

West Ottawa Public Schools Athletic Physical Form

2010-11

(Please retain a **copy** for your records)

SCHOOL: WOHS M.Bay H.Lights

Please print

Legal

Name: _____
Last First

Address: _____

Zip Code

Grade _____ **Age** _____ **Birthdate** _____
(Next School Year)

Parents
Names: _____

Phone: _____

Emergency
Contact: _____

Phone: _____

Family
Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

***Please note that a current physical is one given on or after April 15th 2010.**

Physician Examination		
Vision	Good	Action Needed
Blood Pressure	Good	Action Needed
Pulse	Good	Action Needed
Ears	Good	Action Needed
Nose	Good	Action Needed
Throat	Good	Action Needed
Teeth	Good	Action Needed
Orthopedic	Good	Action Needed
Thyroid	Good	Action Needed
Lungs	Good	Action Needed
Heart	Good	Action Needed
Abdomen	Good	Action Needed
Hernia	Good	Action Needed
Neurological	Good	Action Needed
Comments		

<input type="checkbox"/> Cleared to play?		
Signature		Date
_____		_____
<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> PA <input type="checkbox"/> NP

Blood Pressure
1 _____ 2 _____
Pulse _____

Height	Weight
_____	_____

Podiatry Assessment	(Optional)
Warts	_____
Hammer Toes	_____
Hallux Rigidus	_____
Pes Planus	_____
Pes Cavus	_____
Other	_____
Signature	

Date	

Current Medical History

(To be completed by parent)

Has your child ever had or been treated for:

Fainting	Yes	No
Concussion	Yes	No
High Blood Pressure	Yes	No
Arthritis	Yes	No
Rheumatic Fever	Yes	No
Pneumonia	Yes	No
Asthma	Yes	No
Diabetes	Yes	No
Cervical Spine Injury	Yes	No
Allergic Reaction	Yes	No
MRSA	Yes	No
HIV/ AIDS	Yes	No
Heart Ailment	Yes	No
Joint Injury	Yes	No
Surgery	Yes	No
Hepatitis	Yes	No
Uneven Pupils	Yes	No
Thyroid Disease	Yes	No
Sickle Cell	Yes	No
Heart Murmur	Yes	No
Convulsions	Yes	No

Has any family member died of sudden cardiac death?

	Yes	No
Do you currently have any of these symptoms now?		

Blurred vision	Yes	No
Headache	Yes	No
Back Pain	Yes	No
Irregular Heart Beat	Yes	No
Shortness of breath	Yes	No
Frequent urination	Yes	No
Sore throat	Yes	No
Stomach Pain	Yes	No

Please list any medications currently taking:

Please list any supplements currently taking:

WEST OTTAWA HIGH SCHOOL ATHLETIC DEPARTMENT
ATHLETIC CODE OF CONDUCT & CONSENT FORM (STUDENT / PARENT)

STUDENT / ATHLETE: _____ GRADE: _____ (2010-11 School Year)

STUDENT/ATHLETE:

As a West Ottawa student athlete participating voluntarily in interscholastic athletics, I understand that:

1. This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I will not compete in any outside athletic contest in this sport until after the high school season has been completed.
2. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject. I have read and will abide by the West Ottawa Athletic Handbook, Code of conduct, and the coach's team rules.
3. I will be responsible for all athletic equipment issued to me throughout the season, will return such equipment at the conclusion of the season, and pay the current replacement cost for any equipment not accounted for by me at the end of the season.
4. I acknowledge that I have been properly advised, cautioned and warned by administrative or coaching personnel of the West Ottawa School district that I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.
5. I understand that I am not eligible to participate in athletics if I did not pass a minimum of four classes (20 credits) during the previous semester grades 9 through 12, or if I am not passing a minimum of 4 classes (20 credits) during the current Semester. I understand that at West Ottawa, I must pass the number of classes as established by the school district or I may be declared ineligible.
6. I understand that I must be in attendance at school at least 1/2 day or have the permission of the Athletic Director, in order to practice or participate in a contest.
7. I understand that as an injured athlete, the athletic training staff may have to communicate about my injury with my parents, physician, medical staff or coach. All care will be maintained to keep your privacy under consideration.

Student Signature: _____ Date: _____

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PARENT:

1. I hereby give my consent for the above high school student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. The information submitted is truthful to the best of my knowledge.
2. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.
3. I understand that the West Ottawa Athletic Program will be providing information to the public through publications regarding athletic teams and athletes. Information on the West Ottawa Public School's Athletic Web Site may include photos and references to my son or daughter as well as other West Ottawa Athletes. I will notify the Athletic Office in writing if this is not acceptable.
4. Our son / daughter will comply with the specific insurance regulations of the West Ottawa School district and pay the athletic fee.

Parent Signature: _____ Date: _____

MEDICAL TREATMENT CONSENT

I, _____ the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances. I understand that as an injured athlete, the athletic training staff may have to communicate about my son/daughter's injury with my physician or coach. All care will be maintained to keep your privacy under consideration.

Parent Signature: _____ Date: _____

Parent Email Address: _____