



Olympia High School and Middle School
ACTIVITIES Release Form



STUDENT INFORMATION

Student Name: _____ **Student Address:** _____
LAST FIRST MI

Home Phone: _____ **Parents or Legal Guardians:** _____

BIRTHDATE: _____ **Contact if Parent Unavailable:** _____
MONTH DAY YEAR

CURRENT GRADE: _____ **Phone:** _____
Family Doctor: _____ **Phone:** _____

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Olympia Coaching Staff to attend to my son/daughter.

Signature of Parent/Guardian: _____

Activities Agreement

Olympia CUSD #16 believes it is the function of the activities program to provide activities which are interesting, wholesome, and enjoyable for all students. The overall objective of the program is to develop skills, sportsmanship, and a spirit of competitiveness for each participant. All parents/guardians and participants are asked to read and discuss the implications of participation in the high school and/or middle school activities program before signing this form.

Activities Code

(see Activities Code in Student Handbook or ask for a copy prior to signing)

As a student participant, I have received a copy of the Olympia Activities Code and have read and understand its contents. My son/daughter has my permission to practice and compete in the activities at Olympia High School and/or Olympia Middle School. I also approve of my son/daughter abiding by all the conditions of the Activity Code and the IHSA/IESA eligibility rules (found in the High School student handbook or on-line at www.ihsa.org & www.iesa.org). In addition, I realize such activity involves the potential for injury, which is inherent in all activities. I acknowledge that injuries may occur.

Date: _____ Signature of Student _____

Residency/Guardianship

I also verify that this student is living with his/her natural parents or legal guardians. I further understand that if my son/daughter is not living with both his/her parents, IHSA/IESA rules require the student to reside with his/her legal guardian to be able to compete athletically.

I agree to attach a copy of court filed legal documents as proof of legal guardianship, if necessary, due to divorce, legal separation, foster parent or adoptive parent status.

In the event residency/guardianship changes during the school year, the OHMS Activities Office **MUST** be notified immediately.

Date: _____ Signature of Parent/Guardian _____



Pre-participation Examination

To be completed by athlete or parent prior to examination.

Name _____ Last _____ First _____ Middle _____ School Year _____
Address _____ City/State _____
Phone No. _____ 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	L 20/	Corrected	<input type="checkbox"/> Y	<input type="checkbox"/> N
BP		/	()	Vision R 20/					
MEDICAL									
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/sports/Medicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete _____

Date _____

Signature of parent-guardian _____

Date _____

PARENTAL PERMIT

Students are given the opportunity to participate in the following activities:

High School

Fall: Boys' Cross Country, Girls' Cross Country, Girls' Swimming, Football, Volleyball, Boys' Golf, Girls' Golf, Boys' Soccer, Cheerleading, Marching Band, Flags, Fall Play, Tech. Crew, FFA
Winter: Boys' Basketball, Girls' Basketball, Wrestling, Boys' Swimming, Cheerleading, Dance Team, Chorus, Speech, Jazz Band, Madrigals, Scholastic Bowl, Chess, Concert Band, Group Interpretation
Spring: Boys' Track, Girls' Track, Softball, Baseball, Girls' Soccer, Show Choir, Spring Musical, Tech. Crew

Middle School

Fall: Boys' Cross Country, Girls' Cross Country, Baseball, Softball, Girls' Basketball, Band
Winter: Boys' Basketball, Wrestling, Volleyball, Cheerleading, Dance, Chorus, Literacy, Chess, Drama
Spring: Boys' Track, Girls' Track, Scholastic Bowl

To participate in **High School activities**, students must be passing **ALL** courses each week and pass 3 of 4 courses per semester

To participate in **Middle School activities**, students must pass **ALL** courses each week

In addition to passing academic coursework, a parental and doctor's permission for athletics must be completed. Parents/Guardians must carry accident insurance or waiver for athletics. Parents/Guardians and student participants must also sign the Activities Agreement.

Doctor's Permit

Every student participating in Illinois High School Association (IHSA) or Illinois Elementary School Association (IESA) athletics must have a valid physical on file with the school. Physicals **MUST** be valid through an entire athletic season **PRIOR** to participation during that sport season (ex. Physical **MUST** be valid entire wrestling season to be able to **START** wrestling practice/season). Physicals are valid for 1 year (365 days) from the date of examination.

Insurance Release

Waiver

We, the undersigned parents/guardians of _____, a student at Olympia CUSD #16 Stanford, Illinois, who desires to participate in school sponsored activities for which accident insurance is required by the Board of Education, hereby certify that such student is covered by accident insurance with the following company and which policy we agree to keep in effect throughout the current school year:

Insurance Company: _____ Insurance Policy Number: _____

We, therefore, do not want said student included in any accident insurance plan provided by the school; and we hereby waive any claim against said school, and the officers and employees thereof for reimbursement for any expense incurred on account of any accidental injury to said student may suffer while participating in such activities.

Date: _____ Signature of Parent/Guardian: _____

School Insurance Receipt

Accident insurance has been purchased as specified by the school for the current year. The student may be issued equipment and be permitted to practice.

Insurance Plan

School Time Coverage: _____ 24 Hour Coverage: _____ Football Coverage: _____ School Verification: _____