



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Exam: _____

Family Doctor: _____ Phone: _____

GENERAL QUESTIONS
Has a doctor ever denied or restricted your participation in sports for any reason?
Do you have any ongoing medical conditions? If so, please identify below:
Asthma Anemia Diabetes Infections Other

HEART HEALTH QUESTIONS ABOUT YOU
Have you ever passed out or nearly passed out DURING or AFTER exercise?
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
Does your heart ever race or skip beats (irregular beats) during exercise?
Has a doctor ever told you that you have any heart problems? Check all that apply:
High blood pressure Heart murmur Heart infection High cholesterol
Kawasaki disease Other

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
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)?
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?

BONE AND JOINT QUESTIONS
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?
Do you regularly use a brace, orthotics or other assistive device?
Do you have a bone, muscle or joint injury that bothers you?
Do any of your joints become painful, swollen, feel warm or look red?
Do you have any history of juvenile arthritis or connective tissue disease?
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?

MEDICAL QUESTIONS
Do you cough, wheeze or have difficulty breathing during or after exercise?
Have you ever used an inhaler or taken asthma medicine?
Is there anyone in your family who has asthma?
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?
Do you have groin pain or a painful bulge or hernia in the groin area?
Have you had infectious mononucleosis (mono) within the last month?
Do you have any rashes, pressure sores or other skin problems?
Have you had a herpes or MRSA skin infection?
Do you have headaches or get frequent muscle cramps when exercising?
Have you ever become ill while exercising in the heat?
Do you or someone in your family have sickle cell trait or disease?
Have you had any problems with your eyes or vision or any eye injuries?
Do you wear glasses or contact lenses?
Do you wear protective eyewear such as goggles or a face shield?
Immunization History: Are you missing any recommended vaccines?
Do you have any allergies?
Have you ever had a head injury or concussion?
Do you have any concerns that you would like to discuss with a doctor?
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?
Have you ever had an eating disorder?
Do you worry about your weight?
Are you trying to or has anyone recommended that you gain or lose weight?
Are you on a special diet or do you avoid certain types of foods?

FEMALES ONLY (Optional)
Have you ever had a menstrual period?
How old were you when you had your first menstrual period?
How many periods have you had in the last 12 months?
CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Y N

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include Appearance, Eyes/Ears/Nose/Throat, Heart, Pulses, Lungs, Abdomen, Genitourinary, Skin, Neurologic.

RECOMMENDATIONS:
I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER
Name of Examiner (print/type): _____ Date: _____
Signature of Examiner: _____ (Check One): MD DO PA NP

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____
IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____
IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____
Drug Reactions: _____ Current Medications: _____
Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: M F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we 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. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: _____ Date: _____

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____



ATHLETIC AGREEMENT

Columbia Central High School



Any boy or girl who wishes to participate in athletics at Columbia Central must sign this agreement along with his/her parents, and return it to the school prior to participation.

Listed below are the guidelines by which the athletes of Columbia Central High School are to abide. These rules are in effect for a twelve-month period during the athlete's entire four-year experience.

Training Rules:

1. No student athlete shall at any time purchase, or attempt to purchase, obtain, or consume; or knowingly possess or transport any alcoholic liquor.
2. The use or possession of tobacco in any form is prohibited.
3. The possession, sale or use of illegal or look alike drugs is prohibited.
4. An athlete will not engage in or be an accomplice to or in the presence of any unlawful acts.
5. Any behavior or actions not mentioned above that detract from or brings embarrassment to the coach, team, school system or the community, may cause the student to be suspended from the team.

Disciplinary Action:

1. Any student found in violation of training rules will be subject to the following penalties:

First Offense - The student athlete will not participate in competition for the remainder of the season of the sport in which he/she is participating; an assessment is to be done by an agency acceptable to the school, and enrollment and participation in any prescribed treatment program; no recognition will be given to the student such as a varsity letter, certificates for all-conference, all-state, etc.

If the offense occurs between seasons, the student athlete is to have an assessment done; serve ten (10) hours of school service (to be determined by the Athletic Director and Assistant Principal); and suspension of competition for four (4) weeks of the next chosen sport.

Second Offense - Suspension from all athletics for a minimum of one calendar year from the date of the offense; student assessment; and a request in writing to appear before the Athletic Council in order to reinstate eligibility.

Third Offense - Suspension from all athletics for the remainder of the student athlete's high school career.

Coaches' Responsibility:

1. Individual coaches may need and want additional training rules for his/her team. Coaches are expected to review the Athletic Contract and any additional rules with all team members the first day of practice. Coaches that have additional training rules are required to have them on file with the Athletic Director prior to the start of practice.
2. It is the coach's responsibility to notify the Athletic Director if one of his or her players quits without prior permission.
3. Coaches are responsible for athletic discipline.

Students' Responsibility:

1. Any student may quit a team at any time during the season with the coach's permission.

Any student who quits the team without his or her coach's permission must appear before the Athletic Council to be eligible to play another sport. The appearance before the Council does not necessarily mean the student will be able to participate.

2. The school district is not liable for injuries. If the student does not have insurance, it may be taken out through G-M Underwriters, Inc. Forms are available in the office.

This contract also covers all areas of the Athletic (Code) Handbook not specifically stated above.

AGREEMENT WITH PARENTS

I, _____, with my parents as witnesses, do hereby agree to abide by the Training Rules as laid down by the COLUMBIA CENTRAL ATHLETIC DEPARTMENT as listed above. I further realize that any violation of these rules will be dealt with accordingly.

Signed: _____ (Athlete)

Signed: _____ (Parent/Guardian)

Date: _____





CODE OF CONDUCT ACKNOWLEDGEMENT FORM
COLUMBIA SCHOOL DISTRICT – Administration Office 517-592-6641
INTERSCHOLASTIC AND YOUTH SPORTS PROGRAMS CODE OF CONDUCT
Parental/Student/Staff/Volunteer Sportsmanship

Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in school sponsored or sanctioned events should be models of good sportsmanship and lead by example by demonstrating fairness, respect and self-control. As your student's first and foremost example, please complete this CSD Code of Conduct, and as soon as possible return to the District Athletic Director or your child's coach. We recognize you as a VIP in our Columbia Interscholastic and Youth Sports Programs. Thank you. *Coley Johnson, CSD Athletic Director - Office 517-592-6634*

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in school sponsored events at Columbia School District shall conform my behavior to the following code of conduct.

1. I will not engage in, or encourage my child or any other person(s) to engage in unsportsman like conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not engage in, or encourage my child, or any other person to engage in any behavior that would endanger the health, safety or well being of any student, player, coach, parent, participant, official or any other attendee.
3. I will not use drugs or alcohol, or permit my child, or encourage any other person to use drugs or alcohol while at a school sponsored event and will not attend, coach, officiate or participate in a District sponsored event while under the influence of drugs or alcohol.
4. I will not engage in, or encourage my child, or any other person, to engage in the use of profanity while attending a school sponsored event.
5. I will treat and will encourage my child to treat any coach, parent player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. I will not engage in and will encourage my child and any other person to not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
7. I will not initiate or encourage my child, or any other person, to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
8. I will honor and encourage others to honor the "twenty-four (24) hour rule: *After a contest, I will wait at least 24 hours until I contact a coach to set up a meeting to address any concerns I might have.*

I hereby agree that non-compliance or violations to the above – at any MI High School Athletic Assoc. or Columbia School District sponsored/sanctioned event – will result in but not be limited to the following:

- A. Verbal or written warning by the conference of school official.
- B. Suspension or removal from said practice, game, or season by conference or school official.
- C. Banned from all athletic events for the school year with complaint filed to/by a local Police Agency.

By signing this form, I agree I have read the Columbia School District's Parental/Student Sportsmanship CODE OF CONDUCT ACKNOWLEDGEMENT and agree to support the standards of conduct and procedures contained therein as a condition of my son or daughter's participation in Columbia School District's interscholastic, and youth sports programs. I understand that if I violate this sportsmanship code of conduct I will be subject to penalty as provided.

STUDENT NAME _____ DATE _____

PRINT NAME _____
 (Parent/Guardian)

SIGNATURE _____
 (Parent/Guardian)

PRINT NAME _____
 (Parent/Guardian)

SIGNATURE _____
 (Parent/Guardian)

CSD Parental/Student Sportsmanship CODE OF CONDUCT –Form Revised 7/06

