

2010 Boys' CC Data Verification & Forms Checklist

All runners, new and returning, must submit their information for the database online. Go to the team website,

www.salinecrosscountry.org/crosscountry

and on the left, click on the “Join the Team” link and look for “Submit Your Information.”

**All Runners Also Need to Complete All of the Following Forms
Turn in all of these completed forms at the team meeting on
Monday, August 9th at 7:00 PM in the High School Commons.**

____ Physical (Two Pages)

____ Athletic Policy (Parent & Student sign last page)

____ Trip Consent & Acknowledgement of Warning

____ Permission to Seek Treatment

____ Web Disclosure & Car Pooling Consent

An Athlete Cannot Practice Until All Forms Are Complete

**SALINE AREA SCHOOLS
PRE-PARTICIPATION SCREENING EXAMINATION
2010 – 2011**

Student's Last Name: _____ First Name: _____ MI: _____

Address: _____ City, State: _____ ZIP: _____

Home Phone: _____ (circle one) Middle School / High School

Grade in Fall 2009: _____ **Date of Birth:** ___/___/___ **Age:** ___ (circle one) Male / Female

Please list the sports in which you may participate: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Emergency Contacts Other than parent/guardian	HEALTH INSURANCE INFORMATION
Name:	Primary:
Work Phone:	Hospital preference if child is injured in the area:
Home Phone:	Family Physician:
Other Phone:	Physician Office Phone

EXAMINATION

Height: ___ ft ___ in **Weight:** ___ lbs

Blood Pressure: ___/___ **Pulse:** _____

Cardiopulmonary Exam

_____ Normal _____ Abnormal Explain: _____

Hernia Exam (Males Only)

_____ Normal _____ Abnormal Explain: _____

Musculoskeletal Exam

_____ Normal _____ Abnormal Explain: _____

Other (Please Explain): _____

Recommendation:

_____ Pass – I certify that I have reviewed the history and examined the above student as being able to compete in supervised athletic activity.

_____ Deferred until following conditions are met: _____

Physician Signature: _____ Date: _____

Physician's Printed Name: _____

(Physical examination for the 2010-2011 school year must be dated after April 15, 2010)

**SALINE AREA SCHOOLS
SPORTS PHYSICALS
Parent Consent & Medical History**

Student's Name: _____

Grade in Fall 2010: _____

I give permission for my child to undergo a sports pre-participation screening exam and to participate in sports. Although this exam is important and necessary, be aware that it should NOT take the place of a yearly exam by your child's regular physician if available. This is a screening exam and rare or occult diseases can occur despite a thorough screening exam. Failure to honestly answer all screening questions can result in undo risk to the athlete with potential dire consequences. **Please explain all questions answered with "Yes."**

Have you ever passed-out during exercise? _____

Have you ever been dizzy during exercise? _____

Have you ever had chest pain during exercise? _____

Do you tire more quickly than your friends? _____

Have you ever felt your heart racing or skipping beats? _____

Have you ever had high blood pressure? _____

Have you ever been told you have a heart murmur? _____

Has anyone in your family died or had heart problems before the age of 50? _____

Do you have asthma or allergies? _____

Do you have a chronic illness or condition? _____

Do you take any medications regularly? _____

Do you have only one of any paired organs (eyes, kidneys, etc...)? _____

Do you consider your current weight ideal? _____ If not, what do you consider your ideal weight? _____

Have you ever had an injury which prevented you from participating in sports within the last year? _____

For females only: How old were you when you had your first period? _____ years old

Do you have regularly monthly periods? _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above 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. I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as member on its out-of-town trips.

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 (MHSAA).

X _____
SIGNATURE OF PARENT, GUARDIAN, OR
18-YEAR-OLD

DATE

Name (Printed) _____

This is only a final summary page of the Saline Area Schools Athletic Rules and Regulations. The complete document is available at <www.salinehornets.com> under “Quick Links.”

Please sign below to acknowledge that you have read the entire Athletic Department Rules and Regulations and that you accept the conditions to participate in Saline Area School athletics.

The signed portion must be returned to your coach before the student/athlete can compete.

Student Athlete Participant Contract:

- I have chosen to participate in athletics at Saline High School. I commit myself to continuously working toward the goal of top physical fitness. To do anything which would harm my body would not be in my best interest or the best interest of my team and school. I agree to remain free from tobacco, alcohol, and other drugs. I fully understand this pledge extends to seven days a week.

- If I have a problem or need help fulfilling this contract, I understand that the coaches, the substance abuse coordinator, and the school counselors will be available to help me.

- I have read and understand the athletic policies and the consequences for violations associated with these policies.

- I pledge to keep all rules and regulations and to help all of my teammates abide by the same athletic rules and policies. In addition, my signature below acknowledges that I have read the Athletic Department Rules and Regulations and accept these same rules and regulations as a condition of participation.

Student Name

Student Signature

Parent/Guardian Contract:

- As the parent/guardian of above named student athlete I understand and support this contract regarding substance abuse violations and pledge that my son/daughter has signed.

- Optimum health is a goal of our athletic program, and I support the school system in the efforts to attain this goal. I acknowledge that I fully understand the consequences for athletes who violate the Student Assistance Regulations of Saline Area Schools.

- In addition, my signature below acknowledges that I have read the Athletic Department Rules and Regulations and accept them as a condition of participation for my child.

Parent Name

Parent Signature

**SALINE AREA SCHOOLS PARENT NOTIFICATION AND CONSENT FORM
FOR SALINE ATHLETIC TRIPS**

I hereby give permission for my child _____ to go on athletic trips with the *cross country team*.

I understand that my child will travel with the team to and from athletic events on school provided transportation. I understand that the student/athlete will travel with a chaperone not only during the scheduled activity, but also whenever they leave the activity site.

In granting my permission, I assume full responsibility for any damages to person or property caused by my child.

I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for such treatment determined necessary by a physician or dentist.

STATEMENT OF ATHLETIC ELIGIBILITY

I verify that _____ (name of student/athlete) lives in the Saline Area School District and is living with the same persons with whom he/she had been living with during the period of his/her last school enrollment.

Street Address

City

Home Phone

Work Phone

DISCLOSURE OF CURRENT HEALTH

My signature verifies that _____ (name of student/athlete) has been in good health for the past month.

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____ (name of student/athlete), hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative and coaching personnel for the Saline Area Schools that by participating in the sport of *Cross Country* I am exposing myself to the risk of serious injury, including but not limited to, the risk of strains, fractures, ligament and/or cartilage damage which could result in 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 the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

Signature of Student/Athlete

ACKNOWLEDGEMENT OF WARNING BY PARENT

I, the parent of _____ (name of student/athlete), do hereby acknowledge that I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel for the Saline Area Schools that my child named above may suffer serious injury, including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death by participating in the sport of *cross country*. Not with-standing such warnings, and with full knowledge and understanding of the risk of serious injury to my child named above which may result, I give my consent to _____ (name of student/athlete) participating in the sport of *cross country*.

Signature of Parent/Guardian

Date

**Saline Area Schools
Medical Consent Form**

Name: _____ Parent/Guardian(s)(1) _____
Last First Middle (print name)

Address: _____ (2) _____
(print name)

City/Zip: _____ D.O.B.: _____
Emergency Contact Numbers

Parent 1: Work: _____ Home: _____ Other: _____

Parent 2: Work: _____ Home: _____ Other: _____

Physician's Name: _____ Phone: _____

Nearest Relative: _____ Phone: _____

Relation to Athlete: _____

Health Insurance Company: _____

Policy #: _____ Other Insurance Info: _____

Does the above mentioned have a history of:

Kidney Injury: Yes / No Heart Disease: Yes / No Diabetes: Yes / No Asthma: Yes / No

If you answered yes to any of the above, briefly explain the extent and any special needs that should be known:

While competing do you wear: Glasses: Yes / No Contacts: Yes / No

Allergies to medication (list): _____ Date of last Tetanus Shot: _____

Other Allergies: _____

Additional Health History: _____

In an emergency, or in case of illness or injury, I hereby give permission for my child to be examined and treated by the athletic trainer and, if necessary, be transported to a physician's office or hospital. I also give permission to the selected licensed physician or hospital to perform diagnostic tests, hospitalize, secure proper treatment, anesthetize, or perform surgery for my child. I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, I hereby give permission for treatment of the above named.

(1) _____ (2) _____
Parent Signature Parent Signature

This is a legal document. Take it to the hospital and present it to the physician, dentist, or hospital representative so treatment can be given.

**Saline Men's XC
Web Site Picture and Name Disclosure**

Athlete's Name: _____

On the Men's Cross Country Team Website we continually post the results of meets, pictures of outstanding performers and pictures of fun times, to share with the team and with the public. The team website can be found at the following web address: (www.salinecrosscountry.org). To post this basic information, we need parental consent.

_____ I will allow the use of my son's name and picture on the Saline Men's Cross Country website for results, awards and other events.

_____ I DO NOT allow the use of my son's name or picture published on the Saline Men's Cross Country website for any reason.

Permission to Ride with Student Driver

During the regular season, CC team members will nearly always travel by bus. However, at home meets and some practices, students will need to get to the old high school or Mill Pond Park without a bus. In such an instance, athletes will car pool in a caravan headed by a coach or captain. Please indicate that your son

(please circle one)

Does

Does NOT

have permission to ride with another student.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____