

Lakeside Athletics

Athletic Code and Policy 2025-2026

PLUMMER-WORLEY SCHOOL DISTRICT ACTIVITIES CODE / ELIGIBILITY POLICY

EXTRA/CO-CURRICULAR PHILOSOPHY

The primary purpose of this policy is to ensure that students representing our school in athletic and extracurricular activities uphold the highest standards of conduct and academic excellence. Athletic and extra-/co-curricular activities are a part of the total education program at Lakeside, and students who participate in these programs are expected to be in good standing as students. Their studies and class work must come first. The rules and regulations have been formulated primarily to put academic success and exemplary citizenship in the proper perspective for the students who participate in athletics and school-sponsored activities.

PARTICIPANTS

Students under the jurisdiction of this policy will be those who are managers, stat keepers, or those who participate in:

- Football
- Volleyball
- Basketball
- Track and Field
- Golf
- Wrestling
- Any other extra/co-curricular activity

ACTIVITY ELIGIBILITY

To be academically eligible for athletics, a student must be enrolled full-time in his/her school, on target to graduate based on State Board of Education graduation requirements, and have received passing grades and earned credits in the required number of courses during the previous reporting period.

Equivalency is determined by the following criteria:

3 classes attempted must pass all three
4 classes attempted must pass at least three
5 classes attempted must pass at least four

6 classes attempted must pass at least five
7 classes attempted must pass at least five
8 classes attempted must pass at least six

Students participating with a cumulative GPA below 2.0 must have an academic improvement plan in place as developed by the local school district. This plan must include monitoring, additional assistance, time provided for assistance, and an appropriate timeline.

Our school's policy mirrors this, as it is recommended a student pass all classes and maintain a 2.00 GPA between local grade checks, which will be every two weeks. At the local level, an A-, B-, C-, and D-grade will be interpreted to be a 4.0, 3.0, 2.0, and 1.0, respectively. Students failing to meet the above requirements at a grade check period will be placed on probation until the next grade check. One of the following actions will be taken at that time:

- If no progress or growth is shown at the end of the probationary period, the student shall be declared ineligible for that sport season.
- If sufficient progress and growth is noted for the student to reach requirement levels, then the student will be removed from probation and placed in good academic standing.

The sports seasons at Lakeside are split between the two semesters:

Semester One – Football, Volleyball, Wrestling, Boys and Girls Basketball

Semester Two – Wrestling, Boys and Girls Basketball, Track and Field, Golf

If a student is determined to be ineligible, the ineligibility shall commence after the following issuance of grades. In addition, academic eligibility requirements, which exceed the IHSAA minimum standards may be waived by the principal and athletic director if, in their judgment after consultation with all involved persons, circumstances warrant it.

MAKE-UP TIME/ STUDY TABLE

The school policy on attendance makeup requires one hour after school to make up each hour of class missed for an absence. In order to help our student athletes with academic success and make up time, it has been determined that all student athletes will attend a mandatory study table for 30 minutes after school is over. Missing or being thrown out of the study table is considered the same as missing practice. There will not be a mandatory study table on Fridays or on game Days.

A.S.B. CARD REQUIREMENT

To be eligible to participate in any of the above, a student must hold a current Lakeside Associated Student Body card.

ATTENDANCE AT SCHOOL

To participate in practice or in any activity, each student must be in attendance all day the day of the practice or activity. Exceptions include excusable medical, dental or prearranged excuses all approved by the principal/athletic director. All students are expected to attend school the entire day after a game or activity unless the principal or athletic director determines that extenuating circumstances exist. Failure to attend or coming late without prior permission will result in implementation of the attendance policy on missing school or practice.

ATTENDANCE AT PRACTICES/CONTESTS/ STUDY TABLE

Attendance at practice and contests is mandatory unless prior permission is received from the coach or the person in charge. It is also expected that the student be on time to and stay for the entire practice. The school district's policy on unexcused absences from practices is as follows:

- The first incident of unexcused absence(s) will result in the suspension for the next contest or activity.
- The second incident of unexcused absence(s) will result in dismissal for the remainder of the season.

SUSPENSION FROM SCHOOL

It is understood that a student under out-of-school suspension will not be able to practice on the date(s) involved in the suspension, but the missed practice(s) due to the suspension would not fall into an excused/unexcused category. The coach, principal, and athletic director will determine a student's team membership following the student's return from suspension. Coaches are responsible for providing all team members with phone numbers or instructions on how to contact them to be excused from practice. Any participant who quits a sport, team, or club or is dismissed for disciplinary reasons is not eligible to receive special recognition or awards for that sport, team, or club from the local school and/or the league, or any other regional, state, or national association.

ECONOMIC ELIGIBILITY

PHILOSOPHY STATEMENT

Sports play a crucial role in the development of many students. We believe all students should have an affordable opportunity to participate in the Lakeside athletic program.

FEES & DUES

Fees are \$30 participation fee per sport (with a maximum annual cost of \$75 per student). Various clubs and activities may have various state and local dues that might need to be paid. Students participating in activities are also required to pay a \$20 ASB fee annually in addition to the participation fee.

COLLECTION METHOD

Payment of the ASB fee and athletic participation fee will be required prior to the first practice. Special circumstances may be discussed with the principal. Fees can be paid through the online registration process. The building secretary will maintain a list of who has paid the ASB and participation fees and provide this list to the Athletic Director.

COMMUNICATION/NOTIFICATIONS/AFFORDABILITY

Notification of non-payment will be made to the principal, athletic director, and coach. The principal will send letters to parents regarding non-payment.

Some scholarships may be available to students who are unable to afford the participation fee. Students or parents should contact the Coach, Athletic Director, or Principal and discuss possibilities for a scholarship or alternative payment schedule.

PAYMENT

Payment is not a guarantee that your student will participate in all or any events, nor is it refundable should the student stop participating in the sport.

EXTRA/CO-CURRICULAR EXPECTATIONS

TRANSPORTATION

Only activity participants or support staff (i.e., coaches, managers, statisticians, bookkeepers, videographers, chaperones, etc.) will be allowed to ride the team bus. Boys and girls will be separated while riding the bus. During a period of ineligibility, a student will not be allowed to ride the bus for that activity. All team members will ride the team bus to all games or activities. Students may be released to their parent or guardian after the game or contest by notifying the coach in writing before or at the game or event. The principal or athletic director must approve any other transportation arrangement in advance. If a student departs without permission, he/she will be ineligible to participate in the sport, team, or club for the remainder of the season.

EQUIPMENT

The student will be held responsible for all equipment issued to him/her. If all or part of the equipment is not returned at the end of the season, the individual will be responsible for either returning the uniform or paying the total cost of the missing equipment. Actions could be taken should school-owned equipment not be returned at the end of the season in a timely manner, including:

- The athlete will not be issued equipment for another sport until all other equipment is turned in.

- The athlete will not be allowed to participate in events until their equipment is turned in or their fee is paid.

INSURANCE

Each student-athlete or those involved in extracurricular activities must be insured in case of an accident. If the student has no insurance, an application for student accident insurance can be obtained at the Lakeside Middle/High School Office. Please carefully review the policy provisions before making a decision to purchase student insurance.

The school will require that all students participating in any portion of the student co/extra-curricular program, and who will be engaged in activities outside of the student school hours or away from the school premises, must demonstrate evidence of adequate accident insurance coverage. This may be done by purchasing student insurance through the School District's student insurance carrier or by returning the attached form bearing the signature of the parent/guardian. Your signature will attest that adequate coverage exists through your private insurance carrier and that you assume personal liability for all expenses incurred in case of emergency. All students participating in activities outside of regular school hours must complete this requirement before practice or participation can begin.

The school's co/extra-curricular program includes all boys and girls athletics and school-sponsored activities. Your signature on the signature page at the end of this document indicates this participant is adequately covered through our own insurance program for all accidents and injuries that may occur while at school or during participation in school activities.

STANDARDS OF CONDUCT

CONSEQUENCES

The first incident from the following list of violations will result in the student athlete being ineligible to participate for the next two weeks from the date of the suspension. In football and track, in the event of a bye week, the suspension is for a minimum of two games or contests at the same level. A contest is considered a whole day in the case of multiple games or matches held on the same day. The student is expected to attend all practices during this time, unless they are also suspended from school.

The second violation from the following list will result in dismissal from the team or sport.

A third offense will result in a one-year suspension from athletic participation, effective from the date of the suspension.

It should be noted that if the athletic director and/or principal finds any offense to be of such a serious nature that the normal step process is not a serious enough consequence, they may immediately invoke step two or step three.

The following is a partial list of the conduct/actions that can cause a student to be in violation of the activities code. Any conduct determined by the principal/, athletic director, and coaches that is not on the list, but felt to be detrimental to the philosophy of activities in the Plummer/Worley School District can also be dealt with using the guidelines for violations of the activities code.

1. SCHOOL SUSPENSIONS

Any participant who is suspended from school is in violation of the activities code.

2. UNLAWFUL ACTIVITY (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS):

Any participant who is caught committing any unlawful activity is in violation of the activities code.

3. ATTITUDE

As a representative of the Plummer/Worley School District, students are expected to display good sportsmanship and a positive attitude toward teammates, coaches, officials, property, and others. Any participant determined to have an attitude detrimental to the program is in violation of the activities code. This may include: being written up for an offense during school, being sent to the office for disciplinary actions, or appropriate action.

4. APPEARANCE

As a representative of the Plummer/Worley School District, your appearance is very important. A team may elect a "team look." If there is not a "team look," individuals will be responsible for meeting or exceeding the following code: nice jeans or pants, collared shirt or sweater. A student will not travel if these requirements are not met and will not participate if it is a home contest.

5. LANGUAGE

Swearing during the game or at practice is an obvious breakdown in individual and team discipline. The coach, as part of team discipline, shall handle infrequent or unintentional outbursts. However, swearing at someone, including teammates, the opposition, coaches, officials, or fans in anger or frustration during participation is a violation of the activities code.

6. TOBACCO / e-cigarettes

Studies indicate there is a reduction in the ability to perform in athletics or resulting behavior issues when a student uses tobacco. Any student determined to have used/possessed/ or distributed these items during the season will be suspended following the rules for all general violations.

7. ALCOHOL, AND ILLEGAL DRUGS

Studies indicate there is a reduction of ability to perform in athletics, or resulting behavior issues, when a student uses or consumes illegal substances (including alcohol and non-prescription drugs). In addition, the participant is expected to conduct himself/herself in a manner that shows a high regard for sportsmanship, reliability and teamwork. Any student determined to have used/possessed/ or distributed these items during the season will be suspended following the rules for all general violations.

The use or distribution at school or a school sponsored activity will be suspended for the remainder of the sport season.

SELF REPORTING

Students who come to school personnel and self-report, with the intention of receiving counseling or help, will be dealt with on an individual basis. If the student has a previous violation, and then they self-report, the consequences for the violation will still be enforced. Self-reporting student will need to enroll in a certified substance abuse counseling program, provide proof of enrollment, and meet the requirements of that program to continue to participate. All costs of the program will be paid for by the student's family.

DRUG TESTING

The district has taken the position that parents whose students participate in extra-curricular activities are choosing that their children maintain a healthy life style. In support of this position we may require those students who choose to participate in extra-curricular activities to take a drug test before the beginning of each season and randomly throughout the sport season. In the event of a failed test, a second test will be given. The second test will be administered as soon as reasonably possible. If both tests are failed, the participant will be suspended for the remainder of that sport season. The school district will bear the cost of the first and second tests.

STUDENT/PARENT CONCUSSION AWARENESS FORM

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in Lakeside athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

FOR MORE INFORMATION SEE IDAHO STATUTE TITLE 33, SECTION 16 OF THE EDUCATION CODE:
<https://legislature.idaho.gov/statutesrules/idstat/title33/t33ch16/sect33-1625/>

It is the policy of Lakeside Junior/Senior High School that:

- No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
- Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Lakeside Junior/Senior High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the school year. This form will be stored with the athletic physical form and other accompanying forms required by.

NOTIFICATION OF RISK

YOU MUST READ AND SIGN THIS WARNING OF RISK STATEMENT BEFORE YOUR SON OR DAUGHTER MAY PARTICIPATE.

Athletics are a voluntary, extra-curricular activity. As a condition of participation in this activity, you and your parent(s) or guardian(s) must agree to ASSUME THE RISKS OF INJURY OR DEATH involved in this activity and agree to RELEASE the Plummer-Worley Joint School District from liability or ordinary NEGLIGENCE in the conduct of its athletic programs.

Every sport contains inherent risks and it is impossible to eliminate all the risks of injury in a sport. Although the contact in athletics is limited by the rules, athletics by its makeup creates contact which can and does cause injuries to the participants.

The danger and risk of participating in athletics includes, but is not limited to injuries incurred while running, jumping, and lifting. Contact while performing these activities, with the ground, participants, or other objects can also produce a variety of injuries. While most of these injuries are not of a serious nature, they do range from minor bumps, bruises, contusions to major sprains, breaks or spinal or head injuries. Thus it is important that you and your son or daughter, know, understanding, and appreciate the risk.

HELMET WARNING OF RISK – FOOTBALL ONLY

Do not strike an opponent with any part of your helmet or face mask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE A HELMET AT YOUR OWN RISK.

I/We understand that the dangers and risks of participating in the sport of athletics include, but are not limited to death, serious neck and spinal injuries which may result in, complete or partial paralysis, brain

damage, and other aspects of the muscular skeletal system, serious injury, impairment to other aspects of players body and general health and well-being or death.

STUDENT-PARENT/GUARDIAN DRUG TESTING CONSENT FORM

We, the undersigned student and parent, understand that students participating in extra-curricular activities are choosing to maintain a healthy life style and that the student's performance as a participant, and the reputation of the student's school, are dependent, in part, on the students conduct as an individual. We, the student's and parent or guardian, hereby agree to accept and abide by the standards, rules and regulations set forth by the Plummer/Worley School District for the activity in which the student chooses to participate.

We also authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley. School. District.

Once released to the School District, such results shall be treated with the same degree of confidentiality as any other student records.

This testing shall be deemed consent, for the purposes of the Family Education Right to Privacy Act.

I/We understand that Drug Testing is a part of the Plummer / Worley School district athletic lifestyle and we authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley School District.

PARENT/STUDENT SIGNATURE PAGE

I/We have read and understand the Activities Code / Eligibility Policy and the agreement of the Plummer/Worley School District and all points held within. I have read and understand the insurance waiver. My student athlete is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities. I will assume responsibility for all expenses incurred in an emergency.

Student Initial _____

Parent Initial _____

I/We understand that the dangers and risks of participating in the sport of athletics include, but are not limited to death, serious neck and spinal injuries which may result in, complete or partial paralysis, brain damage, and other aspects of the muscular skeletal system, serious injury, impairment to other aspects of players body and general health and well-being or death.

Student Initial _____

Parent Initial _____

I/We understand that Drug Testing is a part of the Plummer / Worley School district athletic lifestyle and we authorize the Plummer/Worley School District No. 44 to conduct required and random drug/alcohol tests of urine specimens, which the student provides, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Plummer/Worley School District.

Student Initial _____

Parent Initial _____

I/We have been given information on concussion signs and symptoms and the steps to take in case of a suspected concussion, including a time table for return to practice and games, after being released by a physician.

Student Initial _____

Parent Initial _____

I/We have read and understand the Parent Code of Conduct and will abide by the requirements found within. I understand that my first contact for any issues is with the coach. I understand what is appropriate to discuss with a coach. I understand that discussions about playing time, team strategy, and other athletes is INAPPROPRIATE and, while informal conversations are permitted with coach approval, formal conversations about these topics will not occur and that coaches are the sole decider of these topics. I understand the chain of command and that if I have an issue that is formally brought up with a coach and is not resolved, I will contact the Athletic Director for help in resolution.

Student Initial _____

Parent Initial _____

I/We have read this packet and agree to follow the PWSD Athletic Code, the Drug Testing Consent Form, and the Notification of Risk (and Helmet Risk if applicable). I/We agree to follow the athletic code and all its terms and understand that athletics is a privilege allowed through being a good community member, student, and athlete.

1st Parent Signature _____

2nd Parent Signature _____

Optional Insurance Waiver

I have read and understand the insurance waiver. _____ is adequately covered through our own insurance program for all accidents and injuries which may occur while at school or during participation in school activities. I will assume responsibility for all expenses incurred in an emergency.



INTERIM QUESTIONNAIRE

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade 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 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Date of birth: _____ Sex: M / F
Address: _____ Phone: _____
School: _____ Participation Grade: _____

MEDICAL HISTORY

SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

"I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to the student receiving health care services deemed necessary by health care providers or designated school authorities for any condition resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out health care services including but not limited to screening, examination, and treatment for the above-named student. This meets the parental consent requirements set forth in Idaho Code Section 32-1015. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from civil liability as specified in said section."

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade 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 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
 Address: _____ Phone: _____
 School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

- Fill in details of "YES" answers in space below:
- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had a head injury?
Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you tire more quickly than your friends during exercise?
Have you ever had high blood pressure?
Have you been told you have a heart murmur?
Have you ever had racing of your heart or skipped heartbeats?
Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had heat or muscle cramps?
Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have trouble breathing or do you cough during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 10. Have you ever had problems with your eyes or vision?
Do you wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a medical problem or injury since your last evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?
<input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle
<input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot | | | | | |
| 14. Were you born without a kidney, testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 15. When was your first menstrual period? _____
When was your last menstrual period? _____
What was the longest time between your periods last year? _____ | | | | | |

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

"I hereby consent to the above-named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to the student receiving health care services deemed necessary by health care providers or designated school authorities for any condition resulting from his/her athletic participation. I also consent to the release of any information contained in this form to carry out health care services including but not limited to screening, examination, and treatment for the above-named student. This meets the parental consent requirements set forth in Idaho Code Section 32-1015. If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from civil liability as specified in said section."

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

- 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 /activities:

baseball	basketball	cheer/dance	cross country	football	golf	
soccer	softball	swimming	tennis	track	volleyball	wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

- D. Student is NOT permitted to participate in high school athletics.
Reason: _____
Recommendation: _____

Name of physician: _____

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)