people. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field. The information contained within this list of rules and procedures is to inform the young men in our football program of the proper techniques to practice for maximum safety in the contact phase of the game.

**Tackling, Blocking and Running the Ball** By rule, the helmet is not to be used as a “ram”. Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important to prevention of injuries. Tackling and blocking techniques are basically the same. Contact is to be made above the waist but not initially with the helmet. The player should always be in position of balance, knees bent, back straight, body slightly bent forward, HEAD UP, target area as near to the body as possible with the main contact being made with the shoulder. Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as separation or a pinched nerve in the neck area. The dangers of not following the proper techniques can be from minor to disabling to even death. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury. If the head is bent downward, the cervical (neck) vertebrae are in a bind and contact on the TOP OF THE HELMET could result in a dislocation, nerve damage, paralysis, or even death. If the back is not straight, the thoracic (mid back) and lumbar vertebrae are also vulnerable to injury with similar results if contact again is made to the TOP OF THE HELMET. Roseburg School District’s daily workouts includes isometric type exercises; the development of strength in the neck muscles is one of the best methods of preventing head injury and enabling an individual to hold his head up even after getting tired during a workout or contact.

**Basic Hitting (Contact) Position and Fundamental Technique** If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should always be in the proper hitting position during the live ball play and this point will be repeated continually during practice. The danger is anything from strained muscles, to ankle injuries, to serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal. Cleats have been restricted to know more than ½ inch to further help prevent in knee injuries. A runner with the ball, however, may be tackled around the legs. In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from non-compliance to these safety precautions. Initial helmet contact could result in bruise, dislocation, broken bone, head injury, internal injury such as kidney, spleen, bladder, etc. Grabbing the face mask or helmet edge could result in a neck injury which could be anything from muscle strain to a dislocation, nerve injury, spinal column damage causing paralysis or death. The illegal play by participating athletes will not be tolerated and all players are repeatedly reminded of the dangers of unsportsmanlike acts.

**Fitting and Use of Equipment** Shoulder pads which are too small will leave the shoulder point vulnerable to bruises or separations; it could also be too tight in the neck area resulting in a possible pinched nerve. Shoulder pads which are too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations. Helmets must fit snugly at the contact points, front, back and top of head. The chin straps must be fastened, and the cheek pads must be of the proper thickness. On contact, too tight a helmet could result in a headache. Too loose a fit could result in headache, a concussion, a face paralysis or even death. The report does not cover all potential injuries in playing football, but it is an attempt to make the players aware that fundamentals, coaching, and proper fitting equipment is important to their safety and enjoyment in playing football in one of the Roseburg School District’s schools.

I understand and agree to adhere to the list of rules and procedures above:

➡ **Football Athlete’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

➡ **Football Parent/Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Health Update

Complete ONLY if a current physical (within two years) IS ON FILE at Jo Lane. Do not complete if you are turning in a new physical.

Student \_\_\_\_\_ Grade \_\_\_\_\_


1. Have you had **any injuries** for which you saw a physician since your last physical or the sport that you participated in at Jo Lane?  
 YES       NO
  
2. Have you been **hospitalized** or had any major illness for which you saw a physician since your last physical or the last sport that you participated in at Jo Lane?  
 YES       NO
  
3. Have you had any kind of **surgery** since your last physical or the last sport that you participated at Jo Lane?  
 YES       NO
  
4. Do you currently have any **injuries or illnesses** that are being treated by a physician?  
 YES       NO
  
5. Are you currently taking any **medications** on a regular or continuing basis?  
 YES       NO
  
6. Are you currently **being treated** by a physician, physical therapist, or other health care provider for any injury, illness, or surgery?  
 YES       NO

If YES to any of the above, please explain:

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 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*If there is NOT a current physical on file, you must have a physical done before your student can participate. This includes workouts, tryouts, practices, meets or games.**



**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_


The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Roseburg Public Schools (“District”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or other athletic activities. Participation in sports or other athletic activities includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**


In consideration for providing my child the opportunity to participate in (sport or activity) and any related transportation to and from (sport or activity) events, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in sports or other athletic activities.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

**I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the (sport or activity), the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student’s participation in the (sport or activity).**

 **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 **Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.			
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Foods	<input type="checkbox"/> Stinging Insects

Explain “Yes” answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student’s last complete physical or “checkup” Date: Month/Year _____ / _____ (Ideally, every 12 months)		
	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease        Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS		YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?			
15. Do you have a bone, muscle or joint problem that bothers you?			
MEDICAL QUESTIONS		YES	NO
16. Do you cough, wheeze or have difficulty breathing during or after exercise?			
17. Have you ever used an inhaler or taken asthma medicine?			
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?			
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?			
20. Have you ever had a head injury or concussion?			
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?			
24. Have you, or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of food?			
28. Have you ever had an eating disorder?			
29. Do you have any concerns that you would like to discuss today?			
FEMALES ONLY		YES	NO
30. Have you ever had a menstrual period?			
31. How old were you when you had your first menstrual period? _____			
32. How many periods have you had in the last 12 months? _____			

Explain “yes” answers here:

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*

Form adapted from © 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
- Not cleared
  - Pending further evaluation
  - For any sports
  - For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

*ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*