WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year. Refer to Rule. File in the office of the Principal.)

PART I - ATHLETIC PARTICIPATION

(To be completed and signed by the student)

Name	
Phone:	
Phone:	
densed eligibility rules of the WVSSAC athletics. If accepted as a feam member, I agree to make every effort to keep up and abide by the rules and regulations of the school authorities and the WVSSAC. Date:	
INDIVIDUAL ELIGIBILITY RULES Attention Athlete! 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. (See exception under Rule 127-2-3) must qualify under the Residence and Transfer Rule (127-2-7) must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6) must have attained an overall "C" (2.00) average. Summer School may be included. (127-2-6) must not have reached your 15th (MS), 16th (9th) or 19th (HS) birthday before August 1 of the current school year. (127 must be residing with parent(s) as specified by Rule 127-2-7 and 8. unless parents have made a bona fide change of residence during school term. unless an AFS or other Foreign-Exchange student (one year of eligibility only). unless the residence requirement was met by the 365 calendar days attendance prior to participation.	st semester I at we read the con up my school work
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if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8) must be an amateur as defined by Rule 127-2-11. must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consecompletely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic or your parents consent to your participation. (127-3-3) must not have transferred from one school to another for athletic purposes. (127-2-7) must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by WVSSAC. (127-3-5) must not, while a member of a school team in any sport, become a member of any other organized team or as an individuant unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10). must follow All Star Participation Rule. (127-3-4) must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) so sport in grades 7 and 8 or more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5). must not have been retained without failing in grades 6, 7 or 8. (127-2-5) Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimulalso all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in docany activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.	ent/Physician Form competition and that your school or the lual participant in arseasons in the same aum standards buout about the effective.
PART II – PARENTAL CONSENT (To be completed and signed by the parent or guardian)	
(See Part I) In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MAR	RKED OUT BELOW:
BASEBALL CROSS COUNTRY GOLF SOFTBALL TENNIS VOL BASKETBALL FOOTBALL SOCCER SWIMMING TRACK WRI	DLLEYBALL RESTLING THERS
MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE	
Withholding a student-athlete from activity. The member school's team physician has the final responsibility to determine whe is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return the responsibility of the member school's team physician or that physician's designated representative. I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interesting the participation in the partic	

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my	consent and approval for the above	named student to	o receive	a physical	examination	as required in	Part IV, F	Physician's C	ertificate
of this form, by		MD, or by a q	ualified,	registered	physician as	recommended	by the na	ımed studen	t's schoo
administration.				_			-		

I further consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Date:	 Signed:	

PART III – STUDENT'S MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Yes No 9. Heat exhaustion/sun stroke? Yes No 10. Fainting or passing out? Yes No 10. Fainting or passing out? Yes No 10. Fainting or passing out? Yes No 21. Have a sudden death history in your family? Yes No 21. Have a family history of heart attack before age 50? Yes No 21. Have any allerging or nusual shortness of bree when you exercise? PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS. I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. It also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. PART IV – VITAL SIGNS Height	Name	Birthdate	e	/		/ Gr	ade	Aç	је		
etc) Yes No 13. Has anynoe in your family ever fainted during exercise? Yes No 12. Any hospitalizations? Yes No 13. Any surgery (except tonsis)? Yes No 15. War any medicine? Yes No 15. War glasses contact lenses dental appliances version of 15. War any medicine in your yes No 15. War any medicine in any port? Yes No 15. War any medicine in your yes No 15. War any medicine in your yes No 15. War any organize missing (eye, kidner) and any port? Yes No 15. Have any collection organize in your yes No 15. War any organize in your yes No 17. Has it been longer than 10 years since your last tetanus sho 17. Yes No 16. Have you ever been during or passing out? Yes No 19. Do you know of any reason this student should not partipate in sports? Yes No 10. Have a sudden death history in your family? Yes No 11. Have any altergies? Yes No 12. Have a sudden death history in your family? Yes No 12. Have a sudden death history in your family? Yes No 12. Have a sudden death history in your family? Yes No 12. Develop coupling, wheezing, or unusual shortness of bree when you exceise? Yes No 12. Have a sudden death history in your family? Yes No 12. Geneales Chily) Do you have any problems with your me strual periods. Jalso give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any migury. PART IV – VITAL SIGNS PART IV – VITAL SIGNS Height	Has the student ever had:	Does t	he stu	ıdent:							
Ves No 2. Any hospitalizations? Ves No 3. Any surgery (except horsis)? Ves No 4. Any injuries that prohibited your participation in sports? Ves No 5. Discussion/mocked out? Ves No 6. Concussion/mocked out? Ves No 7. Knee, ankle or neck hjurice? Ves No 7. Knee, ankle or neck hjurice? Ves No 8. Evident bone or dislocation? Ves No 10. Fairming or passing out? Ves No 10. Fairming or passing out lest tetrangle in any sport? Ves No 10. Fairming or passing out lest tetrangle in any sport? Ves No 10. Fairming or passing out lest tetrangle in any sport? Ves No 10. Fairming or passing out lest tetrangle or passing out lest tet	Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizu	res, Yes N	No 12. Have any problems with heart/blood pressure?								
Ves No 3. Any surgery (except forsilar)	•	Yes N	No 13	. Has	anyo	ne in your family eve	er fainted	during e	exercis	e?	
Ves No					-						
Yes No 5. Dizzines or frequent headaches?					-						
Ves No					-		-				
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PART IV - VITAL SIGNS Height	injury.										
Height	SIGNATURE OF PARENT OR GUARDIAN					DATE _	/_		_/		
PART V – SCREENING PHYSICAL EXAM This exam is not meant to replace a full physical examination done by your private physician. Mouth: Respiratory: Appliances Y N Symmetrical breath sounds Y N Masses Y N Missing/loose teeth Y N Wheezes Y N Organomegaly Y N Caries needing treatment Y N Cardiovascular: Genitourinary (males only); Enlarged lymph nodes Y N Murmur Y N Inguinal hernia Y N Skin - infectious lesions Y N Irregularities Y N Bilaterally descended testicles Y N Peripheral pulses equal Y N Murmur with Valsalva Y N Musculoskeletal: (note any abnormalities) Neck: Y N Elbow: Y N Knee/Hip: Y N Hamstrings: Y N Shoulder: Y N Wrist: Y N Ankle: Y N Scoliosis: Y N RECOMMENDATIONS BASED ON ABOVE EVALUATION: After my evaluation, I give my: Full Approval; Full approval but needs further evaluation by Family Dentist; Eye Doctor; Family Physician; Other Limited approval with the following reasons: Denial of approval for the following reasons:	PART IV	/ – VITAL S	SIGN	S							
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