Physical: _____

THE ENLARGED CITY SCHOOL DISTRICT OF TROY, NEW YORK

Troy High School 518-328-5425 Fax 518-271-5174. Troy Middle School 518-328-5325 Fax 518-271-5175

STUDENT PARTICIPATION AND PARENTAL SPORT APPROVAL

Name of student: _____
Last **First** **Initial**

Date of Birth: _____ **Male** _____ **Female** _____ **Current Grade:** _____

PARENT/GUARDIAN PERMISSION FOR SPORT

TMS: ***Fall*** – Football; Soccer (boys/girls); Volleyball ***Winter***: Basketball (boys/girls); Swimming (boys/girls)
Spring – Spring track; Softball; Baseball; Lacrosse
TMS Sport selected: _____

THS: ***Fall*** – X-Country; Golf; Football; Soccer (boys/girls); Cheerleading; Swimming (girls); Tennis (girls); Volleyball
Winter – Basketball (boys/girls); Bowling; Indoor track (boys/girls); Cheerleading; Swimming (boys)
Spring – Baseball; Softball; Lacrosse; Spring track; Tennis (boys)
THS Sport selected: _____

To my knowledge, there is no medical reason that my son/daughter cannot participate in interscholastic sports. We have read and understand all athletic training rules and regulations.

Signature of Parent/Guardian: _____ **Date:** _____

FOR SCHOOL PHYSICIAN USE ONLY

This certifies that_____is physically qualified to participate in the following categories of competition during this school year.

Any unmarked categories indicate disqualification for the particular group of sports activities.

Contact/Collision	Limited Contact/Impact	Strenuous Non-Contact	Non-Strenuous Non-Contact
Ice Hockey	Baseball, Basketball	X-Country	
Football	Diving	Track & Field	Bowling
Lacrosse	Cheerleading	Swimming	Golf
Soccer	Softball, Volleyball	Tennis	

School Physician's Signature_____**Date**_____

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MEDICAL HISTORY

At the beginning of each season, a Health History review must be completed within 30 days prior to start of tryout sessions or practice, unless the athlete received a full medical exam within those 30 days.

MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?			Have you had infectious mononucleosis (mono) within the last three months?		
Do you have an ongoing medical condition (like diabetes or asthma)?			Have you ever had a concussion?		
Are you currently taking any prescription or non-prescription (over the counter) medications?			Date of last head injury or concussion: Date: _____		
Do you have allergies to medicines, pollens, foods or stinging insects?			Have you ever been knocked unconscious?		
Do you have prescriptions for use of epinephrine, adrenalin, inhaler, EPI pen or other allergy medications?			Have you ever been unable to move your arms or legs after being hit or falling?		
Have you ever passed out or nearly passed out during or after exercise?			When exercising in heat, do you have severe muscle cramps or become ill?		
Have you ever passed out or nearly passed out any other time?			Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
Have you ever had discomfort, pain or pressure in your chest during exercise?			Have you had any problems with your eyes or vision? Do you wear glasses or contact lenses?		
Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?			Have you ever had any broken or fractured bones or dislocated joints?		
Does your heart race or skip beats during exercise?			**FEMALES ONLY:** Have you ever had a menstrual period?		
Has a doctor ever told you that you have: (check all that apply) ___High blood pressure; ___High cholesterol; ___ Heart murmur; ___Heart infection			Age when you had your first menstrual period. _____ How many periods have you had in the last 12 months?_____		
Has any family member or relative died of a heart attack or sudden death before age 50? (this does not include accidental death)			Explain "Yes" answers here:		
Does anyone in your family have Marfan Syndrome?					
Have you ever spent the night in a hospital?					
Have you ever had surgery?					
Have you ever had an injury like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?					
Have you ever been diagnosed with asthma or other allergic disorders?					

Date: _____ **Sport(s):** _____

Student Name: _____ **Parent/Guardian Signature:** _____

THE ENLARGED CITY SCHOOL DISTRICT OF TROY, NEW YORK

1950 Burdett Avenue Troy, NY 12180
Paul Reinisch – Director of Health, Physical Education, Athletics, Safety
Phone# 518-328-5407 THS Fax#518-271-5174 TMS Fax# 518-271-5175

PARENT/GUARDIAN CONSENT
ATHLETE PARTICIPATION & MEDICAL TREATMENT

Dear Parent/Guardian,

Your child has expressed a desire to participate in our interscholastic sports program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the district for the benefit of those who participate.

WARNING: PARTICIPATION IN ATHLETICS INCLUDES A RISK OF SERIOUS INJURY, PERMANENT PARALYSIS, INFECTIOUS DISEASE OR DEATH. ATHLETIC PARTICIPATION WILL ALSO INVOLVE TRAVEL IN SCHOOL DISTRICT VEHICLES. NO TRAVEL WILL BE PERMITTED OTHER THAN IN DISTRICT VEHICLES WITHOUT SPECIAL PERMISSION. ALL TRAVEL INCLUDES RISK OF INJURY.

1. **Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self-worth (achievement), cooperative efforts (teamwork), and ethical decision making (sportsmanship.)**

2. **In order to try out for a sport, each athlete is required to have a complete student packet and current physical on file in the Health Office**

3. **School Insurance for the medical treatment of sport-related injuries is applicable only after the parents' health insurance has been used. ALL BILLS MUST BE SUBMITTED TO YOUR INSURANCE COMPANY FIRST – (THE SCHOOL INSURANCE IS SECONDARY INSURANCE)**

4. **Within the first three team meetings, the coach will explain the attendance, training, and athletic code rules, as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic achievement.**

5. **School equipment issued to your child for participation is his/her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and tear.**

6. **IN THE EVENT THAT YOUR CHILD BECOMES SICK OR RECEIVES ANY INJURY DURING ATHLETIC PARTICIPATION, ALL REASONABLE EFFORTS WILL BE MADE TO CONTACT YOU AND OBTAIN ANY REQUIRED CONSENT FOR MEDICAL CARE. IN SITUATIONS WHERE YOU CANNOT BE CONTACTED FOR CONSENT TO TREATMENT AND SUCH DELAY CREATES A RISK TO YOUR CHILD'S LIFE OR HEALTH, THE DISTRICT REPRESENTATIVES WILL USE THE AUTHORITY YOU GRANT THEM BY THIS FORM TO OBTAIN APPROPRIATE MEDICAL CARE AND TREATMENT FOR YOUR CHILD.**

Paul Reinisch, Director

As the parent/guardian of _____ **Date of Birth** _____
(name of student)
I hereby give my permission to participate in _____
(name of sport)

Signature of parent/guardian _____ **Date:** _____

Telephone: Home _____ **Work** _____ **Cell** _____