



# Athletic Participation Packet

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## Parkway School District

### Parkway West High School

Checklist is for your use only, do not submit to the office:

- Physical Form (Pages 1 & 2) – Completed after Feb 1 of the preceding spring. Must be turned into the athletic office prior to the first day of tryouts for the sport season in which you are participating.
- Parent Permission Form (Page 3) – Must be submitted to your coach on the first day of tryouts for the sport(s) in which you are participating.
- Student Agreement (Page 4) – Must be submitted to your coach prior to the first scheduled interscholastic athletic competition for the sport(s) in which you are participating.
- Parkway Code of Conduct (Page 5) – Must be submitted to your coach prior to the first scheduled interscholastic athletic competition for the sport(s) in which you are participating.
- Make copies of all the completed forms in this packet for your records.

# PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records).

**Pages 1 & 2 must be submitted to Athletic Office prior to tryouts**

Date of Exam:			
Name:			Date of Birth:
Sex:	Age:	Grade:	School:
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:			
<input type="checkbox"/> Medicines:		<input type="checkbox"/> Pollens:	
		<input type="checkbox"/> Food:	
		<input type="checkbox"/> Stinging Insects:	

**Explain "Yes" answers below. Circle questions you do not know the answer 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 <input type="checkbox"/> 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) or 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 headaches, 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. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

**PRE-PARTICIPATION PHYSICAL EVALUATION  
PHYSICAL EXAMINATION FORM**

Name:	Date of Birth:
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**Physician Reminders:**

1. Consider additional questions on more sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplements?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).

**EXAMINATION**

Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP:        /        (        /        )	Pulse:	Vision: R 20/        L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

\* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; \*\*Consider GU exam if in private setting. Having third party present is recommended.  
\*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction.

Cleared for all sports without restriction **with recommendations for further evaluation or treatment for:**

Not Cleared

- Pending further evaluation
- For any sports
- For certain sports (please list):

Reason:

Recommendations:

**I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of Physician (type/print):	Date:
Address:	Phone:
Signature of Physician (MD/DO/ARNP/Chiropractor*):	

\*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)**

**Please submit this page to your coach on the first day of practice...**

**Informed Consent:** By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care.

**In case of emergency I request my child be taken to \_\_\_\_\_ hospital if possible.**

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics. We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete. The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

<b>Name of Insurance Company:</b>	<b>Policy Number:</b>
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<b>Signature of Parent(s) or Guardian:</b>	<b>Date:</b>
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**PARENT AND STUDENT SIGNATURE (Concussion Materials)**

We have accessed and read the MSHSAA materials on Concussion [http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300\\_Final.pdf](http://www.mshsaa.org/resources/pdf/ConcussionPacketHB300_Final.pdf), which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

<b>Signature of Athlete:</b>	<b>Date:</b>
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<b>Signature of Parent(s) or Guardian:</b>	<b>Date:</b>
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**EMERGENCY CONTACT INFORMATION**

<b>Parent(s)/Guardian(s)</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>
<b>Name of Contact</b>	<b>Relationship to Athlete</b>	<b>Phone Number</b>

Physician \_\_\_\_\_ Phone: \_\_\_\_\_ Physical Exam Date: \_\_\_\_\_ Date of last T/D \_\_\_\_\_

Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child bring medication (prescribed or over-the-counter)? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Medication	Physician	Dosage/Frequency	Special Instructions

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

## STUDENT AGREEMENT (Regarding Conditions for Participation)

Please submit this page to your coach prior to first scheduled competition...

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," <http://www.mshsaa.org/resources/pdf/1011EligibilityBrochure2.pdf> which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at [www.mshsaa.org](http://www.mshsaa.org)).

I have also viewed and understand the video entitled "West Eligibility Presentation" on the Parkway West athletic web site. <http://www.pkwy.k12.mo.us/west/sports/eligibility/player.html>

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

### MSHSAA By-Law 212

Students who represent a school in interscholastic activities must be creditable citizens and judged so by the proper authority. Those students whose character or conduct is such as to reflect discredit upon themselves or their schools are not considered "creditable citizens." Conduct shall be satisfactory in accord with the standards of good discipline.

**A. Law Enforcement:** A student who commits an act for which charges may be or have been filed by law enforcement authorities under any municipal ordinance, misdemeanor or felony statute shall not be eligible until all proceedings with the legal system have been concluded and any penalty (i.e. jail time, fine, court costs, etc.) or special condition of probation (i.e. restitution, community service, counseling, etc.) has been satisfied. If law enforcement authorities determine that charges will not be filed, eligibility will be contingent upon local school policies. Moving traffic offenses shall not affect eligibility, unless they involve drugs, alcohol, or injuries to others. After a student has completed all court appearances and penalties, and has satisfied all special conditions of probation and remains under general probation only, local school authorities shall determine eligibility.

### B. Local School:

1. A student who violates a local school policy is ineligible until completion of the prescribed school penalties.
2. The eligibility of a student who is serving detention or in-school suspension shall be determined by local school authorities.
3. A student shall not be considered eligible while serving an out-of-school suspension.
4. A student who is expelled or who withdraws from school because of disciplinary measures shall not be considered eligible for 365 days from the date of expulsion or withdrawal.
5. If a student misses class(es) without being excused by the principal, the student shall not be considered eligible on that date. Further, the student cannot be certified eligible to participate on any subsequent date until the student attends a full day of classes.
6. Each individual school has the authority to set more restrictive citizenship standards and shall have the authority and responsibility to judge its students under those standards.
7. Each school shall diligently and completely investigate any issue that could affect student eligibility.

**C. Student Responsibility:** Each student is responsible to notify the school of any and all situations that would affect his/her eligibility under the above standards. If the student does not notify the school of the situation prior to the school's discovery, then the student shall be ineligible for up to 365 days from discovery, pending review by the Board of Directors.

Signature of Athlete:

Date:

Signature of Parent:

Date:

## Code Of Conduct For Participants In Parkway Athletics And Activities

Please submit this page to your coach prior to first scheduled competition...

### Rationale

Secondary students who participate in athletics and co-curricular activities are thought of as school leaders. They represent the school in the eyes of the community. They serve as role models for other students. As such, these students should be held to a high standard of behavior. Such students need to maintain their physical and mental well-being not only while at school and school-sponsored activities, but at other times as well. In an effort to achieve these goals, Parkway has developed a prevention program which includes an Athletic and Activity Student Pledge. To participate in school sponsored athletics and designated school sponsored activities, an Athletic and Activity Student Pledge must be signed by students and their parents are requested to indicate support of the Code by signing the pledge along with their student.

### The Code of Conduct

The following Code of Conduct applies to secondary students who participate in sports teams sponsored by the Parkway School District and activities governed by MSHSAA. The activities will also include Student Government and National Honor Society. The Code is as follows:

1. Drugs: Students shall not use, possess or attempt to obtain any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or other controlled substance of any kind, including performance enhancing drugs. (Unless prescribed by a physician.)
2. Alcohol: Students shall not use, possess or attempt to obtain any alcoholic beverage of any kind, including but not limited to beer, wine, and hard liquor.

This Code applies to student athletes only during the athletic season and to students involved in MSHSAA activities only during that part of the school year when the activity is taking place. However, during that time period, the Code applies to students twenty-four hours a day whether or not students are at school.

### Consequences of Violation

Consequences for violation of the Code's prohibition of drug and alcohol use and possession during the season include the following:

- ◆ The first violation shall result in the student being suspended from team competition or from all co-curricular activities for two weeks. During the two week suspension, students seeking reinstatement to a team or activity must attend, with their parent or guardian, two drug and alcohol education meetings at West County Psychological Associates, or a similar organization. After completion of the two week suspension and the two required educational meetings, a reinstatement meeting will be held involving the student, his or her parents or guardian, the coach or sponsor, the building activities coordinator, and the principal to allow the student to recommit to being drug and alcohol free. If, in the judgment of the school officials, the student recommits, he or she will be allowed to again participate in team competition or the designated co-curricular activities governed by MSHSAA.
- ◆ A second violation will result in the student being removed from all school-sponsored designated MSHSAA activities for a one year period. Prior to reinstatement, the student must have attended at least two drug and alcohol education meetings and must have recommitted to being drug and alcohol free at a reinstatement meeting.
- ◆ A third violation will result in the student being permanently disqualified from participation in all school sponsored designated MSHSAA activities. Exceptions must be approved in writing by the superintendent.
- ◆ Violations of the Honor Code will be deemed authentic based on the word of an authorized adult, defined as a coach or sponsor, administrator, teacher, police officer, the student's parent or guardian, **social networking sites**, or by the admission of the student.
- ◆ Students in activities or athletics who violate the district's rules and regulations on drug or alcohol use or possession at school or during school activities, in addition to the consequences set out herein, are subject to established consequences in Parkway's discipline policy.

### Implementation Procedures

The following additional procedures shall apply in the implementation of the Code of Conduct:

- ◆ Prior to the suspension of a student from a team competition or co-curricular activity, the coach or sponsor shall hold an informal conference with the student wherein: (1) the student shall be informed of the alleged violation; (2) parents will be contacted immediately; (3) if the student denies the allegation, the student shall be given an explanation of the facts which form the basis for the proposed suspension; (4) the student shall be given an opportunity to present his or her version of the incident.
- ◆ In determining whether there has been a violation of the Code of Conduct, coaches and sponsors should decide, based on statements of those individuals who have been interviewed, whether they believe that a violation has occurred. Good judgment is an essential part of this process.
- ◆ A student may appeal a suspension by writing to the building principal. The building principal shall investigate and make a ruling within 2 school days of the principal's receipt of the request for an appeal.
- ◆ The decision by the building principal may be appealed in writing to the superintendent of schools. The student shall simultaneously send a copy of the appeal request to the district's Activities Director, who shall investigate and make a recommendation to the superintendent. Such an appeal shall be resolved within five school days of the superintendent's receipt of the appeal. The superintendent's judgment shall be final.
- ◆ The time frames for resolving appeals, contained herein may be extended by mutual consent. During the appeal process, students are not eligible to compete.

### PARKWAY ATHLETICS AND ACTIVITIES HONOR CODE STUDENT PLEDGE

As a participant in designated sports/activities, I agree to abide by all laws and rules regarding the use of alcohol, **tobacco**, and other illegal drugs. Chemical dependency is a progressive, but treatable, disease characterized by continued drinking or other drug use in spite of recurring problems resulting from that use. Knowing that athletics and activities are a privilege, I accept and pledge to abide by the Code of Conduct attached hereto, and other rules established by my coach or sponsor. To demonstrate my commitment, I pledge:

1. To abstain from the use and possession of alcohol and other illegal drugs;
2. To seek information and assistance in dealing with any chemical dependency problems;
3. to approach my parents, coach, or sponsor about my needs and problems;
4. to follow training rules established by my coach or sponsor to promote my health and well-being.

Signature of Athlete:

Date:

Signature of Parent:

Date: