

Athletic Participation Requirements

Fox High School



The following groups must follow the procedures outlined below:

Baseball	Football	Boys & Girls Soccer
Boys & Girls Basketball	Boys & Girls Golf	Boys & Girls Track
Cheerleading	Poms - Warriorettes	Wrestling
Boys & Girls Cross Country	Softball	Boys & Girls Volleyball

If a student intends to play sports for Fox High School, he/she must have a valid physical Form, Parent Signature and documentatation of their current heath insurance provider along with either a group, plan or member ID number. (Pages 1 -4 Must be Submitted) on file in the Athletic Office

*****Prior to participation*****

1. Physical Examination (Pages 1-4 of the Packet) Dated After February 1st 2018

Parent/Guardian Completes Pages 1 & 3

Physician Completes Page 2 - Physical must be signed by the doctor

Athlete Completes Page 4 - Additional lines for athlete to sign included on page 1 & 3.

2. Health Care Provider Section of the MSHSAA Form (Page 3)

3. MSHSAA Eligibility Statement (Page 4)

Citizenship Statement, MSHSAA By-Law 212, MSHSAA Concussion Documentation

Please understand participants must sign off indicating they have read this section

4. MSHSAA Concussion Material & Signature Page to be turned into the athletic office. (Page 5-6)

Athletic Code of Conduct (Page 7)

*Packet due to Athletic Office preferably one week prior to the first day of participating season

2018-2019 FALL Season official start date: AUGUST 6, 2018

2018-2019 WINTER Season official start date: OCTOBER 29, 2018

2018-2019 SPRING Season official start date: FEBRUARY 25, 2019

Turning in your paperwork the FIRST Day of the season may cause delay in attending try-outs.

Without pages 1-3 turned in, an athlete will NOT be able to participate.

Make copies of packet to be retained for your information.

**PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

Name:		Date of Birth:	
Physician Reminders: 1. Consider additional questions on more sensitive issues. <ul style="list-style-type: none"> • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed, or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance supplements? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).			
			
EXAMINATION			
Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/Ears/Nose/Throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph Nodes			
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI) 			
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, linea corporis 			
Neurologic***			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 			
<small>* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.</small>			
<input type="checkbox"/> Cleared for all sports without restriction.			
<input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for:			
<input type="checkbox"/> Not Cleared <ul style="list-style-type: none"> <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason: 			
Recommendations:			
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).			
Name of Physician (type/print):		Date of Exam:	
Address:		Phone:	
Signature of Physician (MD/DO/ARNP/Chiropractor*):			

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

Name(Printed):

Grade:

Physical Date:

DOB

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics. We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete. The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below.

In case of emergency I request my child be taken to _____ hospital if possible. Member ID/ Group / Plan Number _____

Name of Insurance Company: _____

Allergies (Including Drug Allergies): _____

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

List All Health Conditions: _____

Will your child bring medication (prescribed or over-the-counter)? YES _____ NO _____

Name of Medication	Physician	Dosage/Frequency	Special Instructions

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)	Address	Phone #s:
Name of Contact	Relationship to Athlete	Phone #s:
Name of Contact	Relationship to Athlete	Phone #s:

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE FOLLOWING DOCUMENTS (Pages 4-6) INCLUDING:

- MSHSAA Eligibility Guidelines/Student Agreement/ MSHSAA By-Law 212 - (page 4)
- MSHSAA Concussion Material: - (page 4) I have accessed and read the MSHSAA materials on Concussion which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion. Packets are available in the Athletic Office or use the following link: http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf

Signature of Student:	Date:
Signature of Parent:	Date:

Sports:

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," <http://www.mshsaa.org/resources/pdf/1011EligibilityBrochure2.pdf> which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

MSHSAA By-Law 212

Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered "creditable citizens." Conduct shall be satisfactory in accord with the standards of good discipline.

- A. Law Enforcement:** A student who commits an act for which charges may be or have been filed by law enforcement authorities under any municipal ordinance, misdemeanor or felony statute shall not be eligible until all proceedings with the legal system have been concluded and any penalty (i.e. jail time, fine, court costs, etc.) or special condition of probation (i.e. restitution, community service, counseling, etc.) has been satisfied. If law enforcement authorities determine that charges will not be filed, eligibility will be contingent upon local school policies. Moving traffic offenses shall not affect eligibility, unless they involve drugs, alcohol, or injuries to others. After a student has completed all court appearances and penalties, and has satisfied all special conditions of probation and remains under general probation only, local school authorities shall determine eligibility.
- B. Local School:**
1. A student who violates a local school policy is ineligible until completion of the prescribed school penalties.
 2. The eligibility of a student who is serving detention or in-school suspension shall be determined by local school authorities.
 3. A student shall not be considered eligible while serving an out-of-school suspension.
 4. A student who is expelled or who withdraws from school because of disciplinary measures shall not be considered eligible for 365 days from the date of expulsion or withdrawal.
 5. If a student misses class(es) without being excused by the principal, the student shall not be considered eligible on that date. Further, the student cannot be certified eligible to participate on any subsequent date until the student attends a full day of classes.
 6. Each individual school has the authority to set more restrictive citizenship standards and shall have the authority and responsibility to judge its students under those standards.
 7. Each school shall diligently and completely investigate any issue that could affect student eligibility.
- C. Student Responsibility:** Each student is responsible to notify the school of any and all situations that would affect his/her eligibility under the above standards. If the student does not notify the school of the situation prior to the school's discovery, then the student shall be ineligible for up to 365 days from discovery, pending review by the Board of Directors.

MSHSAA Concussion Material:

I have accessed and read the MSHSAA materials on Concussion which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion. Packets are available in the Athletic Office or use the following link: http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf,



FOX HIGH SCHOOL

CONCUSSION INFORMATION



- **“Interscholastic Youth Sports Brain Injury Prevention Act”**

- May 2011
- Athletes suspected of having a concussion or brain injury during practice or game must be sidelined immediately and not allowed back on the field for minimum of 24 hours
- Athletes then must be analyzed by licensed health care provider who is trained in evaluating and managing concussions to get a written clearance to play
- Don't doctor shop for a physician who will clear your child after two or three days because this could lead to further injury to the brain
- The act also requires mandatory education of coaches, athletes, and their parents about the signs and symptoms of a concussion and the possible long-term effects
- Concussions are a very serious medical condition and will be treated as such at Fox High School
- If you child is sidelined for concussion symptoms, please do not ask that your child be allowed to continue playing as for us to do so would be a breach of Missouri State Law
- Athletes and parents must now read and sign this information sheet about concussions to be eligible to compete in Missouri High School athletics

- **Symptoms of a Concussion**

- Headache
- Dizziness
- Nausea
- Sudden Unsteadiness or Loss of Balance
- Confusion
- Double Vision or Seeing Stars
- Ringing in Ears

- **Signs of a Concussion**

- Loss of Consciousness (5% of cases)
- Convulsion or Seizure
- Unsteady Gait
- Slow to Answer Questions or Follow Directions
- Easily Distracted or Poor Concentration
- Unusual or Inappropriate Emotions
- Vomiting
- Vacant Stare or Glassy-Eyed
- Slurred Speech
- Inappropriate Playing Behavior or Significant Decreased in Playing Ability.

Addition information about the “Interscholastic Youth Brain Injury Prevention Act can be found on:
Fox High School Website – www.fox.k12.mo.us
Fox Athletics Website – www.fhswarriors.com

• **Returning to Play After Suffering a Concussion**

- See and receive written clearance from a licensed physician
 - Concussed athlete must be asymptomatic (symptom free) for twenty-four hours
 - Once asymptomatic for twenty-four hours, athlete will perform light aerobic activities for twenty minutes
 - If symptoms return (post-concussion syndrome), athlete will rest until asymptomatic for twenty-four hours and begin the cycle again
 - If asymptomatic after light activity, sport specific training will be performed for twenty to thirty minutes
 - If symptoms return (post-concussion syndrome), athlete will rest until asymptomatic for twenty-four hours and begin the cycle again
 - If asymptomatic after sport specific training, non-contact drills will be performed during scheduled practice
 - If symptoms return (post-concussion syndrome), athlete will rest until asymptomatic for twenty-four hours and begin the cycle again
 - If asymptomatic after non-contact drills, full-contact drills will be performed during scheduled practice
 - If symptoms return (post-concussion syndrome), athlete will rest until asymptomatic for twenty-four hours and begin the cycle again
 - If asymptomatic after contact drills, athlete will return to full participation practice and game
-

A base-line test will be performed on all at risk athletes involved with contact sports or sports where athletes can be struck by equipment, including but not limited to: football, soccer, wrestling, baseball, softball, and cheerleading. All tests will take place during pre-season practices. Please notify me if you have athletes who have had concussions problems or other head injuries in the past. I have read and understand the signs, symptoms, and seriousness of concussions. Signatures are required to complete this document. Please return to athletic office. Completed documents will be kept on record in the athletic office.

Mary Schmank – Athletic Trainer

(Athlete) Print Name: _____ Date _____

(Athlete) Signature: _____ Date _____

(Parent) Signature: _____ Date _____

Program (Sport): _____

Addition information about the “Interscholastic Youth Brain Injury Prevention Act can be found on:
Fox High School Website – www.fox.k12.mo.us
Fox Athletics Website – www.fhswarriors.com

BEFORE SIGNING THIS FORM:

Go to fhswarriors.com

Click "Inside Athletics" at the top

Click on "Fox High School Athletics Handbook"

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STUDENT AND PARENT AGREEMENT TO COMPLY WITH EXTRACURRICULAR CODE OF CONDUCT

The Fox C-6 School District's ("District" or "Fox") has established its Extracurricular Code of Conduct so that students and their parents/legal guardians will be aware of the behavioral expectations of those students who participate in extracurricular activities at Fox. Fox students who participate in MSHSAA-regulated extracurricular activities, or other extracurricular activities in which competitions/performance occur, will be required to comply with the standards and rules contained in the Extracurricular Code of Conduct. Moreover, the effective cooperation of parents/legal guardians and their participation in the enforcement of this Code of Conduct are vital to ensuring that students follow the rules and avoid behaviors that are damaging to the students themselves and the community.

By signing this Student and Parent Agreement to Comply with Extracurricular Code of Conduct, the student and parent/ legal guardian certify as follows:

- We have received instructions on how to receive a copy of the Extracurricular Code of Conduct online;
- We have read the Extracurricular Code of Conduct in its entirety;
- We understand and agree with the terms of the Extracurricular Code of Conduct;
- We agree that the Extracurricular Code of Conduct is reasonable and fair;
- We pledge to comply with the terms of the Extracurricular Code of Conduct;
- We recognize that compliance with the Extracurricular Code of Conduct is a prerequisite to participation in extracurricular activities at Fox C-6;
- We recognize that participation in extracurricular activities at Fox C-6 is a privilege and *not* a right or entitlement;
- We recognize that if a student fails to comply with the Extracurricular Code of Conduct, the student will be subjected to the consequences stated in the Code of Conduct; As parents/legal guardians of the child referenced below, we commit ourselves to ensuring that our child complies with the Extracurricular Code of Conduct, and we agree that we will set an example for our child through our own conduct;
- We understand that participation in extracurricular activities in Fox C-6 School District is contingent upon our signature upon, and return of, the Agreement.

Student Signature

Date

Please Print Name of Student Here

2018-2019

Parent/Legal Guardian Signature

Date

Please Print Name of Parent/Legal Guardian Here

Please sign and return to your Coach