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CARD: \_\_\_\_\_



# Faith Lutheran Jr./Sr. High School

## 2009 – 2010

### SPORTS PHYSICAL PACKET

#### Middle School

#### 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) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**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

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_

Signature of Parent/Guardian

Revised 06/09

**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: \_\_\_\_\_

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**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.

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Signature of Parent or Legal Guardian

Date

## 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

<b>HISTORY</b>	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): _____

<b>EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.</b>
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	<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 26<sup>th</sup> Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26<sup>th</sup> 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:

26<sup>th</sup> 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, 2<sup>nd</sup> 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

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\*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				
<b><u>CARDIOVASCULAR</u></b>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<b><u>MUSCULOSKELETAL</u></b>				
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

## Character Code of Conduct

Faith Lutheran is a Christian school. The philosophy of our middle school athletics program will be in keeping with the philosophy of this school. Jesus Christ gives meaning to our lives. He alone epitomizes winning. He won our salvation for us on the cross, and our chief goal is to serve and glorify Him in gratitude for what He has done for us. Should it be our good fortune as a result of our efforts and commitments to experience success on the field of play, we will have experienced the “Double Win.” This is our aim- to glorify Christ through our play and to be the best we can be with the talents that He has entrusted us with.

Almost everyone who has participated in, or observed sports has erred on the side of poor sportsmanship. We thank God for forgiveness of our shortcomings and press on to fight the good fight improving our personal conduct.

Every member of a Faith Lutheran middle school athletics team is a representative of our school whether they would like to be or not. A person’s conduct and their treatment of fellow human beings is a reflection of our team values. We should treat all people with respect and dignity. This includes, but is not limited to: fellow students, teachers, teammates, opponents, officials, and opposing fans.

### **As a participant in Faith Athletics, I shall...**

#### **Refrain from:**

- Abusive language towards any athlete, coach, fan, or official
- Behavior intended to subvert the rules
- Actions that could harm another
- Attempting to humiliate someone
- Drawing attention to self over team
- Sulking or protesting in defeat
- Gloating in victory

#### **And Embrace:**

- Treating others with dignity
- Giving full effort to achieve team goals
- Lifting up and encouraging teammates
- Disciplined speech and actions
- Love of all
- The “Golden Rule”- treating others as I would like to be treated.

#### **Signed:**

**Student Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For 7/8 grade football athletes only:**

#### **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).