

# White Pine High School

## SPORTS PHYSICAL PACKET

Please check off the following items as you complete them.

Check	Item	Page(s)
	<b>Read the WPHS Agreement to Participate (and complete the bottom of the page, if necessary).</b>	<b>1</b>
	<b>Read the WPHS Media Release (and check the appropriate blanks).</b>	<b>2</b>
	<b>Read the WPHS Athletic Consent and Permission to Provide Medical Treatment.</b>	<b>3</b>
	<b>Read the NIAA Drug, Alcohol, and Tobacco Possession, Use and Abuse Penalties Policy.</b>	<b>4</b>
	<b>IF YOUR STUDENT REQUIRES A PHYSICAL (DURING THE FIRST AND THIRD YEAR OF HIGH SCHOOL ATHLETIC PARTICIPATION, OR UNDER SPECIAL CIRCUMSTANCES)</b>  <b>Complete Form B - NIAA Pre-participation History form.</b>	<b>5-6</b>
	<b>IF YOUR STUDENT REQUIRES A PHYSICAL (DURING THE FIRST AND THIRD YEAR OF HIGH SCHOOL ATHLETIC PARTICIPATION, OR UNDER SPECIAL CIRCUMSTANCES)</b>  <b>Take Form D to a qualified care-giver and have your student take a physical. WBR Clinic will be performing physicals on August 6<sup>th</sup> from 10:00 to 2:00. <u>Parent must accompany student.</u></b>	<b>7</b>
	<b>IF YOUR STUDENT DOES NOT REQUIRE A PHYSICAL (TYPICALLY DURING THE SECOND AND FOURTH YEAR OF HIGH SCHOOL ATHLETIC PARTICIPATION)</b> <b>Read and Complete Form E.</b> <b>NOTE: ANSWER THE QUESTIONS AS THEY PERTAIN TO YOUR HEALTH ONLY SINCE YOUR LAST COMPLETE PREPARTICIPATION EXAM.</b>	<b>8-9</b>
	<b>Both a parent and the student must print, sign, and date the signature page.</b>	<b>10</b>
	<b>Complete and sign the WPHS Emergency Medical Release.</b> <b><u>This must be notarized. There is a notary public at the school.</u></b>	<b>11</b>

# White Pine High School

## AGREEMENT TO PARTICIPATE

I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving **MANY RISKS OR INJURY**. I understand that the dangers and risks of playing or practicing in these activities includes death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being.

Because of the dangers of participating in these activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable school, team and state rules.

In consideration of White Pine High School permitting me to practice, play or try out for the athletic, intramural and class day programs, and to engage in all activities related to the team, including practice, play and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless White Pine High School, their agents, servants and employees from any and all liability claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with any activities related to the High School interscholastic athletics program.

**Student:** Your signature at the end of this packet indicates that you have read, understood, and agree with all the information on this page.

## PARENTAL CONSENT

I have read and kept a copy of the **Agreement to Participate** in Athletics. Therefore, I understand the potential risks of injury and the responsibilities for my child while participating in the interscholastic athletics at White Pine High School. I hereby grant my permission for my child to participate in interscholastic sports.

Name of high school attended last year or earlier this year (if other than WPHS):

\_\_\_\_\_

Sports played at that school and level (B team, JV, Varsity): \_\_\_\_\_

**Parent:** Your signature at the end of this packet indicates that you have read, understood, and agree with all the information on this page.

## **MEDIA RELEASE**

At times during and after the school day, school personnel and/or the news media may ask to interview, photograph, audiotape, film and/or videotape students. This material may be utilized in media that includes, but is not limited to, the following: newspaper articles, television coverage, websites, internal or external publications, newsletters, video presentations, and/or school presentations.

Your **signature at the end of this packet** authorizes the school to release your child's name, photograph, and/or audio/video/film production for publication related to school functions and activities. Examples may include, but are not limited to, student activities, individual or group achievements, sporting events, and/or discussion forums.

Once signed and dated, this form shall remain in effect until the end of the current school year. At any time during the school year, however, you may revoke this permission for future use by notifying, in writing, the principal of the school.

**Please check one:**

**Give permission**

**Do not give permission**

For White Pine High School to release my child's name, photograph, and/or audio/video/film reproduction for publication, broadcast or posting to the White Pine High School websites, as described above.

#### ATHLETIC CONSENT AND PERMISSION TO PROVIDE MEDICAL TREATMENT

I HEREBY give my consent for: to compete in sports. I give my consent for him/her to go with school-authorized drivers on athletic trips. I understand my son/daughter must comply with the eligibility requirements. I have read, understood and agree to the provisions of the White Pine High School Student Handbook and athletic code.

I HEREBY give my permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in interscholastic athletics at White Pine High School. I understand that the medical personnel of White Pine High School, including athletic trainers and school nurses, will perform only those procedures that are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent.

I understand that if my child suffers a potentially life-threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

Your **signature at the end of this packet** indicates that you have read, understood, and agree with all the information on this page.

**Please complete, sign, and have notarized the Emergency Medical release provided on the next page. The student will not be allowed to participate in any practices or games until this form has been turned into the office. Please remember that it must be notarized.**

**PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT (Continued)**

**NEVADA LAW**

**NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.**

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession “in public” includes possession:
  - a. On any street or highway;
  - b. In any place open to the public; and
  - c. In any private business establishment which is in effect open to the public.
5. This term does not include:
  - a. Possession for an established religious purpose;
  - b. Possession in the presence of the person’s parent, spouse or legal guardian who is 21 years of age or older;
  - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
  - d. Possession in private clubs or private establishments; or
  - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

[1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987. 482)

Your **signature at the end of this packet** indicates that you have read, understood, and agree with all the information on this page.

**We acknowledge that this packet must be signed by both parent/legal guardian and our child before our son / daughter will be cleared for athletic competition at White Pine High School.**

**We acknowledge that we have read and understood the following documents in this packet.**

- 1. The Agreement to Participate**
- 2. The Media Release (and checked the appropriate responses)**
- 3. The NIAA Drug and Alcohol Policy**
- 4. Athletic Consent and Permission to Provide Medical Treatment**

**Student**

**Parent**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

<b>HISTORY</b>	DATE OF EXAM: _____
NAME: _____	SEX: _____ AGE: _____ D.O.B.: _____
GRADE: _____	SCHOOL: _____ SPORT(S): _____
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT - NAME: _____	
RELATIONSHIP: _____	PHONE (H): _____ (W): _____

<p><b>EXPLAIN "YES" ANSWERS BELOW.</b></p> <p><b>CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.</b></p>
--

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

- |  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| 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)? | _____      | _____     |
| b. Are you missing an eye, kidney, testicle or ovary?  | _____      | _____     |
| 11. a. Have you had any problems with your eyes or vision?   | _____      | _____     |
| b. Do you wear glasses, contacts, or protective eyewear?   | _____      | _____     |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?  | _____      | _____     |

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?                                    | _____            | _____ |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | _____            | _____ |
| 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.**

Signature of Athlete	Signature of Parent/Guardian	Date
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**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.  
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION  
(Physical to be completed during an athletes first and third year of participation)**

<b>PHYSICAL EXAMINATION</b>		DATE OF EXAMINATION: _____
NAME: _____		DATE OF BIRTH: _____
HEIGHT: _____	WEIGHT: _____	% BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)
VISION: R 20/ _____	L 20/ _____	CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u><b>MEDICAL</b></u>	<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				
<u><b>CARDIOVASCULAR</b></u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u><b>MUSCULOSKELETAL</b></u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

**CLEARANCE**

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

**NOT CLEARED FOR:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

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

\_\_\_\_\_

**Name of physician (print/type):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street
City
State
Zip Code

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**

## FORM E -- NIAA HEALTH QUESTIONNAIRE / INTERIM FORM

**This evaluation should be completed only if you have a physical on file from last year.**

**This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. A positive response to any of the following questions requires a medical examination before activity can resume.**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPORT(S): \_\_\_\_\_

DATE OF LAST COMPLETE SPORTS PHYSICAL (PPE): \_\_\_\_\_ WHERE: \_\_\_\_\_

**SINCE YOUR LAST COMPLETE PREPARTICIPATION EXAM (PPE):**

	<i>YES</i>	<i>NO</i>
1. Have you had a medical illness or injury that required you to visit a physician and miss FIVE or more consecutive days of school or sports?	_____	_____
2. Have you been hospitalized overnight	_____	_____
3. a. Have you passed out or been dizzy with exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Has someone in your family died, or developed serious problems, due to heart disease who was younger than 50 years old?	_____	_____
e. Have you learned of anyone in your family who has any history of hypertropic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
4. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Have you developed frequent or severe headaches?	_____	_____
e. Have you developed numbness or tingling in your arms, hands, legs, or feet?	_____	_____
5. Have you become sick from exercising in the heat?	_____	_____
6. Have you developed a cough, wheeze, or have trouble breathing during or after activity?	_____	_____
7. Have you started requiring 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**

8. Have you had any problems with your eyes or vision, other than requiring glasses or contacts? \_\_\_\_\_

9. Have you had any problems with sprains, dislocations, fractions, pain or swelling in the following muscles, tendons, bones, or joints that currently bother you? \_\_\_\_\_

*If yes, check appropriate item below.*

- |                 |                 |                 |
|-----------------|-----------------|-----------------|
| _____ Head      | _____ Elbow     | _____ Hip       |
| _____ Neck      | _____ Forearm   | _____ Thigh     |
| _____ Back      | _____ Wrist     | _____ Knee      |
| _____ Chest     | _____ Hand      | _____ Shin/Calf |
| _____ Shoulder  | _____ Finger(s) | _____ Ankle     |
| _____ Upper Arm | _____ Foot      | _____ Toe(s)    |

10. Would you like to talk to a physician about your weight, about stress, anger, depression or any other issues? \_\_\_\_\_

**FEMALES ONLY**

11. If you have been having periods for one year or longer, have they become less regular? \_\_\_\_\_

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SEE YOUR FAMILY PHYSICIAN FOR A COMPLETE PHYSICAL.**

12. Have you developed any new allergies (for example, to pollen, medicine, food, or stinging insects)? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

**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

WHITE PINE HIGH SCHOOL  
 1800 BOBCAT DRIVE  
 ELY, NV 89301  
 PHONE - 775.289.4811  
 FAX - 775.289.1542

## EMERGENCY MEDICAL INFORMATION AND RELEASE

LAST NAME	FIRST NAME	MIDDLE	BIRTHDATE	BIRTHPLACE
ADDRESS MAILING			PHONE	SOCIAL SEC. NUMBER
ADDRESS RESIDENCE			CELL	OTHER NUMBER
NOTIFY IN CASE OF EMERGENCY			RELATIONSHIP	PHONE
FATHER	BIRTHPLACE		MOTHER	BIRTHPLACE
FATHER'S EMPLOYER			WORK PHONE	LENGTH OF EMPLOYMENT
MOTHER'S EMPLOYER			WORK PHONE	LENGTH OF EMPLOYMENT
INSURANCE CO.		INSURED THROUGH (FATHER/MOTHER/OTHER)		
POLICY NO.*		ADDITIONAL COVERAGE		

In the event our son/daughter \_\_\_\_\_, becomes ill or sustains an injury while on a White Pine High School activity/trip permission is given to administer first aid for his/her relief.

Our family doctor is \_\_\_\_\_ Phone \_\_\_\_\_

Does the student have allergies or health limitations that we should know about? \_\_\_\_\_

If "yes" please list: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Any allergies to medication? \_\_\_\_\_ Please list: \_\_\_\_\_

If I cannot be reached in case of accident or illness requiring emergency medical treatment, I do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered. The parent/guardian must sign this form in the presence of a Notary Public\*\*.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
 Notary Public for the State of Nevada

Residing at \_\_\_\_\_, NV. My Commission expires \_\_\_\_\_

\* Please note that all students participating in athletics or school activities where travel is required you MUST have insurance coverage. (If you do not have family insurance or wish for additional coverage, school insurance is available at the White Pine High School office.)

\*\* Notary Public is available at the White Pine High School office.