

**Northwest Suburban Catholic Conference
School Addresses**

Montini

1405 N. Richmond Road
McHenry, IL 60050-1459

St. Joseph

210 N. Division Street
Harvard, IL 60033

St. Margaret Mary

111 E. Hubbard Street
Algonquin, IL 60102

St. Mary

312 Lincoln Avenue
Woodstock, IL 60098-3231

Sts. Peter & Paul

416 1st Street
Cary, IL 60013-2757

St. Thomas

265 King Street
Crystal Lake, IL 60014

Athletic Mission Statement

The Saint John the Baptist Athletic program provides a safe sports environment that serves as an extension of the school's academic and religious atmosphere. All participants will learn the fundamentals of each sport and be given the opportunity to cultivate strong, healthy and disciplined minds and bodies. Student-athletes will also develop a sense of good sportsmanship, fair play, and team spirit, as well as facilitate and enhance the moral and ethical development of all those involved.

Athletic Philosophy

St. John the Baptist Catholic Elementary is concerned with the development of the complete person – the religious, moral, social and academic dimensions, as well as physical development. We believe that participation in athletics is an important component to a well-rounded educational experience. Through participation in the St. John the Baptist Catholic Elementary athletic program, students will develop ethical and moral standards, life-long skills, and positive values. These values include leadership, healthy living habits, self-discipline, integrity, teamwork, respect for rules and regulations and the ability to participate with dignity and grace.

A Short History

The Athletic Association was formed in the early 1960's to provide support, both financial and volunteer, for the athletic program at St. John the Baptist Catholic Elementary working in co-operation with the administration and staff of the school.

The Association's philosophy is an extension of the school's philosophy aimed primarily at the development of the students at St. John the Baptist. We would like to see them develop physical skills, teamwork, sportsmanship and Christian attitudes on and off the field of competition. There have never been tryouts for teams. Every student in the eligible class who desires to participate will be given the opportunity to represent our school.

Northwest Suburban Catholic Conference

SJB is a member of and follows the rules of the Northwest Suburban Catholic Conference. We compete with the following parochial schools: St. Margaret Mary, St. Thomas, St. Mary, Montini, Saints Peter and Paul and St. Joseph.

Operating Procedures for the Athletic Association

The Athletic Association board consists of parents of St. John the Baptist students. The terms of the board coincide with the length of time their child participates in the athletic programs or are students at our elementary school.

Members are expected to attend: monthly board meetings, athletic banquet, work at the concession stand, sell admission tickets to sporting events, and other events as voted on by the board.

Meetings are held once a month during the school year.

Officers

The officers of the board are:

President
Secretary
Treasurer
Athletic Director
Booster Club Director

These officers serve for a term of one year with elections held during the May meeting.

Program Funding

Booster Club

The Athletic Association operated a Booster Club of up to 200 members who pay \$70 per year. This may be paid in monthly installments or by one initial payment. Each month a drawing is held awarding the following prizes.

Booster Club memberships run from January 1 to December 31.

Any money remaining at the end of a calendar year will be donated to the athletic programs for support in any way the board deems appropriate.

Fundraising

Concession stand sales

Participation Fee

Expenditures

All expenditures must be approved by a majority vote of the board. The expenditures are divided into three categories. Booster Club operation, ordinary/ continual expenditures and other expenditures.

Booster Club	Ordinary	Other
Expenses that are necessary for the operation of the Club including mailings supplies and prizes.	These support the basic purpose of the A.A. Uniforms, supplies reg. fees, officials, athletic banquet expenses. Maintenance of playground equipment.	Anything not previously mentioned as voted on by the board. One time expenses that will not be renewed without a vote.

Eichhorn Scholarship (\$500)

A minimum operating capital not less than Booster Club payouts must be maintained. Excess funds will be kept in a DIAL account previously set up by St. John the Baptist parish.

Eligibility

Students in grades 5-8 have the opportunity to join our St. John the Baptist Athletic Association teams. Games and practices are held outside of school hours and are supervised and sponsored by the Athletic Association.

We offer basketball, volleyball and track. Fielding a team is dependent upon enrollment and availability of a volunteer to coach. Students may be combined with other grade levels in order to field a team.

We do not have tryouts. Any student who desires to join the team will be permitted to do so.

A student will be considered eligible for participation unless he/she receive a grade average of F in any subject. The student will be suspended from team activities for one week. If the F persists for three consecutive weeks the student will not be permitted to complete the season. Students will also be required to maintain a "satisfactory" in conduct and effort in all subject areas.

Eligibility will be evaluated in accordance with school policy. Eligibility will be given to the Athletic Director who will communicate the status to the coach, student, parents and administration.

Participation Requirements

1. All players and parents must attend a mandatory meeting at the beginning of each season to receive a schedule and other information from the coaches.
2. All players must have a current physical on file in the school office prior to the first scheduled practice for that sport.
3. All players must have a parental permission form, signed insurance waiver and emergency information sheet on file in the school office.
4. A player can not practice or play in a game if he/ she was absent from school for any reason on that day.
5. A player who has been excused from PE is ineligible for practice or game participation.
6. If the athlete abides by the Player Participation Policy (see later pages) the conference rules will apply as follows: Any athlete enters in the score book must enter and play in the game or match before it ends.

Practice and Game Schedules

The Athletic Director and coaches will schedule all practices.

The Athletic Director will schedule all games. Any schedule changes will be made by the A.D., including adding or deleting games.

If school is closed for any reason sports activities for that night will be canceled. This applies to both home and away competitions.

Uniforms

All players will be issued uniforms. Only these uniforms will be acceptable attire for games.

Players are responsible for the care of their uniforms, including keeping the uniforms neat and clean for competitions.

Parents are responsible for the full replacement cost of any uniform that is not returned or is returned in such poor condition that it is no longer fit for wear.

All uniforms must be returned at the end of the season or the player forfeits their eligibility for an award at the sports banquet.

Player Participation Policy

All athletes are expected to be at every practice and game unless they have an excused absence. If an athlete misses a practice or game there are consequences.

Practice

Miss one practice without acceptable excuse

The athlete will be limited to half participation in the game or match.

Missing two to four practices without acceptable excuse

The athlete will not be allowed to participate in the next game or match but must be in attendance.

Missing five or more practices without acceptable excuse

The athlete will be asked to leave the team.

Games

Miss one or two games without acceptable excuse

The athlete will sit out one game for each game they miss but must attend said game or match.

Miss three games in one season without acceptable excuse

The athlete will be asked to leave the team.

Absences

Excused absences

Illness, family emergency, family death or doctor appointment. Other family situations may arise which should be discussed with the coach or A.D. in advance of the event.

Unexcused absences

Homework, other sporting events, activities outside of school, lack of desire to attend.

Please notify the coach as soon as you are aware that you will miss a practice or game. This must be direct contact between the athlete and coach or the athlete's parent and coach, messages should not be passed from one teammate to another then to the coach.

All coaches are required to keep a record of participation and absences and reasons for absences.

Parent/Player Complaint Procedure

Athletics involve judgement calls. It is possible that parents may have complaints. The following procedure is designed to minimize conflict and practice Christian values.

Step 1: If a parent has a complaint they will approach the coach and discuss it using a reasonable tone and volume.

Step 2: If the complaint is not resolved in Step 1, either the parent or the coach may approach the A.D. to schedule a meeting involving the parent, coach and A.D. Decorum, kindness and understanding will rule this meeting.

Step 3 : If the complaint is not resolved the A.D. will contact our school administrator and schedule a meeting for the parent, coach, A.D. and principal. This is the court of last resort.

**ST. JOHN'S SONICS
INTERSCHOLASTIC SPORTS PROGRAM**

Children in grades 4-8 have an opportunity to join the St. John the Baptist Athletic Association program. Games and practices for basketball, volleyball, cheerleading, and track are held outside of school hours and are supervised and sponsored by the Athletic Association.

Competition in the following sports is provided if there are enough students to field a team and coach participation:

Girls Volleyball	Grades 4, 5, 6, 7, & 8
Boys Volleyball	Grades 4, 5, 6, 7, & 8
Girls Cheerleading	Grades 4, 5, 6, 7, & 8
Girls Basketball	Grades 4, 5, 6, 7, & 8
Boys Basketball	Grades 4, 5, 6, 7, & 8
Boys/Girls Track	Grades 4, 5, 6, 7, & 8

NORTHWEST SUBURBAN CATHOLIC CONFERENCE

St. John's School is a member of and follows the rules of the Northwest Suburban Catholic Conference. We compete with the following parochial schools:

St. Margaret Mary, Algonquin
St. Thomas, Crystal Lake
St. Mary, Woodstock
Montini, McHenry
Sts. Peter and Paul, Cary
St. Joseph, Harvard

In addition to these schools, there is competition with other schools during tournament play.

Requirements to participate:

- Completed sports physical
- Sports Eligibility Contract
- Player Participation Policy Form
- School Sports Insurance Waiver
- Participation Fee Commitment and remittance
- Read the *St. John's Athletic Handbook*

All of the above required forms are attached and need to be submitted on orientation day. The revised Athletic Handbook will be provided at that time

ANY PARENT INTERESTED IN COACHING FOR THE 2013-2014 SCHOOL YEAR IS ASKED TO CONTACT THE SCHOOL OFFICE SO WE CAN BEGIN TO PROCESS THE APPROPRIATE PAPERWORK.

St. John the Baptist Catholic School
REQUIRED SPORTS FORMS
2013-2014

The attached forms must be signed as indicated and returned to the school office. No student athlete will be permitted to practice or participate in any game unless all of the required forms are returned to the school office prior to the beginning of the sport season.

- SJS Student-Athlete Code of Conduct
- SJS Athletic Parent/Guardian Code of Conduct
- Athletic Waiver Agreement Regarding Participation, Assumption of Risk, Waiver and Release of Liability and Indemnification
- Concussion Information and Release Form
- Sports Insurance Waiver Form
- Student Eligibility Contract Form
- Sports Participation Commitment
- Sports Physical

We have read and gone over the contents of the Athletic Handbook with our athlete(s) and understand the contents.

Parent/Guardian Signatures:

Date: _____

STJ STUDENT-ATHLETE CODE OF CONDUCT

The purpose of the following Student Athlete Code of Conduct is to help define appropriate actions and behaviors that support the mission of the athletic program. All participating student athletes should read, understand, and sign this form prior to participation.

Any student athlete who does not follow the guidelines below may be suspended or expelled from the athletic program.

As a student-athlete, I therefore agree to the following:

I will play the game for the game's sake.

I will be generous in winning and graceful in losing.

I will display good sportsmanship and respect towards all opponents.

I will work for the good of the team.

I will accept the decisions of the officials gracefully.

I will conduct myself at all times with honor and dignity. This includes during and after school, games, practices, and trips to other schools and facilities.

I will recognize, applaud, and encourage the efforts of my teammates and opponents.

I will show respect for my coach and the coach from the other team.

I will show respect towards fans and personnel from other schools.

Athlete's Name

Athlete's Signature

SJS ATHLETIC PARENT/GUARDIAN CODE OF CONDUCT

The purpose of the following Sports Parent/Guardian Code of Conduct is to help define appropriate parental/guardian actions that support the mission of the athletic program. Parents/guardians should read, understand, and sign this form prior to participation.

Any parent/guardian who does not follow the guidelines below will be asked to leave the sports facility and be suspended from the privilege of attending games.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. As a parent/guardian, I therefore agree to the following:

I will remember that the game is for youth, not adults.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy towards all players, coaches, officials, and spectators at all games and practices.

I (and my guests) will not engage in any kind of unsportsmanlike conduct (booing, taunting, etc) or any other form of harassment towards any official, coach, player or parent.

I (and my guests) will not use any profane language or gestures.

I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.

I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will insist that my child treat other players, coaches, officials, and spectators with respect.

I will teach my child the importance of hustle, playing fairly, and doing one's best.

I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

I will emphasize the importance of skill development over winning and losing.

I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my own child.

I will respect the officials and their authority during games, and will never publicly question their decisions.

I will respect the coaches for the time they donate, and I will never publicly confront, question, or criticize them.

I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches for the team.

Athlete's Name

Parent/Guardian Signature Date

St. John the Baptist Catholic School
Athletic Waiver Agreement Regarding Participation, Assumption of Risk,
Waiver and Release of Liability and Indemnification
2013-2014

Student Name: _____
Birth date: _____ Grade: _____

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the 2013-2014 SJS athletic program(s) at SAINT JOHN THE BAPTIST ("SJS") and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in SJS 2013-2014 athletic program(s).

RISKS: I agree and understand that there are significant risks (some known and others unknown or unforeseeable) or death associated with participating in SJS athletic program. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the SJS athletic program. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, field/court/track conditions; actions of players on opposing teams; weather; improper techniques in executing the skills needed to participate in the events of track and field; actions of teammates or spectators; hazards inherent in a sport involving extensive and sometimes violent physical contact; improper malfunctioning equipment; improper or inadequate training or coaching; negligence of SJS employees, volunteers or others of the Releasees identified below; and transportation to and from practices or games .

INSURANCE: All students choosing to participate in SJS 2013-2014 athletic program(s) are required to be covered by personal medical/accident insurance. As a condition of participation, SJS requires all students choosing to participate in the 2013-2014 athletic program(s) to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc. I am confirming that my child/ward has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in SJS 2013-2014 athletic program(s).

EMERGENCY MEDICAL TREATMENT: I give my permission to SJS coaches to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in 2013-2014 SJS athletic program(s). I confirm that my child/ward is healthy and able to participate in SJS 2013-2014 athletic program(s) and have had the opportunity to consult with a physician on this subject if I chose to do so.

PERMISSION AND RELEASE—READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any SJS athletic program(s), and in consideration of my or our child/ward's being allowed to participate in SJS 2013-2014 athletic program(s), I/we agree to assume all risks (whether known or unknown) of participation in SJS 2013-2014 athletic program(s), to release and hold harmless SAINT JOHN THE BAPTIST CATHOLIC SCHOOL, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releasees), from any and all claims, liabilities and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in SJS 2013-2014 athletic program(s), other than claims, liabilities or damages based on the gross negligence of SJS or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in SJS 2013-2014 athletic program(s).

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN SJS 2013-2014 ATHLETIC PROGRAM(S), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

I understand that SJS 2013-2014 athletic program(s) which may include practices, contests, competitions and /or related activities, may take place away from the main campus of Saint John the Baptist Catholic School. I am responsible for either providing that transportation, allowing my child to transport himself/herself to these activities, and/or allowing him/her to ride with another student or parent.

I have obtained the consent of any other parent or guardian with custodial rights affecting this Agreement Regarding Participation, Assumption of Risks, Waiver and Release of Liability and Indemnification and have the full legal authority to enter into this Agreement on behalf of my self and such other parent or guardian.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Concussion Information and Release Form

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">◦ Headaches◦ "Pressure in head"◦ Nausea or vomiting◦ Neck pain◦ Balance problems or dizziness◦ Blurred, double, or fuzzy vision◦ Sensitivity to light or noise◦ Feeling sluggish or slowed down◦ Feeling foggy or groggy◦ Drowsiness◦ Change in sleep patterns | <ul style="list-style-type: none">◦ Amnesia◦ "Don't feel right"◦ Fatigue or low energy◦ Sadness◦ Nervousness or anxiety◦ Irritability◦ More emotional◦ Confusion◦ Concentration or memory problems (forgetting game plays)◦ Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">◦ Appears dazed◦ Vacant facial expression◦ Confused about assignment◦ Forgets plays◦ Is unsure of game, score, or opponent◦ Moves clumsily or displays incoordination◦ Answers questions slowly◦ Slurred speech◦ Shows behavior or personality changes◦ Can't recall events prior to hit◦ Can't recall events after hit◦ Seizures or convulsions◦ Any change in typical behavior or personality◦ Loses consciousness |
|---|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Effective 10/1/2011

<p>St. John the Baptist Catholic School Sports Insurance Waiver 2013-2014</p>

St. John the Baptist Catholic School will not provide school insurance for interscholastic athletics. All parents and guardians are urged to provide insurance for all athletes (son/daughter). This agreement waives the school's financial responsibility for accidents related to student activities.

I herewith give my permission for my child, _____,
to participate in school sponsored athletic programs including interscholastic competition and required travel related thereto.

<u>Year</u>	<u>Parent/Guardian Signature</u>
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_____	_____
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_____	_____
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I agree to participate in St. John's Athletic Programs under the above conditions.

<u>Year</u>	<u>Student Signature</u>
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_____	_____
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_____	_____
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Please circle the appropriate answer:

I DO I DO NOT have personal accident insurance.

Insurance Company: _____

Policy Number: _____

Effective Date: _____

Phone Number: _____

St. John the Baptist Catholic School Sports Student Eligibility Contract 2013-2014

I am aware that I represent St. John the Baptist Catholic School in the extra curricular activity of St. John the Baptist Catholic School Sports Program.

I will submit a current physical and an insurance waiver to the designated SJBS Athletic Association representative on or prior to the School Orientation. I accept the responsibility to do my best, practice good sportsmanship, be present at required practices and scheduled games. I realize that I must maintain satisfactory academic progress as well as maintaining a satisfactory average in conduct and effort in order to be eligible for this activity. My teachers and the Principal will monitor my progress. If necessary, the Principal of St. John the Baptist Catholic School will notify the sponsor of my extracurricular activity of my ineligibility.

I also understand that on a day I am absent from school I may not participate in any after school/evening activity or athletic event.

Student Name (please print): _____

Student Signature: _____

I as a parent/guardian of _____ give my permission for St. John the Baptist Catholic School to notify the SJS Athletic Association Athletic Director of my child's eligibility status.

Parent/Guardian: _____

Date: _____

7/2013

St. John the Baptist Catholic School Sports Participation Commitment
2013-2014

The Interscholastic Athletic program at St. John the Baptist School is solely supported by the Athletic Association Booster Club. Each family who has a student(s) participating in the Interscholastic Athletic program will be required to subscribe to a membership in the Booster Club. The cost of the Membership is \$70.00** per family.

Commitment letter and payment are to be remitted at Orientation.

Family Name: _____

Student(s) participating in the sports program:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Parental/Guardian Signature: _____

**This fee must be paid in order for a child to participate in a sport. If you have any questions or concerns please contact the Athletic Director.

To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
Last First Middle

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes No Limited Examination Date

Additional Comments:

Physician's Signature Physician's Name

Physician's Assistant Signature* PA's Name

Advanced Nurse Practitioner's Signature* ANP's Name

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
2013-2014 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.IHSA.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete

Date

Signature of parent-guardian

Date