WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

		PARI						
Name			School Year:	Grade Entering:				
Home Address:			Home Address of P	Home Address of Parents:				
City:			City:					
Phone:	Date of Bi	rth:	Place of Birth:					
rules of the WVSSAC		s a team member, we a		We have read the condensed eligibility fort to keep up school work and abide by				
must be a reg must qualify u must have ea must have att must not have must be resid unle unle if living with le must be an an must have su completely fill that your pare must not have WVSSAC. (12 must not, whi an unsanctior must follow A must not have in grades 6-7- qualify under	ed in and properly signed, a ents consent to your participal e transferred from one school e received, in recognition of 27-3-5) le a member of a school tea ned meet or tournament in the II Star Participation Rule. (1) e been enrolled in more than 1-8. (Rule 127-2-5). homeschool rule. (Rule 127	od standing of the school. ansfer Rule (127-2-7) it the previous semester. Siverage the previous semes 9th (HS) birthday before A ed by Rule 127-2-7 and 8. In a fide change of residence. Exchange student (one year) was met by the 365 cale of the stronge student at the vars 27-2-11. The stronge student (127-3-3) of to another for athletic pure your ability as a HS or Marian any sport, become a ne same sport during the school of the stronge stronge stronge stronge stronge and stronge stronge stronge and same sport during the school of the stronge	contest, you: (See exception under Ruster. Summer School may be inster. Summer School may ugust 1 of the current school term. See during school term. See during school term. See of eligibility only). Sendar days attendance profity level. (127-2-8) any school athletic team en examined and found to reposes. (127-2-7) So athlete, any award not member of any other orgonol sport season (See of to 12. Must not have particular terms of the season (See of to 12. Must not have particular terms of the season (See of to 13. 11k)	ncluded. (127-2-6) ay be included. (127-2-6) nool year. (127-2-4) rior to participation. Participation/Parent Consent/Physician Form, to be physically fit for athletic competition and presented or approved by your school or the ganized team or as an individual participant in exception 127-2-10). rticipated in more than three (3) seasons while				
all other standards se activity or action might	t by your school and the V	VVSSAC. If you have any ck with your principal or at	questions regarding you hletic director. They are	e above listed minimum standards but also r eligibility or are in doubt about the effect any aware of the interpretation and intent of each n being penalized.				
		PART II - PARENTA	AL CONSENT					
In accordance with the rule BASEBALL BASKETBALL CHEERLEADING		nsent and approval to the parti GOLF SOCCER SOFTBALL		d above for the sport NOT MARKED OUT BELOW: VOLLEYBALL WRESTLING BAND				
MEDICAL DISQUALIFI	CATION OF THE STUDEN	T-ATHLETE / WITHHOLD	ING A STUDENT-ATHLE	ETE FROM ACTIVITY				
an injury, an illness or p		ance for that individual to r		removed or withheld from participation due to the responsibility of the member school's team				
contests. I will not hold result of this participation check appropriate space	the school authorities or Wo	est Virginia Secondary Sch participation in any of those	ool Activities Commission sports listed above may	travel to participate in interscholastic athletic n responsible in case of accident or injury as a r cause permanent disability or death. Please s football insurance coverage available through				
I also give my cons of this form, by an appre	ent and approval for the aboved health care provider as	ove named student to receive recommended by the name	ve a physical examination ned student's school adm	n, as required in Part IV, Physician's Certificate, ninistration.				
				information in reports of Inter-School Practices				

Student Signature_____Parent Signature____

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at

or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

WVSSAC.org. (Click Sports Medicine)

PART III - STUDENT'S MEDICAL HISTORY (To be completed by parent or guardian prior to examination)

This exam is not meant to replace a full physical examination done by your private physical in sports? Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,) Yes No 13. Has anyone in your family ever fainted during exercise? Yes No 14. Take any medicine? List of the physical in attendance and the appropriate medical staff to give treatment at any athletic event for a full physical examination done by your private physician.	Name		Birthda	ate/_		_/ Grade _	Age	
Selzures, etc) Selzures, etc) Selzures, etc) Yes No 14. Take inly modicine? Let in 2. Any burgery (except tonish) Yes No 15. Woar glasses	Has the student ever had:			Yes No 1	2. Hav	e any problems with h	eart/blood pre	ssure?
res No 2. Any hospitalizations? res No 3. Any surgery (except lonalls)? res No 4. Any injuries that prohibited your participation in sports? res No 5. Discusses of frequent headaches? res No 5. Rose, ankle or nack injuries? res No 6. Knee, ankle or nack injuries? res No 7. Behos hoose or dislocation? res No 8. Heat exhaustions un stoke? res No 9. Behave hoose or dislocation? res No 10. Have any eigens provided in sports? res No 10. Have any eigens and stoke? res No 10. Have any eigens provided in sports? res No 10. Have any eigens and stoke? res No 10. Have any eigens and stoke in stoke in the stoke and stoke in the participate in exports? res No 10. Have a usude a death history in your family? res No 21. Have a standar death history in your family? res No 21. Have a standar death history in your family? res No 22. Have a standar death history in your family? res No 23. Lave a standar death history in your family? res No 25. Develop coughing, wheezing, or musual electrones or breath when you exceeded? res No 25. Develop coughing, wheezing, or musual electrones or breath when you exceeded the participate of the participate and the appropriate medical staff to give treatment at any athletic event for any injury. significant provided in the provided in the early problems with your marking periods. PART V - SCREENING PHYSICAL EXAM This exam is not meant to replace a full physical examination done by your private physician. Mouth: Respiratory: Adoman: Appliances Y N Symmetrical breath sounds Y N Masses Y N Masses Y N Marrour Appliances Y N Symmetrical breath sounds Y N Masses Y N Marrour Any "YES" under Cardiovascular requires a referral to family declor or other appropriate healthcare provider. Musculoskeletal: (note any abnormalities) Nock: Y N Elbow: Y N Knoe/flip: Y N Hamstrings: Y N Scolicals: Y N Scolicals: Y N Mingle of		Diabetes, Asthma,	Yes No 1	3. Has	anyone in your family	ever fainted du	ıring exercise	
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A first prohibited your participation in sports? Family injurior state prohibited your participation in sports? Family injurior state prohibited your participation in sports? Family injurior state prohibited your participation in sports? Family injury. Family injury				Van Na d	r M.		autaat lanas	a dont
Yes No 1.0 Have any organs missing legy and personant person		lalvallan lu anada?						
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See No. 7. Broken bone or dislocation? Shot?								
The No. 9. Finding or passing out? Yes No. 10. Have any altergles? Yes No. 10. Have any altergles? Yes No. 10. Have any altergles? Yes No. 20. Have a standing beyord? Yes No. 21. Have a family betory of hear attack before age 50? Yes No. 22. Develop coupling, wheezeng, or unusual shortness or breath when you exercise? Yes No. 22. Develop coupling, wheezeng, or unusual shortness or breath when you exercise? Yes No. 20. Have a family history of hear attack before age 50? Yes No. 22. Develop coupling, wheezeng, or unusual shortness or breath when you exercise? Yes No. 20. Tendes Only) Do you have any problems with your menstrual periods. I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. SIGNATURE OF PARENT OR GUARDIAN								
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Yes No 20, Have any allerigies?				Yes No			son this stud	ent snould n
Yes No 21. Heve a family history of heart attack before age 60? Yes No 22. Develop coughing, wheezing, or unsural shortness or breath when you exercise? PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER Yes No 23. (Females Only) Do you have any problems with your menstrual periods. I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. SIGNATURE OF PARENT OR GUARDIAN				Yes No 2			ory in your far	nily?
PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER Yes No. 22. Develop coughing, wheezing, or unusual shortness or breath when you excretely from the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. It also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury. SIGNATURE OF PARENT OR GUARDIAN	Yes No 11. Concussion? If Yes	3	Date(s)	Yes No 2	21. Hav	e a family history of h	eart attack bef	fore age 50?
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PART IV - VITAL SIGNS	any injuny	5 1.5.0						
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Denial of approval for the following reasons:								
MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant Date	Denial of approval for	the following rea	asons:				·	
MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant Date						, ,		
	MD/DO/DC/Advanced Registe	red Nurse Prac	titioner/Physician's Ass	Istant			Date	