

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- 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, e-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-enhancing supplement?
 - 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

- Medically eligible for certain sports _____

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

COVID-19

- A current physical MUST be on file. CHSAA recommends this PPE form.
 - COVID-19 specific questions should be included in the physical screening to include:
 1. Have you tested positive for COVID-19?
 2. Have you had any known exposure to a COVID-19 positive individual?
 3. Have you been tested for COVID-19?
 4. Have you had any new onset of cough or shortness of breath?
 5. Have you experienced any recent temperature greater than 100.3°
 - The most recent medical evidence recommends consideration of cardiac testing if a student athlete has previously tested positive for COVID-19. This should be discussed with the team physician on a case-by-case basis.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

CHEYENNE WELLS HIGH SCHOOL ATHLETIC PARTICIPATION FORM

Name _____ Address _____
Date of Birth _____ Sex _____ Age _____ Grade _____
Home Phone _____ Cell Phone _____
Sports (s) _____

ARENT/GUARDIAN PERMISSION TO PARTICIPATE AND TRAVEL:

I hereby give my consent for the above-named student to (1) represent his/her school in athletic activities except those limitations noted on the physical examination providing that such athletic activities are approved by the State Association and (2) accompany any school team on its behalf responsible for any injury occurring to the above named student in the course of school athletic activities or such travel.

School board policy all prospective athletes must have insurance which will cover possible injuries. Please give the following information:

Insurance Company _____ Policy# _____

I desire school insurance for my student. Information and forms are available at the school.

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION

Due to its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL ACCIDENTS may occur.

- Many forms of athletic competition result in physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.
- Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choices of risk, athletic participation cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.
- By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.
- By choosing to participate, you, the student, acknowledge that such risk exists.
- Students will be instructed in proper techniques to be used in athletic competition and in the utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.
- As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.
- If any of the foregoing is not completely understood, please contact your school principal for further information.

EMERGENCY INFORMATION

Mother _____
Father _____

Employer: _____

Work Telephone _____

Cell Phone _____

If not available, who else may we call for help?

	Name	Telephone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Health information: List any health conditions such as heart disease, diabetes, epilepsy, asthma, severe allergies, or any chronic condition, etc. that might necessitate emergency treatment.

EXPLANATION: _____

Doctor: _____

1st Choice _____ 2nd choice _____

Phone # _____ Phone # _____

_____ In the event the doctor of choice is unavailable, check here if you authorize treatment by the emergency room doctor on call.

By giving permission to participate, I do hereby authorize officials of CHEYENNE WELLS HIGH SCHOOL to contact directly the persons names and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, or the health of said student. In the event physicians, other persons named on this form, or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of fore said student. I will not hold the school district financially responsible for the emergency care and/or transportation for said student.

*Signature of Student _____ Date _____

*Signature of Parent/Guardian _____ Date _____

(This signed form must accompany a current physical and signed Extra Curricular policy before the student may participate.)

CHEYENNE COUNTY SCHOOL DISTRICT RE-5
EXTRA-CURRICULAR PARTICIPATION GUIDELINES
(Revised August 2007)

Participation in extra-curricular activities is a privilege – not a right!

It is the expectation of Cheyenne County School District Re-5 that Tiger students conduct themselves as ladies and gentlemen, displaying the best sportsmanship, and giving maximum effort in all events in which they participate. Above all they must demonstrate pride in themselves and in their school.

Extra-curricular rules:

These rules are for the benefit of individual participants, their teams, and the Cheyenne County Re-5 school community. **INDIVIDUALS WHO MAKE THE DECISION TO PARTICIPATE MUST ALSO DECIDE TO MAKE A PERSONAL COMMITMENT TO ABIDE BY THESE RULES.** The most effective results of these rules come about when the students make a commitment to impose them on themselves. This allows the student to realize that their achievements are the result of personal effort and desire.

The following rules apply to all students, male and female, who are members of any team or club which represents Cheyenne Wells High School. These rules are in force starting on the first day of fall practice/activities and carry through to the last day of spring activity participation. Summer infractions are exempt unless they occur during a school function or on school grounds. If the penalty for a violation carries over to the next school year the violator may participate in most summer activities unless it is a competition where they are representing the school.

The sanctioned extra-curricular activities at Cheyenne Wells High School include: **Football, Golf, Volleyball, Softball, Basketball, Wrestling, Baseball, Track, Cheerleading, Tigerettes, National Honor Society, Science Club, FFA, FBLA, Honor Band, Honor Choir, Happy Liver Club, and Student Council.** This policy will automatically cover any new clubs or activities that are sponsored by Cheyenne Wells High School.

Most activities at Cheyenne Wells High School are sanctioned by the Colorado High School Activities Association. All participants are subject to the specific requirements of the constitution of this association. The student must meet all state activity association eligibility rules on a weekly and semester basis. **Students who are ineligible for competition either due to academics, or a violation of the extra-curricular participation guidelines, are expected to attend all scheduled practices and remain a member in good standing with the coach/sponsor of the activity they are participating in.** All participants are expected to represent the school's ideals in matters of conduct, sportsmanship, and citizenship, as set forth by the coach and/or the school principal.

The Use and/or possession of Alcohol/Illegal Drugs shall be prohibited!

A violation of the extra-curricular policy will be determined by:

- A signed statement by school personnel.
- A signed confession by the student, after parent contact.
- The issue of an MIP/MIC/DUI.

Each student who is found to be in violation of this policy will be subject to the following actions:

First Violation: (during the time a student attends Cheyenne Wells High School)

Persons will serve a 12 week suspension from competition in all athletic activities and participation in other extra-curricular activities where a grade is not given for that participation.

This suspension may be reduced to 3 weeks with a full confession and the agreement to successfully complete a drug or alcohol education class within 3 months of the violation or their penalty will revert back to the original 12 week suspension.

Second Violations: (during the time a student attends Cheyenne Wells High School)

Complete suspension from competition in all athletic activities and participation in other extra-curricular activities where a grade is not given for that participation.

This suspension may be reduced to 12 weeks with a full confession and the agreement to successfully complete a drug or alcohol education class within 3 months of the violation or their penalty will revert back to the original full year suspension.

A student who chooses to complete an alcohol education class must supply the principal with written proof that they have successfully completed this class within the 3 month time period or their penalty will revert back to the original full year suspension. The principal can extend this time if he/she deems it necessary due to extenuating circumstances. All costs incurred for the class will be the student's responsibility.

The use and/or possession of Tobacco shall be prohibited!

Each student who is found to be in violation of this policy will be subject to the following actions:

First Violation: (during the time a student attends Cheyenne Wells High School)

Persons will serve a 2 week suspension from Competition in all athletic activities and participation in other extra-curricular activities where a grade is not given for that participation.

Subsequent Violations: (during the time a student attends Cheyenne Wells High School)

Persons will serve a 4 week suspension from competition in all athletic activities and participation in other extra-curricular activities where a grade is not given for that participation.

In the event that any suspension under this policy can not be served in full during the remainder of the participation period for the program during the current school year, the remainder of the suspension will carry over the summer and shall be served during the following school year.

Due Process:

All participants have the right to due process. If suspended from an extra-curricular activity, the student will have the right to appeal this decision.

Step 1. The student must inform the principal in writing that they wish to appeal this action within 5 days of the implementation of any discipline pursuant to this policy. The principal will inform the student in writing that they have received this request and that a hearing has been scheduled to hear the appeal. The hearing committee shall consist of the following representatives:

- High School Principal
- High School Athletic Director
- Counselor
- Non-associated Coach

The hearing committee will establish such proceedings as they determine are necessary to give the student a fair opportunity to present his/her appeal. There is no guarantee to any particular process, including the right to representation and to present and/or cross examine witnesses.

Once the appeal has been heard the Principal will notify the student in writing the decision of the committee. This notification must be done within 3 days from the date of the hearing.

Step 2. If the student disagrees with the decision made by the hearing committee they can appeal that decision to the superintendent of schools. If the student disagrees with the decision of the superintendent, they may request a meeting with the Board of Education to present their case within 2 days of receipt of the superintendent's decision.

A student may quit a sports team and join another one providing that he/she does so prior to the first official contest of the season for both teams. If the student quits after this time they must wait until the season is over before joining another team. *This rule may be waived by the principal if a medical reason exists.*

Any student who is absent from school is prohibited from participating in activities that day unless the absence has been *previously* approved by the high school office. If extenuating circumstances exist the Principal may wave this rule.

Students are under the direction and control of the coach/sponsor on all trips, and shall make the trip in the school transportation that is provided. Upon a written request from their parents a student will be allowed to ride with them home from the activity. If there are extenuating circumstances the student or their parents must contact the principal for a decision.

Violation of district rules or policies, team rules, the terms of this policy, applicable laws, or standards promulgated by the CHSAA or other organizations which sponsor or regulate extra-curricular activities may result in suspension from participation or other consequences as determined by the school administration.

Lettering Policy:

All lettering criteria are subject to the discretion of the individual coaches. Any student who is found to have violated the alcohol/drugs/tobacco policy stated in this document shall not be awarded a letter in the sport they were participating in at the time of the violation.

Senior Athlete Award:

A senior athlete award will be given out to one senior boy and one senior girl each year. A point system developed by the coaching staff will be used to determine the winners. In addition to that system the following criteria must be met.

- The athlete must have competed in at least two sports for all four years of his/her high school career.
- The athlete was never dismissed from or quit any sports team during the four years of his/her high school career.

Check out & return of Athletic Equipment:

Every student who participates in a school activity and has checked out equipment from the school acknowledges that they are responsible for the safe keeping of that equipment. If any equipment is not returned in the expected condition at the end of the activity they may be required to pay for the value of that item. No student may start another activity until all of the equipment from the previous activity has been returned or compensated for the loss or damage.

We have read these extra-curricular guidelines and are aware of the contents. We agree to abide by the stated rules within this policy.

Student

Parent

Date

Revised August 1, 2007

DUAL PARTICIPATION AGREEMENT

Date: _____

I, _____ wish to be allowed to participate in two athletic programs during the same sports season (dual participation). I understand that dual participation is a privilege and not a right and I will be expected to adhere to specific rules as determined by my coaches.

I would like to participate in _____ & _____ during the Fall/Winter/Spring sports season with _____ as my primary sport. I understand that I will be required to make all practices and events of my primary sport as determined by my coach.

I _____ as coach of _____, which the above student has named as their primary sport in a dual participation application, stipulate the following requirements: _____

I _____ as coach of _____, which the above student has named as their secondary sport in a dual participation application, understand the primary coaches requirements and stipulate the following requirements: _____

I have read and understand the requirements of my coaches.

Student's signature: _____

Parent's signature: _____

Primary coach signature: _____

Secondary coach signature: _____

Athletic Director's signature: _____

