UPDATED MAY 2021

VIRGINIA BEACH MIDDLE SCHOOL LEAGUE

Athletic Participation/Parental Consent/Physical Examination Form

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

PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

For School Year			•	Male Female
Name (Last)		(First)	Student I.D. #	
Home Address				
City/Zip Code				
Home Address of Parents				
City/Zip Code				
Date of Birth	Place of Birth			
This is my	semester in		Middle School, and my	semester since first entering
the sixth grade. Last semes	ster I attended		Middle School and passed	subjects, and I am taking

subjects this semester. I have read the condensed individual eligibility rules of the Virginia Beach Middle School League that appear below and believe I am eligible to represent my present middle school in athletics.

INDIVIDUAL ELIGIBILITY RULES

Attention Athletes! To be eligible to represent your school in any interscholastic contest you:

- must be a regular bona fide student in good standing of the school you represent
- must have been promoted to sixth grade or must have passed five subjects in a school year preceding the present one
- must have passed at least five subjects the previous semester and must be currently taking no less than five subjects
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must have been in residence at your present middle school during the entire semester immediately preceding the one in which
 you desire to participate unless your transfer follows the transfer guidelines as established by the Virginia Beach Middle
 School League
- upon transferring from another middle school, must participate at the attendance zone school in which a parent or guardian has physical custody of you
- must not have been enrolled in middle school for a period of more than six consecutive semesters, beginning with the semester in which he/she was enrolled for the first time in the sixth grade. The six consecutive semesters shall be counted continuously from that point, regardless of whether or not he/she remains continuously enrolled
- must not have participated in more than the allowable number of contests in the sport you wish to play (six regular season middle school contests in football or track, or eight regular season middle school contests in any other sport) during the school year, either inside or outside Virginia Beach
- must be an amateur as defined by the Virginia Beach Middle School League: "An amateur is one who engages in athletics for the educational, physical, mental, and social benefits one derives there from, and to whom athletics are nothing more than an avocation."
- must not have received in recognition of your ability as a middle school athlete any award not presented or approved by your school or the League
- must not have participated in any all-star contest between teams whose players are selected from more than one middle school
- must be in attendance at your school for at least three hours on the day you wish to participate in a practice or contest

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, district and school. If you have any question regarding your eligibility or 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.

INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED	AKOV
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Student Signature:	Date:
Student Signature.	 Dutc
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The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician PART II - MEDICAL HISTORY- Answer "Yes" or "No" to the questions below.

				ical examination, for review by examining practitioner. tion. Circle questions you do not know the answers to.			
GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO	
1.	Do you have any concerns that you would like to discuss with			24. Have you had mononucleosis (mono) within the last month?			
2.	your provider? Has a provider ever denied or restricted your participation in			25. Are you missing a kidney, eye, testicle, spleen or other internal organ?			
3	sports for any reason? Do you have any ongoing medical conditions? If so, please			26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
identify: Asthma Anemia Diabetes Infections				27. Have you ever become ill while exercising in the heat?			
	Other			28. When exercising in the heat, do you have severe muscle			
4.	Are you currently taking any medications or supplements			cramps?			
-	on a daily basis?			29. Do you have headaches with exercise?			
5. 6.	Do you have allergies to any medications? Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant			30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?			
	Staphylococcus aureus (MRSA)?			31. Do you or does someone in your family have sickle cell trait			
7.	Have you ever spent the night in the hospital? If yes, why?			or disease? 32. Have you had any other blood disorders?			
8	Have you ever had surgery?			33. Have you had a concussion or head injury that caused			
0.	HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	confusion, a prolonged headache or memory problems?			
9.	Have you ever passed out or nearly passed out DURING or	ILS	NO	34. Have you had or do you have any problems with your eyes			
	AFTER exercise?			or vision?			
10.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			35. Do you wear glasses or contacts?			
	<u> </u>			36. Do you wear protective eyewear like goggles or a face shield?			
11.	Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?			37. Do you worry about your weight?			
12.	Has a doctor ever ordered a test for your heart? For			38. Are you trying to or has anyone recommended that you gain or lose weight?			
	example, electrocardiography or echocardiography.			39. Do you limit or carefully control what you eat?			
13.	Has a doctor ever told you that you have any heart problems,			40. Have you ever had an eating disorder?			
	including: High blood pressure A heart murmur			41. Are you on a special diet or do you avoid certain types of foods or food groups?			
High cholesterol A heart infection Kawasaki Disease Other				42. Allergies to food or stinging insects?			
				43. Have you ever had a COVID-19 diagnosis? Date:44. What is the date of your last Tdap or Td (tetanus) immunization?			
14. Do you get light-headed or feel shorter of breath than your				(circle type) Date:			
14.	friends feel during exercise?			FEMALES ONLY	YES	NO	
15.	Have you ever had a seizure?			45. Have you ever had a menstrual period?		- 10	
HEART HEALTH QUESTIONS ABOUT YOUR		YES	NO	46. Age when you had your first menstrual period:			
16.	Does anyone in your family have a heart problem?			47. Number of periods in the last 12 months:			
17.	Has any family member or relative died of heart problems or			48. When was your most recent menstrual period?			
	had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?			EXPLAIN "YES" ANSWERS BELOW			
18. Does anyone in your family have a genetic heart problem such				# >>			
as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				# >>			
				# >>			
				# >>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				# >>			
BONE AND JOINT QUESTIONS		YES	NO				
20.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?				List medications and nutritional supplements you are currently t	aking h	ere:	
MEDICAL QUESTIONS		YES	NO	and national supplements you are currently t			
22. Do you cough, wheeze or have difficulty breathing during or after exercise?							
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?						

Parent/Guardian Signature:	Date:	Athlete Signature:

PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME: Date of Birth SCHOOL: **EXAMINATION** Height Weight ☐ Male ☐ Female BP Resting Pulse Vision R 20/ L 20/ Corrected □Yes □No MEDICAL NORMAL ABNORMAL FINDINGS Appearance (Marfan stigmata: kyphoscoliosis, high srched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency) Eyes/ears/nose/throat (Pupils equal, hearing) Lymph nodes Heart (Murmurs: auscultation standing, supine, +/-Valsalva) Pulses Lungs Abdomen Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis) Neurologic MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS Neck Back Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle Foot/toes Functional (i.e Double leg squat, single leg squat, box drop or step drop test) Emergency medications required on-site Inhaler Epinephrine Glucagon Other **Comments:** I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics: ■ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION ☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:_ **■** MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: Reason(s): □ NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____ ■ NOT MEDICALLY ELIGIBLE FOR ANY SPORTS_ By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History. Physician Signature: (MD, DO, LNP, PA) Date Examiner's Name and degree (print):_____ Phone Number State Zip City Address:

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I have reviewed and understand 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 vary 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 athletic participation insurance coverage through the school; is insured by our family policy with:

Name of Medical Insurance Company:				
Policy Number Name of	Policy Holder			
I am aware that participating in sports will involve travel with the travel involved and with this knowledge in mind, grant permis grant this permission knowing that my child/ward could be serious	sion for my cl	nild/ward to participate	e in the sport and travel with the te	am.]
By this signature, I hereby consent to allow the physician(s) and pre-participation examination on my child and to provide to athletics/activities for his/her school during the school year cover provider(s) to share appropriate information concerning my child other school personnel as deemed necessary. Additionally I give my consent and approval that the above nature of VRMSI, or VRCPS athletic program, publication or yields.	reatment for red by this for I that is relevan	any injury or condi m. I further consent to nt to participation in a	ition resulting from participating allow said physician(s) or health athletics and activities with coache	ng ir n care es and
VBMSL, or VBCPS athletic program, publication or video.				
I give permission for my son/daughter to participate in the Iml Parent Handbook. VBCPS may release the ImPACT (Immedi primary care physician, neurologist, or other treating physician	ate Post-conc	ussion assessment and		
Parent/Guardian Signature:	Date:	Athlete Signatur	re:	
PART V - EMERGE (To be completed a			Л	
STUDENT'S NAME		GRADE	AGE	
MIDDLE SCHOOL		CITY		
Please list any significant health problems that might be significant	nt to a physicia	an evaluating your chi	ild in case of an emergency:	
Please list any allergies to medications, etc.				
Has student been prescribed an inhaler? Yes No Epipe	en? Yes	No		
Is student presently taking medication?	If so, what typ	pe?		
Does student wear contact lenses?	Please list date	e of last Tdap or Td (t	tetanus) shot:	
EMERGENCY AUTHORIZATION: In the event I cannot be by the coaches and staff of order injection and/or anesthesia and/or surgery for the person nar	Mide		give permission to physicians sellize, secure proper treatment for a	
*Daytime phone number (where to reach you in emergency)				
*Evening time phone number (where to reach you in emergency)				
*Please make sure phone numbers are current for the duration of	participation.			
Signature of parent or guardian		Date	_	
Relationship to student				
*Emergency Permission Form may be reproduced to travel	with respecti	ve teams and is acce	eptable for emergency treatmen	ıt if

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Parent/Guardian Signature

needed.

I certify all the above information is correct