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There is a \$5.00 copy fee for each copy requested during the school year.

CARD: _____



Faith Lutheran Jr./Sr. High School

2009 – 2010

SPORTS PHYSICAL PACKET

AGREEMENT TO PARTICIPATE

I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving ***MANY RISKS OR INJURY***. I understand that the dangers and risks of playing or practicing in these activities includes death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being.

Because of the dangers of participating in these activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable school, team and state rules.

In consideration of Faith Lutheran Jr./Sr. High School permitting me to practice, play or try out for the athletic, intramural and class day programs, and to engage in all activities related to the team, including practice, play and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Faith Lutheran Jr./Sr. High School, their agents, servants and employees from any and all liability claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with any activities related to the Faith Lutheran Jr./Sr. High School interscholastic athletics program.

Student's Name (print): _____ Grade: _____

Student's Signature: _____ Email: _____

PARENTAL CONSENT

I have read and kept a copy of the ***Agreement to Participate*** in Athletics. Therefore, I understand the potential risks of injury and the responsibilities for my child while participating in the interscholastic athletics at Faith Lutheran Jr./Sr. High School. I hereby grant my permission for my child to participate in interscholastic sports.

Name of high school attended last year (if other than Faith): _____

Sports played at that school and level (B team, JV, Varsity): _____

Parent's Name (print): _____ Date: _____

Parent's Signature: _____ Email: _____

UNIFORM & EQUIPMENT RELEASE

I take responsibility for all uniforms and equipment issued to my student. I will make sure that all items are kept in good condition and laundered properly. I also promise to pay replacement cost for all lost items and those damaged due to abnormal wear-and-tear. There will be a **\$20 laundry fee** if uniforms are turned in without being washed. There will be a **\$20 late fee** if equipment and uniforms are not turned in on the **scheduled check-in date**.

Student Name _____ Student Signature _____
Please Print

Sport(s) _____

MEDIA RELEASE

At times during and after the school day, school personnel and/or the news media may ask to interview, photograph, audiotape, film and/or videotape students. This material may be utilized in media that includes, but is not limited to, the following: newspaper articles, television coverage, websites, internal or external publications, newsletters, video presentations, and/or school presentations.

Your signature below authorizes the school to release your child's name, photograph, and/or audio/video/film production for publication related to school functions and activities. Examples may include, but are not limited to, student activities, individual or group achievements, sporting events, and/or discussion forums.

Once signed and dated, this form shall remain in effect until the end of the current school year. At any time during the school year, however, you may revoke this permission for future use by notifying, in writing, the principal of the school.

Please check one:

_____ **Give permission**
_____ **Do not give permission**

For Faith Lutheran to release my child's name, photograph, and/or audio/video/film reproduction for publication, broadcast or posting to the Faith Lutheran websites, as described above

ATHLETIC CONSENT AND PERMISSION TO PROVIDE MEDICAL TREATMENT

I HEREBY give my consent for: _____ to compete in sports. I give my consent for him/her to go with school-authorized drivers on athletic trips. I understand my son/daughter must comply with the eligibility requirements. I have read, understood and agree to the provisions of the Faith Lutheran Jr/Sr High School Student Handbook and athletic code.

I HEREBY give my permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in interscholastic athletics at Faith Lutheran Jr/Sr High School. I understand that the medical personnel of Faith Lutheran Jr/Sr High School, including athletic trainers and school nurses, will perform only those procedures that are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

Signature of Parent or Legal Guardian Date

**FAITH LUTHERAN JR./SR. HIGH SCHOOL
STUDENT ATHLETE EMERGENCY INFORMATION**

Student Name: _____ Grade: _____
 First Middle Last

Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone: _____

Mother: _____ Work Ph: _____ Cell Ph: _____

Father: _____ Work Ph: _____ Cell Ph: _____

Next in case of emergency should be:

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Allergies: _____ Insurance Company: _____

Special notations regarding medical history: _____

FORM A

Dear Parent or Guardian:

Enclosed is an information packet for your child's sport's history and physical examination. The purpose of this exam is to detect any conditions that may increase your child's risk of injury or death while practicing or competing in his or her sport. Although there are many beneficial aspects of participating in high school sports (improved self-image, self-motivation and health habits), as with any activity there are some associated risks. Overall, the risk of death in high school sports is extremely low; fewer high school students die due to their sports each year than in automobile accidents. In recent years there has been an average of 20 to 40 non-traumatic deaths in high school sports each year, or one per 100,000 to 200,000 student athletes per year.

The major causes of non-traumatic deaths in sports are heart problems, with syndrome called "Hypertrophic Cardiomyopathy (HCM)" being the most common. Fortunately, not all athletes with HCM are at risk for sudden death. Our goal is to identify those student-athletes who may be at risk. Currently, the method for doing this is by having a physician perform a specific "Preparticipation Exam" (PPE). By taking the appropriate history and performing the appropriate physical, we can detect some of the student-athletes at risk for sudden death. Unfortunately, this is not a perfect system and some athletes with HCM will be missed and many others without HCM or other heart problems will be referred for other tests, which will turn out to be normal.

Other parts of the history and physical focus on areas that may not lead to death but are more commonly associated with problems. The musculoskeletal and neurologic history and exam is critical in detecting old injuries or other problems that need special attention in order to prevent future injuries.

The final role of the PPE is to provide the student-athlete with a chance to ask a physician health related questions and receive some health counseling. While this exam is very limited and should not replace a regular visit to his or her personal doctor, the limited contact that young adults have with doctors is a recognized fact. Therefore, this provides a much needed opportunity for young athletes to have a contact with a physician.

We hope that this letter explains some of the reasons that this history and physical is so important and we urge you to take the time to complete the history form carefully.

Published by the NIAA Sports Medicine Advisory Committee.
Approved: February 2000

FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

HISTORY	DATE OF EXAM: _____
NAME: _____	SEX: _____ AGE: _____ D.O.B.: _____
GRADE: _____	SCHOOL: _____ SPORT(S): _____
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT - NAME: _____	
RELATIONSHIP: _____	PHONE (H): _____ (W): _____

EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

	<i>YES</i>	<i>NO</i>
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

YES **NO**

10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?

b. Are you missing an eye, kidney, testicle or ovary?

11. a. Have you had any problems with your eyes or vision?

b. Do you wear glasses, contacts, or protective eyewear?

12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?

b. If yes, check appropriate item and explain below.

_____ Head
_____ Neck
_____ Back
_____ Chest
_____ Shoulder
_____ Upper Arm

_____ Elbow
_____ Forearm
_____ Wrist
_____ Hand
_____ Finger(s)
_____ Foot

_____ Hip
_____ Thigh
_____ Knee
_____ Shin/Calf
_____ Ankle
_____ Toe(s)

13. Are you actively trying to gain or lose weight?

14. Would you like to talk to someone about stress, anger, depression or other issues?

15. Record the dates of your most recent immunizations (shots) for:

Tetanus _____
Hepatitis B _____

Measles _____
Chickenpox _____

FEMALES ONLY

16. When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

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

FORM C

Dear Health Practitioner;

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluations (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997)(supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26th Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As Discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:

- **Excessive shortness of breath, syncope or chest pain during exercise.**
- **Family history of premature death or cardiovascular morbidity. (Before age 50)**
- **Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan's syndrome.**

ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:

- **Any systolic murmur greater than II/IV.**
- **Any diastolic murmur.**
- **A murmur that increases in intensity from supine to standing (suggests HCM).**
- **Stigmata of Marfan's syndrome. (Attachment 7).**

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is reinjury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000

References:

26th Bethesda Conference: Recommendations for Determining Eligibility for Competition in Athletes with Cardiovascular Abnormalities. JACC. 1994;24(4):845-99.

Corrado D, Basso C, Shiavon M and Thiene G. Screening for Hypertrophic Cardiomyopathy in Young Adults. NEJM. 1998;339(6)364-9.

Epstein SE, Maron BJ. Sudden death and the competitive athlete: Perspectives on pre-participation screening studies. J Am Coll Cardiol 7:220-230, 1986.

Maron BJ, Thompson PD, Puffer JC, et al. Cardiovascular perparticipation screening in competitive athletes.

Glover DW, Maron BJ. Profile of preparticipation cardiovascular screening in high school athletes. JAMA. 279:1817-1819. 1998.

Pelliccia A and Maron BJ. Preparticipation Cardiovascular Evaluation of the Competitive Athlete: Perspectives from the 30-year Italian Experience. Am J Cardiol. 7(41)15/95:827-9.

Preparticipation Physical Evaluation, 2nd ed. AAFP, AAP, AMSSM, AOSM, AOASM. McGraw-Hill. 1992.

Smith Jand Laskowski ER. The Preparticipation Physical Examination: Mayo Clinic Experience with 2,739 Examinations. Mayo Clin Proc. 1998;73:419-29

Liberthson R. Sudden Death from Cardiac Causes in Children and Young Adults. Current Concepts. 1996;334(16):1039-44

VanCamp SP, Bloor CM, Mueller OF, Cantu RC, Olson HG. Nontraumatic sports death in high school and college athletes. Med Sci Sports Exerc. 27:641-647, 1995.

Fuller C.M., McNulty C.M., Spring DA., et al. Preparticipation Screening of 5,615 High School Athletes for Risk of Sudden Cardiac Death, MSSE. 29:1131-1138, 1997.

Attachment 7

Suggested Screening Format for Marfan's Syndrom

Screen all men over 6 feet and all women over 5 feet 10 inches in height with echocardiogram and slit lamp examination when any two of the following are found:

1. Family History of Marfan's syndrome*
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ration more than one standard deviation below the mean
7. Myopia
8. Ectopic lens

*This finding alone should prompt further investigation.

From Hara JH, Puffer JC. In Mellion MD: Sports Injuries & Athletic Problems. Philadelphia. Hanley & Belfus, Inc., 1988

**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION**

PHYSICAL EXAMINATION

DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____
Cleared after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ **REASON:** _____
Recommendations: _____

Name of physician (print/type): _____ **Phone:** _____

Address: _____
Street
City
State
Zip Code

Signature of Health Practitioner **Date**
 Approved: February 2000

NIAA ALCOHOL, TOBACCO AND OTHER DRUG POSSESSION, USE, ABUSE and PENALTIES POLICY

Participation in NIAA sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the school district and member or affiliate school the student attends and represents. Adherence to training rules ensures that all student-athletes are in top physical condition, minimizes potential for injury, and further ensures that all member and affiliate school athletic teams are appropriately represented by their student-athletes. Therefore, the possession or use of any controlled substance, alcohol or tobacco products by a student athlete, whether it occurs on or off of school property, is prohibited and shall result in the penalties set forth herein.

This regulation shall begin once our son/daughter begins participation as a student athlete in high school athletics. This policy remains in effect for every calendar school year during the course of his/her high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.

- a. Definitions: The following terms or phrases shall have the meaning ascribed to them for purposes of interpreting this Policy.
1. Competitive Week – means a seven (7) day period of time beginning with the **first scheduled competition** after a violation occurs in which a student athlete is participating as a member of an athletic team for a member or affiliate school, and in which that team is officially competing in NIAA sanctioned competition.
 2. Controlled Substance – includes any mind altering substance or beverage set forth in Schedule I-V of the list of Controlled Substances as identified by the office of the Drug Enforcement Administration or as set forth in 21 U.S.C. §812.
 3. Period of Suspension – means a student athlete is prohibited from appearing in any NIAA sanctioned sport or event as a member of an athletic team or in individual competition. A suspension from athletic competition begins with the first scheduled competition after a violation occurs. A student athlete who is suspended under this regulation who does not serve the entire period of suspension during the sport season in which suspension occurs shall serve any remaining period of suspension during the next sport season in which the student athlete appears on a NIAA roster. A violation of this regulation that occurs during a time when a student athlete does not appear on a NIAA roster shall be implemented at the commencement of the next sport season in which the student athlete participates. Attendance in a summer school class shall not apply toward satisfying any period of suspension.
- b. Possession or Use of Tobacco/Alcohol/Controlled Substance/Narcotics. Any student athlete determined to be in possession of, or to have used tobacco, including smoking tobacco, chewing tobacco or snuff, an alcoholic beverage (as defined by NRS 202.020 **and any relevant local ordinances**), controlled substance and/or narcotic (unless prescribed by the student athlete's physician for medical purposes), is in violation of this policy. If after an investigation by the school it is determined that the student athlete is in violation of this regulation the student athlete shall immediately be declared ineligible to compete in any NIAA competition beginning with the first scheduled competition after a violation occurs. Additionally, the student athlete shall be subject to the following discipline:
1. First Violation: a six (6) competitive week suspension from participation in interscholastic competition beginning with the first scheduled competition after the suspension occurs. Four (4) competitive weeks of the suspension of eligibility may be waived if the student successfully completes all components of the appropriate substance abuse intervention program set forth in subparagraphs (d) (1) (A) and (d) (1) (B) below. The student may practice with the team during the period of suspension if approved by the coach and principal.
 2. Second Violation: The student shall be suspended from interscholastic competition for a minimum of ninety (90) school days which shall include a minimum of six (6) competitive weeks of competition. The student shall not be allowed to practice with the team, or participate in any out of season activities and must complete the requirements set forth in subparagraphs A and B below, in order to be considered for reinstatement of future athletic eligibility, which shall be determined following the ninety (90) day suspension of athletic eligibility by a group composed of one of the student's parents/legal guardians, the school principal, athletic director, coach and a substance abuse program coordinator.

- A. A substance abuse evaluation assessment conducted by a licensed alcohol and drug counselor at the expense of the parent/legal guardian of the student must be completed within ten (10) school days following the suspension and all assessment recommendations must be satisfactorily met before athletic eligibility may be reinstated.
 - B. The student must successfully participate in all sessions of the appropriate substance abuse intervention program set forth in subparagraphs (d) (1) (a) and (d) (1) (B) below, and successfully complete a minimum of ten (10) tobacco or alcohol/drug related support sessions.
3. Third Violation: The student shall be ineligible to participate in interscholastic athletics for the remainder of the student's high school career.
- c. Cumulative Effect of Suspensions: Multiple suspensions of a student athlete's athletic eligibility based on violations of this Regulation shall be considered as cumulative over the length of each student athlete's high school career, 9th through 12th grade.
- d. Substance Abuse Intervention Program: Any student who has been suspended from athletic eligibility for violation of the provisions of this Regulation and whose future athletic eligibility is contingent on successful completion of a Substance Abuse Intervention Program, or whose suspension of athletic eligibility may be reduced through successful participation in a Substance Abuse Intervention Program, shall complete the Substance Abuse Intervention Program developed by the NIAA in conjunction with the State of Nevada, Department of Human Resources Division of Child and Family Services Program available through the Juvenile Justice Programs Office: (775) 684-7294.
- 1. Successful completion of the Substance Abuse Intervention Program shall require, at a minimum:
 - A. The completion of a video program specific to the nature of the student athlete's offense, by the student athlete, and his/her parent(s) or legal guardian(s), as demonstrated by the successful completion of an assignment on the content of the video by the student athlete and his/her parent(s) or legal guardian(s).
 - B. The completion of a minimum of an eight (8) hour assignment selected from a list of ten (10) possible assignments by school personnel. Successful completion shall be determined through a meeting between the student athlete, his/her parent(s) or legal guardian(s), the head coach of the sport in which the student athlete was participating at the time of offense, and the school counselor or dean of students.

All investigations and penalty enforcements will be conducted by the school and / or district with support through the NIAA office.

PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA requires participants and parents to agree to the following:

- 1.** We have read the NIAA Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the Policy as written.
- 2.** We realize that a Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.
- 3. *We understand that we are encouraged to notify our school's athletic administrator / director if our son / daughter violates this Policy and / or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator / director.***

4. *We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school athletic activities.*
5. *We further acknowledge that once our son / daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he / she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son / daughter is currently participating on a high school athletic team.*
6. *We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.*
7. *We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.*
8. *We understand that the use of steroids and other performance enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.*

PARENT / LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT (Continued)

NEVADA LAW

NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession:
 - a. On any street or highway;
 - b. In any place open to the public; and
 - c. In any private business establishment which is in effect open to the public.
5. **This term does not include:**
 - a. Possession for an established religious purpose;
 - b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older;
 - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
 - d. Possession in private clubs or private establishments; or
 - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

[1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987. 482)

We acknowledge that this form must be signed by **both** parent / legal guardian and our child before our son / daughter will be cleared for athletic competition at his / her high school.

Print Name

Print Name

Student Signature

Parent / Legal Guardian Signature

Date

Date

NEVADA INTERSCHOLASTIC ACTIVITIES ASSOCIATION

TUITION ASSISTANCE / RECRUITING CONTRACT

I understand that my signature is an acknowledgement that I have been informed that accepting tuition assistance from a third party or from anyone other than a family member is a NIAA violation. In addition, I understand that accepting tuition assistance will result in a loss of high school and possibly college athletic eligibility.

I also understand that the discontinuance of tuition assistance from another party does not meet the requirements for a financial hardship appeal that would allow me to transfer with athletic eligibility to a public school.

I also acknowledge that my signature verifies that I have not been contacted by any coach or individual involved with the receiving school encouraging me to transfer my son / daughter.

STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE

Any questions regarding this form should be directed to the Executive
Director of the NIAA at 775-453-1012

All High School Athletes

Concussion program:

Our athletic department has been enrolled in a concussion monitoring program through Impact and serviced locally by Sports Concussion Specialists of Nevada for the last several years. The purpose of this program is to track head injuries to athletes and monitor progress so that athletes will have full clearance before participating in practice or games. The program is administered at Faith by our Certified Athletic Trainer, Jonathan Orr. **The cost of the program is \$5 per athlete.** Please include this \$5 fee when you submit this sports physical packet to receive your Crusader Card. (A Crusader Card is necessary to participate in any Faith Lutheran sports practice or competition).