

#### KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

2280 Executive Drive, Lexington, Kentucky 40505 Athletic Participation/Physical Examination Form/Consent and Release

### PART I - ATHLETE INFORMATION

(This part must be completed by the student)

Home Address (Street, City, State, Zip):   Gender	Name (Last, First, Initial)						S	School Year	r		
Date of Birth:  Attendance History  Grade School Name School Year Varsity Play – (Yes/No)?  10  10  11  12  Iam planning to participate in the following (circle all you might try to play): Baseball Basketball Cross Country Football Golf Soccer Track and Field Volleyball Wrestling Archery Bass Fishing Bowling Cheer Other PART II - MEDICAL HISTORY Parent and student complete this part and present to the authorized health care provider before the physical. CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:  1. Have you ever had surgery of any kind (e.g., tonsillectomy).  3. Are you presently taking any medications or pils?  4. Do you have any allergies (medicine, bees, or other insects)?  4. Have you ever head health of your expressed out during exercise?  5. Have you ever had high blood pressure?  6. Have you ever had head injury?  6. Have you ever had head injury?  7. Have you ever had head injury?  8. Have you ever had head injury?  8. Have you ever had head injury?  8. Have you ever had head injury?  9. Have you ever had head injury?  10. Have you ever had head injury?  11. Have you ever had head injury?  12. Have you ever had head injury?  13. Have you ever had head injury?  14. Have you ever had head injury?  15. Have you ever had head injury?  16. Have you ever had head injury?  17. Have you ever had head injury?  18. Have you ever had head injury?  19. Have you ever had head injury?  10. Have you ever had head injury?  11. Have you ever head head injury?  12. Have you ever head head injury?  13. Have you ever head head injury?  14. Have you ever head head injury?  15. Have you ever head head injury?  16. Have you ever head head injury?  17. Have you ever head head injury?  18. Have you ever head head injury?  19. Do you hour samp skinger, ourner or pinched nerve?  20. Have you ever head head injury?  21. Have you ever head head injury?  22. Have you ever head head injury?  23. Are you missing one of any paired organs (e.g., eyes)  24. Have you had any problems with your eyes or vision?  25. Are you diabetic?  26											
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# PART III - PHYSICAL EXAMINATION This part must be completed by an authorized health care provider named in Bylaw 2.

PATIENT NAME:			
		EIGHT BP	/ PULSE
	VISION: R- 20/	L- 20/ BOTH- 20/ Abnormal	i .
HEART	Normal	Abrioritiai	Comment
	.1>		_
Rhythm (Regular/Irregu	liar)		
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			
participation in athletics:  1. Cleared		student's medical histo	ry, I make the following recommendations on
2. Cleared after addition			
<ul><li>3. Restricted from partic</li><li>4. Cleared only to partic</li></ul>			
Recommendations/Rest		nal if necessary)	
In accordance with KI physically fit to practice			condition of the student and find the said student to be ontests.
	ease print)		
Authorized Signature		Address:	
		City/State/Zip	
Date:		Phone	

This Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

## PART IV – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution at <a href="http://www.khsaa.org/handbook/">http://www.khsaa.org/handbook/</a>. Please be aware that a student is subject to the one-year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

## PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

This part must be completed by student and custodial parent / guardian). This form must be reproduced in order for a copy to travel with respective athlete.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY

RULES, LIABILITY WAIVE	R AND CONSENT AND RELEAS	SE			
Students' Name (please print)	-	School			
Student and Parent/Guardian	Address including City, State and	d Zip			
Signature of Student	Date				
Please list above any health problems/concerns this stude medications presently being used	dent may have, including allergies	s (medications / others) and any			
Name of Parent(s)/Guardian(s) who has/have custody	Emergency Phone Number				
Signature of Parent(s)/Guardian(s) who has/have	Date				
REQUIRED INSURANCE	INFORMATION (KHSAA Bylaw	2)			
Insurance Carrier	Insurance Carrier				
EMERGENCY C	ONTACT INFORMATION				
Name (please print)	Relation	Relation to Student			
Emergency Contact Add	ress, including City, State and Zip				
Daytime Phone	Ce	Cell Phone			
The following information is recorded solely for potential be recorded on this form. However, those failing to provid emergency treatment facilities prior to rendering service,	de this information should be awa and failure to provide could result	re that this might be required by in lack of appropriate care.			
Social Security Number	В	Birth Date			

The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.