

**FALL  
HIGH SCHOOL FORMS ONLY  
SOUTH KINGSTOWN SCHOOL DEPARTMENT  
ATHLETIC PARTICIPATION FORMS 2010-2011**

**PARENTS & STUDENTS please read!**

A sports participation physical and health insurance are required for ALL students wishing to try out for Interscholastic League Athletics. If you wish to purchase school health insurance, the forms may be picked up at the school a week before tryouts.

**Please be advised** that the sports participation physical forms in this packet are recommended by the RILL. It is recommended that sports participation physicals be given by your family physician. You **MUST** have an up-to-date **YEARLY** physical form in the athletic office each year. It is the responsibility of the student or parent to send an up-to-date physical form to the athletic office if one expires during their sport season in order to keep the student/athlete eligible. If you child's physical will expire just before the start of sports you may obtain a note from the physician stating the he/she is okay to participate in sports and the date of the next physical.

**ALL PAPERWORK MUST BE PROPERLY FILLED OUT BY A PARENT OR GUARDIAN OR YOU WILL NOT BE ALLOWED TO TRY OUT.**

**PAPERWORK MUST BE SUBMITTED ON THE FOLLOWING DATES ONLY: WE WILL MEET IN THE FIRST FLOOR CONFERENCE ROOM.**

Aug. 13<sup>th</sup>

8 AM Football  
10 AM Field Hockey

Aug. 16

8 AM Boys Soccer  
10 AM Girls Soccer

Aug. 17

8 AM B & G XC  
10 AM G. Tennis  
11 AM G. Volleyball

**PLEASE COME AT DESIGNATED TIMES ONLY!!!** This will insure that each student will be put on the proper eligibility list. You will receive an Eligibility Participation Pass that you will give to the coach before you can participate.

*Fall practice will begin on August 16<sup>th</sup> for Football, August 23<sup>th</sup> for all other Fall sports.*

**THERE WILL BE A MANDATORY MEETING FOR ALL STUDENTS GOING OUT FOR ATHLETICS IN 2010-2011 ON AUGUST 16, AT 6:00 PM IN THE HIGH SCHOOL AUDITORIUM. A PARENT MUST ATTEND WITH THE STUDENT-ATHLETE.**

Terrence M. Lynch  
Athletic Director  
401-360-1011  
401-360-1017

Parents: Please complete this form and sign in the (2) areas below. A notary is available at school for your convenience at no charge. This form is confidential and is meant to assist the school nurse in protecting your child's health. It is not meant to disqualify anyone from participation. Be sure to read and complete pages 2-5 of this form as well.

1. INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER \_\_\_\_\_ WORK TEL. \_\_\_\_\_ Cell # \_\_\_\_\_

MOTHER \_\_\_\_\_ WORK TEL. \_\_\_\_\_ Cell # \_\_\_\_\_

WHAT SCHOOL DID YOU LAST ATTEND? \_\_\_\_\_ WHEN \_\_\_\_\_

EMERGENCY CONTACT (other than family) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

LAST COMPLETE PHYSICAL Examination Performed \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Physician's Name)

\*\*SPORTS TO BE PLAYED DURING THIS SCHOOL YEAR:

\_\_\_\_\_

2. PERMISSION

I GIVE MY SON/DAUGHTER \_\_\_\_\_ PERMISSION TO PARTICIPATE IN ATHLETICS, I AGREE TO COMPLY WITH THE REQUIREMENTS AS STATED IN THE ATHLETIC HANDBOOK. THIS CAN BE FOUND ON OUR WEB SITE ([www.skschools.net](http://www.skschools.net)). A YEARLY PHYSICAL EXAM IS REQUIRED FOR ATHLETIC PARTICIPATION AND THIS EXAM IS BEST COMPLETED BY YOUR OWN PHYSICIAN. \*Please list all sports anticipated.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

3. EMERGENCY TREATMENT

IN THE EVENT MY SON/DAUGHTER BECOMES INJURED OR ILL WHILE PARTICIPATION IN A SCHOOL SPORT, HE/SHE MAY BE TAKEN TO THE SOUTH COUNTY HOSPITAL EMERGENCY ROOM OR THE NEAREST HOSPITAL EMERGENCY ROOM (FOR AN AWAY MATCH) FOR APPROPRIATE EMERGENCY TREATMENT TO BE STARTED AS INDICATED BY THE ATTENDING PHYSICIAN. I UNDERSTAND THAT WHILE MY CHILD IS BEING TREATED, EVERY ATTEMPT WILL BE MADE TO CONTACT ME AT HOME OR WORK.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
Notary Signature

**ATHLETIC TRAINER - Copy**

**EMERGENCY TREATMENT**

**IN THE EVENT MY SON/DAUGHTER BECOMES INJURED OR ILL WHILE PARTICIPATION IN A SCHOOL SPORT, HE/SHE MAY BE TAKEN TO THE SOUTH COUNTY HOSPITAL EMERGENCY ROOM OR THE NEAREST HOSPITAL EMERGENCY ROOM (FOR AN AWAY MATCH) FOR APPROPRIATE EMERGENCY TREATMENT TO BE STARTED AS INDICATED BY THE ATTENDING PHYSICIAN. I UNDERSTAND THAT WHILE MY CHILD IS BEING TREATED, EVERY ATTEMPT WILL BE MADE TO CONTACT ME AT HOME OR WORK.**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**Notary Signature**

**INSURANCE INFORMATION: PLEASE CAREFULLY READ THE INFORMATION BELOW AND ANSWER THE QUESTIONS THAT FOLLOW.**

**Some type of medical insurance coverage is required of all students' participation in any R.I. Interscholastic Athletic Activity. For this reason school insurance is offered at a nominal cost to all. For full coverage of expenses resulting from the examination, diagnosis, treatment and rehabilitation (if needed) of an injury resulting from an injury occurring in an interscholastic sports event, school insurance is absolutely essential. If you do not purchase the school insurance, you should be aware of your policy deductibles and limits on coverage for particular conditions. FOR EXAMPLE: MOST INSURANCE COMPANIES DO NOT COVER, IN FULL, CLAIMS MADE FOR INJURIES AND REHABILITATIVE THERAPY.**

**CHECK with your insurance carrier before you find yourself in an awkward position and in need of help.**

**If you decide NOT to purchase school insurance and your medical carrier does not pay the entire bill, any claim made to the Rhode Island Interscholastic Injury fund carries a \$100.00 deductible. When submitting a claim for an injury, remember to be prompt, claims should be submitted within 60 days of the doctor's visit. Failure to do so may result in non-payment of the claim.**

**PLEASE ANSWER THESE QUESTIONS:**

**HEALTH INSURANCE:** \_\_\_\_\_  
**COMPANY NAME** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_ **INSURED NAME** \_\_\_\_\_

**I/WE HAVE PURCHASED SCHOOL INSURANCE THIS SCHOOL YEAR: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**



**PRE-PARTICIPATION  
PHYSICAL EVALUATION**

**To be completed by athlete and parent:**

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

Student-Athlete's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/State Zip* Phone (401) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City/State Zip*

Phone: ( ) \_\_\_\_\_

## Pre-Participation History and Physical Exam

### HISTORY

	Yes	No
<b>General</b>		
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
2. Do you have an ongoing or chronic illness? _____	___	___
3. Have you ever been hospitalized overnight?	___	___
4. Have you ever had surgery?	___	___
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills?	___	___
a. prescription _____	___	___
b. non-prescription _____ <i>(over the counter)</i>	___	___
6. Do you have any allergies (for example: to pollen, medicine, or stinging insects)? If yes, which one(s)? _____	___	___
7. Do you have any dental prosthetic devices (i.e., bridges, crowns)?	___	___
8. Have you had any problems with your eyes or vision? _____	___	___
9. Do you wear glasses, contacts, or protective eyewear? _____	___	___
10. Do you have any current skin problems? _____	___	___
11. Have you ever fainted or become ill from exercising in the heat?	___	___
12. If you smoke, how many packs per day? _____	___	___
13. Do you have only one of a normally paired organ (i.e. kidney, lung, eye, testicle)? If yes, which one(s)? _____	___	___
<b>Heart</b>		
1. Have you ever passed out during or after exercise?	___	___
2. Have you ever been dizzy after exercise?	___	___
3. Have you ever had chest pain during or after exercise?	___	___
4. Have you ever had racing of your heart or skipped heartbeats?	___	___
5. Have you ever been told you have a heart murmur?	___	___
6. Has any family member or relative died of heart problems or of sudden death before age 50?	___	___
7. Have you had a viral infection (for example: mononucleosis) within the last year? If yes, what? _____	___	___
8. Has a physical ever denied or restricted your participation in sports for any heart problems?	___	___
<b>Lung</b>		
1. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___
2. Do you have asthma?	___	___
3. Do you use an inhaler?	___	___
<b>Musculo-Skeletal</b>		
1. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth)?	___	___
2. Have you ever had a sprain, strain, or swelling after injury which prevented you from participation? _____	___	___
3. Have you broken or fractured any bones or dislocated any joints?	___	___

**Head**

**Yes No**

- 1. Have you had a head injury or a concussion? \_\_\_\_\_
- 2. Have you ever been knocked out, become unconscious, or lost your memory? \_\_\_\_\_
- 3. Have you ever had a seizure? \_\_\_\_\_
- 4. Have you ever had a stinger, burner, or numbness in your arms, hands, legs or feet?  
If yes, which one(s)? \_\_\_\_\_

**Nutrition**

**Yes No**

- 1. Do you skip meals during the day? \_\_\_\_\_
- 2. Do you use laxatives, diuretics, or stimulants to control your weight?  
If yes, which one(s)? \_\_\_\_\_
- 3. Do you feel disgusted, depressed, or guilty about your eating? \_\_\_\_\_
- 4. Do you self-induce vomiting after eating? \_\_\_\_\_
- 5. Do you restrict certain types of foods?  
If yes, which one(s)? \_\_\_\_\_
- 6. Have you ever taken nutritional supplements?  
If yes, which one(s)? \_\_\_\_\_
- 7. Do you have a food allergy?  
If yes, which one(s)? \_\_\_\_\_
- 8. Do you want to weigh more or less than you do now? \_\_\_\_\_

**FEMALES ONLY**

- 1. When was your last menstrual period? \_\_\_\_\_
- 2. How often do your periods occur? \_\_\_\_\_
- 3. Have you ever gone 4 months without getting a period? \_\_\_\_\_

**Parental Permission and Authorization for Treatment**

We hereby give our consent for \_\_\_\_\_ to represent his/her school in interscholastic athletics. If in the event of injury or accident either en route to the event, at the event, or en route back from the event, we also give our consent for the school to obtain any and all medical care that is deemed reasonably necessary for the welfare of the student. We realize that all reasonable efforts will be made to contact us if the above does occur.

We further state that we have completed that part of this form which requires us to list all previous injuries or conditions that are known to us and that the form is completed correct and true.

Name of Primary Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Parent or Guardian (PRINT): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

NAME: \_\_\_\_\_

**PHYSICAL EXAMINATION**

SPORT(s): \_\_\_\_\_

Age: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_ Corrected: Y N

	Normal	Explanation
<b>Medical</b>		
General		
Skin		
HEENT		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Genitalia (males only)		
Pulses		
<b>Musculo-Skeletal</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Calf		
Ankle/Foot		
Neurologic		

**Immunizations**

1. When was your last tetanus shot? \_\_\_\_\_
2. When was the date of your measles immunization? \_\_\_\_\_

**Identified Problems:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Review by Physician:**

- \_\_\_\_ No Athletic Participation
- \_\_\_\_ Limited Participation, e.g., \_\_\_\_\_
- \_\_\_\_ Clearance Withheld Until: \_\_\_\_\_
- \_\_\_\_ Full Unlimited Participation

Athlete requesting clearance in the following sport(s): \_\_\_\_\_

Cleared: Yes // No //

Recommendations \_\_\_\_\_

Name of Physician, NP, or PA \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_, MD or DO  
(Physician's signature required if examination performed by nurse practitioner or physician's assistant)

**RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING  
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND  
ASSUMPTION OF RISK FORM**

The undersigned, being an adult prospective student-athlete or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored by the Rhode Island Interscholastic League ("RIIL"). The undersigned specifically assert that the student-athlete will comply with the rules and regulations of the RIIL; the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student to the RIIL for the purpose of enforcing the rules and regulations of the League; that they are aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation. For sports involving helmets, we acknowledge the following **WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 9-1-48, the undersigned, in consideration of participation in a RIIL sports program, herein grant to the RIIL, its officers, directors, trustees, volunteers, participants, agents (to include, but not be limited to, the local school committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards practicing for or participating in, in any sports program sponsored by the RIIL. The undersigned specifically acknowledge that a risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by the RIIL.

In compliance with the Rhode Island General Laws § 9-1-28.1 and all other applicable laws and regulations, the undersigned, in consideration of participation in a RIIL sports program, herein grant to the RIIL, its officers, directors, trustees, volunteers, participants, agents (to include, but not be limited to, the local school committee or its parochial or private equivalent), servants and employees, and assigns the absolute right and permission to at any time and by any method record student's name, voice, and likeness and to utilize or assign the use of the student's name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, announcement, action or advertising, of any kind without restriction.

(This form must be completed by all students, regardless of grade, intending to participate in any Rhode Island Interscholastic League sport after 1 Aug. 2005. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible.)

© RIIL 2005

MALE \_\_\_\_ FEMALE \_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

School (*print*) \_\_\_\_\_

City/town of School (*print*) \_\_\_\_\_

FIRST MI LAST  
Legal Name of Student (*print*) \_\_\_\_\_

Date of Birth of Student \_\_\_\_\_

Full address of Mother (*print*) \_\_\_\_\_

Name of Person, other than Mother, with whom student is living  
(*print*) \_\_\_\_\_

Full address at which student is living (*print*) \_\_\_\_\_

Signature of Student \_\_\_\_\_

Signature of Parent or Guardian if Student is under age of 18 \_\_\_\_\_

Date of Signature \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

(NOTARY SEAL)

*Please Note: The use of an incorrect address will subject the student-athlete to League penalties, to include one year of ineligibility.*

## ACCESS TO EXCELLENCE

Please read the South Kingstown High School Athletic Handbook and the Access to Excellence Policy adopted 3-29-2010 within the handbook. Each parent/guardian and student athlete is required to read this policy and sign the agreement below.

Printed copies of the Athletic Handbook and the Access to Excellence policy are available and may be picked at in the SKHS Athletic Office, or the Main office. This handbook and policy is available for you to view and download in 2 places on the internet:

- On the homepage of South Kingstown district website [www.skschools.net](http://www.skschools.net)
- The South Kingstown High School Athletics webpage. <http://hs.skschools.net/Athletics/Documents/>

### PARENT/GUARDIAN AGREEMENT

By signing this document I \_\_\_\_\_ (parent/guardian), indicate that I have read the South Kingstown High School Athletic Code including the Access To Excellence Policy adopted 3-29-2010.

Also, by signing this document I \_\_\_\_\_ (parent/guardian) further acknowledge that I have knowledge, understanding and agreement to the standards set forth in this policy, in order for my son/daughter \_\_\_\_\_ (student athlete) to be afforded the privilege of representing South Kingstown High School as a student athlete. I am also aware that any violation on my part to any of these standards shall result in consequences contained within this policy.

Parent/ Guardian Signature \_\_\_\_\_

### STUDENT AGREEMENT

By signing this document I \_\_\_\_\_ (student athlete), indicate that I have read the South Kingstown High School Athletic Code including the Access To Excellence Policy adopted 3-29-2010.

Also, by signing this document I \_\_\_\_\_ (student athlete) further acknowledge that I have knowledge, understanding and agreement to the standards set forth in this policy, in order for me \_\_\_\_\_ (student athlete) to be afforded the privilege of representing South Kingstown High School as a student athlete. I am also aware that any violation on my part to any of these standards shall result in consequences contained within this policy.

Student Signature \_\_\_\_\_