

# Nye County School District ATHLETIC REGISTRATION

School \_\_\_\_\_ School year \_\_\_\_\_ Sport(s) participating in \_\_\_\_\_

## STUDENT/ LEGAL GUARDIAN INFORMATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Home Phone \_\_\_\_\_ Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
Student's Cell Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail address \_\_\_\_\_  
Father/Legal Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Mother/Legal Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Lives with: Biological parents \_\_\_\_\_ Father only \_\_\_\_\_ Mother only \_\_\_\_\_ \*Other \_\_\_\_\_  
*\*If a student does not live with a parent, the guardian must be court appointed pursuant to NRS 159.205 or 159.215. A certified copy of the court order is required for participation. (See Parent/Athlete Handbook page 5)*

## INSURANCE INFORMATION

EVERY STUDENT MUST BE COVERED BY HEALTH INSURANCE TO PARTICIPATE IN ATHLETICS. IF YOU DO NOT HAVE HEALTH INSURANCE COVERAGE, INFORMATION MAY BE OBTAINED AT THE SCHOOL REGARDING THE PURCHASE OF SUPPLEMENTAL HEALTH INSURANCE. **PLEASE DO NOT WRITE "NONE" OR "CASH" BELOW.**

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Policy holder \_\_\_\_\_ Relationship to student \_\_\_\_\_

## EMERGENCY INFORMATION In case of emergency, please contact:

Father/Legal Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Mother/Legal Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Alternative person(s) \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Physician preference \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_

## PERMISSION TO TREAT/PARTICIPATE

I agree to the participation of the above named student in the programs provided by this school. I consent to practice sessions and travel to and from the programs. I attest that to the best of my knowledge and ability I have conformed to all rules and regulations of the Nevada Interscholastic Activities Association, the Nye County School District and the high school of attendance.

In the event that a student athlete is injured or becomes ill while away from school the coach/chaperone will immediately contact the parent/legal guardian. In the event the afore named student should need emergency medical treatment/attention while under the care of athletic school personnel, necessary treatment may be secured. The school shall not be held responsible for any debts incurred.

Further, by signing below it hereby relieves, indemnifies, saves and holds harmless the Nye County School District, the Board of Trustees of the district, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person or property or both caused by or resulting from said child's acts, omissions or conduct while participating in athletic programs.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
Parent/Guardian signature

## PREVIOUS SCHOOL HISTORY

Year entered 9<sup>th</sup> grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_ Total number of high school years completed? \_\_\_\_\_  
Please print name of last school attended \_\_\_\_\_  
Address of last school if not NCSD\* \_\_\_\_\_  
*\*Transfer students/parents must complete and submit NIAA Transfer Eligibility Form. Available in Office/Athletic Office or niaa.com*

## GUIDELINES AND EXPECTATIONS OF PARENTS or LEGAL GUARDIANS AND ATHLETES

Please INITIAL each item below indicating that you have read and understand the corresponding information in the Nye County School District Parent/Athlete Handbook:

- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#1 INSURANCE REQUIREMENTS:** Every student must be covered by health insurance to participate in athletics. If you do not have health insurance coverage, information may be obtained at the school regarding the purchase of supplemental health insurance. Please complete insurance information above. Do not write "none" or "cash".
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#2 FOOTBALL WARNING:** Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks, however, IT IS IMPOSSIBLE TO ELIMINATE SUCH RISKS FOR ATHLETICS.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#3 NIAA RESIDENCY REQUIREMENTS (High School Only):** To be eligible to participate in a NIAA sanctioned sport, a student must attend the school located in the attendance zone or boundary of the student's parent(s) or legal guardian(s) physical residence.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#4 OFF-SEASON SPORT CONDITIONING PERMIT:** Be aware of the guidelines and risks associated with participation.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#5 PARENT APPROVAL:** Student rights and responsibilities, academic eligibility requirements, team participation, athlete and coaches responsibilities, transportation requirements and ten-day practice rule.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#6 NCSD TRAINING RULES & MANDATORY PENALTIES:** All student athletes will follow school rules and policies as outlined in the Nye County School District Behavior Handbook as well as NIAA Drug & Alcohol Policy.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#7 NIAA Concussion Prevention, Treatment and Management Policy / NCSD Policy and Reg # 7437:** The parent or legal guardian and student-athlete must sign an acknowledgement indicating that they have reviewed and understand the information provided, and take a baseline test, before the student-athlete may participate in any sports activity.
- Parent \_\_\_\_\_ Student \_\_\_\_\_ **#8 DIRECTORY INFORMATION/NAME AND PHOTO RELEASE:** Directory information may be released by the district unless a student's parents/legal guardians request in writing that such information should not be released (NCSD Policy 7830). Permission is granted to release my child/ward's photo and/or name (to include team rosters, athletic website, school yearbook, school/district website, media, etc.).

I hereby state that, to the best of my knowledge, all above information is complete and correct.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Student/Athlete signature \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL USE ONLY: Eligibility \_\_\_\_\_ Semester GPA \_\_\_\_\_ Fees Paid \_\_\_\_\_ Transfer Eligibility to NIAA \_\_\_\_\_  
Concussion Acknowledgment \_\_\_\_\_ Parent/Legal Guardian Consent Form \_\_\_\_\_ Foreign Exchange App to NIAA \_\_\_\_\_ Revised 3/2015

**PRE-PARTICIPATION HISTORY FORM**  
**EXPLAIN "YES" ANSWERS BELOW (To be completed by athlete and parent)**

1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?..... YES NO
2. Have you ever been hospitalized overnight? ..... YES NO
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? ..... YES NO
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)? ..... YES NO
5. a. Have you passed out or been dizzy during exercise? ..... YES NO
- b. Have you had chest pain (or pressure) with exercise? ..... YES NO
- c. Have you had excessive unexplained shortness of breath or fatigue with exercise? ..... YES NO
- d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50? ..... YES NO
- e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome? ..... YES NO
- f. Has a physician denied or restricted your participation in sports for any heart problem? ..... YES NO
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? ..... YES NO
7. a. Have you had a head injury or concussion? ..... YES NO
- b. Have you been knocked out, become unconscious, or lost your memory? ..... YES NO
- c. Have you had a seizure? ..... YES NO
- d. Do you have frequent or severe headaches? ..... YES NO
- e. Have you had numbness or tingling in your arms, hands, legs, or feet? ..... YES NO
8. Have you become ill from exercising in the heat? ..... YES NO
9. Do you cough, wheeze, or have trouble breathing during or after activity? ..... YES NO
10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? ..... YES NO
- b. Are you missing an eye, kidney, testicle or ovary? ..... YES NO
11. a. Have you had any problems with your eyes or vision? ..... YES NO
- b. Do you wear glasses, contacts, or protective eyewear? ..... YES NO
12. a. Any problems with pain or swelling in muscles, tendons, bones, or joints? ..... YES NO
- b. *If yes, check appropriate item and explain below.*
- Head Elbow Hip \_\_\_\_\_ Neck Forearm Thigh\_\_\_\_\_ Back Wrist Knee\_\_\_\_\_ Chest Hand Shin/Calf \_\_\_\_\_ Shoulder Finger(s) Ankle\_\_\_\_\_ Upper Arm Foot Toe(s) \_\_\_\_\_
13. Are you actively trying to gain or lose weight? ..... YES NO
14. Would you like to talk to someone about stress, anger, depression or other issues? ..... YES NO
15. Record the dates of your most recent immunizations (shots) for: Tetanus\_\_\_\_\_ Measles\_\_\_\_\_ Hepatitis B\_\_\_\_\_ Chickenpox \_\_\_\_\_

**FEMALES ONLY**

16. When was your first menstrual period? \_\_\_\_\_ When was your most recent menstrual period? \_\_\_\_\_  
 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_ How many periods have you had in the last year? \_\_\_\_\_  
 What was the longest time between periods in the last year? \_\_\_\_\_

**EXPLAIN "YES" ANSWERS HERE:** \_\_\_\_\_

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

\_\_\_\_\_  
**Parent/Guardian signature**                                      **Date**                                      **Student/Athlete signature**                                      **Date**

**FORM D - Health Practitioner**  
**NIAA PRE-PARTICIPATION PHYSICAL EVALUATION**

**DATE OF PHYSICAL EXAMINATION** \_\_\_\_\_  
**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **% BODY FAT (Optional)** \_\_\_\_\_ **PULSE** \_\_\_\_\_ **BP** \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )  
**VISION** Right 20 / \_\_\_\_\_ Left 20 / \_\_\_\_\_ **CORRECTED** Y / N \_\_\_\_\_ **PUPILS** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

<b>MEDICAL</b>	<b>NORMAL /ABSENT</b>	<b>ABNORMAL FINDINGS</b>	<b>EXPLAIN</b>	<b>INITIALS</b>
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				

**CARDIOVASCULAR**

Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Duastikuc Murmur				
Radial & Femoral Pulses				

**MUSCULOSKELETAL**

Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

**CLEARED** \_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

**NOT CLEARED FOR** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Recommendations** \_\_\_\_\_

**NAME OF PHYSICIAN (print/type)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I am a licensed \_\_\_\_\_, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

\_\_\_\_\_  
**Signature of Health Practitioner**                                      **License Number**                                      **Office Phone Number**                                      **Date**