

**VIRGINIA HIGH SCHOOL LEAGUE, INC.**  
1642 State Farm Blvd., Charlottesville, Va. 22911

# ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
(To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

**INDIVIDUALIZED ELIGIBILITY RULES**

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**



**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

|        |               |  |                                 |
|--------|---------------|--|---------------------------------|
| Height | Weight        | <input type="checkbox"/> Male          | <input type="checkbox"/> Female |
| BP /   | Resting pulse | Vision R 20/                           | L 20/                           |
|        |               | Corrected <input type="checkbox"/> Yes | <input type="checkbox"/> No     |

| MEDICAL   | NORMAL | ABNORMAL FINDINGS |
|---|--------|-------------------|
| Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)        |        |                   |
| Eyes/ears/nose/throat (Pupils equal, hearing)   |        |                   |
| Lymph nodes   |        |                   |
| Heart (Murmurs: auscultation standing, supine, +/- Valsalva)  |        |                   |
| Pulses  |        |                   |
| Lungs   |        |                   |
| Abdomen   |        |                   |
| Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)   |        |                   |
| Neurological  |        |                   |
| MUSCULOSKELETAL   | NORMAL | ABNORMAL FINDINGS |
| Neck  |        |                   |
| Back  |        |                   |
| Shoulder/arm  |        |                   |
| Elbow/forearm   |        |                   |
| Wrist/hand/fingers  |        |                   |
| Hip/thigh   |        |                   |
| Knee  |        |                   |
| Leg/ankle   |        |                   |
| Foot/toes   |        |                   |
| Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)  |        |                   |
| Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other: |        |                   |
| COMMENTS:   |        |                   |

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: \_\_\_\_\_
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: \_\_\_\_\_  
Reason: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_

EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

\_\_\_\_\_

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

\_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
 RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_  
 Parent/Guardian signature  
 The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.