



# ELKHORN

PUBLIC SCHOOLS

## MIDDLE SCHOOL ACTIVITIES HANDBOOK 2018-2019

### **ELKHORN MIDDLE SCHOOL**

3200 N. 207th Plaza  
Elkhorn, NE 68022  
402-289-2428

Principal: Deb Garrison

MS Activities Director: Steve Gorsett

### **ELKHORN GRANDVIEW MIDDLE SCHOOL**

17801 Grand Avenue  
Omaha, NE 68116  
402-289-9399

Principal: Mike Tomjack

MS Activities Director: Jacob Rapp

### **ELKHORN RIDGE MIDDLE SCHOOL**

17880 Marcy Street  
Omaha, NE 68118  
402-334-9302

Principal: Kevin Riggert

MS Activities Director: Joe Everingham

### **ELKHORN VALLEY VIEW MIDDLE SCHOOL**

1313 S. 208th Street  
Elkhorn, NE 68022  
402-289-0362

Principal: Chad Soupir

MS Activities Director: Jerry Swanda

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### **FORMS:**

Activities Department Contract  
Parent and Student Notification/Agreement Form  
Emergency Information Report  
EPS Physical Form

# INTRODUCTION

## ELKHORN PUBLIC SCHOOLS—MIDDLE SCHOOL ACTIVITIES PROGRAMS

We are proud of the students and coaches who contribute to make the athletic program a positive experience for its participants. Success in athletics cannot always be measured by the wins and losses of each program, but must also be measured by the satisfaction and educational experiences received by the participants. The athletic program provides experiences to help boys and girls physically, mentally, and emotionally. The element of competition and winning, though it exists, is controlled to the point that it does not determine the nature of the program. This is considered to be educationally and psychologically sound because of the training it offers for living in a competitive society. Students are stimulated to want to win and excel, but the principles of good sportsmanship prevail at all times to enhance the educational values of contests.

The coaching staff believes that participation in athletics, both as a player and as a student spectator, is an integral part of the student's educational experiences. Such participation is a privilege that carries with it responsibilities to the school, the team, the student body, the community, and the students themselves. In their participation and in their conduct, they are representing all of these groups. Such experiences contribute to the knowledge, skill, and emotional patterns that they possess, thereby making them better people and better citizens.

### TIPS FOR ATHLETES – COMPETING WITH CHARACTER!

#### **LISTEN TO YOUR COACHES**

- Stop what you are doing – make eye contact
- Make a conscious effort to pay attention to detail

#### **FOLLOW COACH/SPONSOR INSTRUCTIONS**

- Listen to your coach the entire time he/she is giving instructions
- Do what your coach says immediately and with energy
- If you don't understand, raise your hand and ask questions

#### **ACCEPT COACHING AS INSTRUCTION/TEAM PHILOSOPHIES**

- Understand that coaching is instructional & makes you a better athlete
- Follow the coaches instructions without hesitation
- If you feel frustrated, visit with your coach at appropriate times
- Make only POSITIVE comments to your teammates-SUPPORT EACH OTHER
- Remember that teammates are here for the same common goals!
- Respect your opponents – treat them like you want to be treated (with respect)
- Win with class, lose with dignity

### ***TWITTER/FACEBOOK/ELECTRONIC DEVICE WARNING!***

Activity Participants are reminded that anytime you share information electronically, it is **NO LONGER PRIVATE INFORMATION!!!!!!** Examples may include, but are not limited to: Twitter, Facebook, computers, cell phones (including text messages), personal blogs, and any/all other electronic devices.

Students are thus notified that the school administration, while possibly not initially involved in securing information in the sharing process of electronic information, WILL follow normal investigative procedures if a possible school violation and/or activity suspension may be involved.

### SPORTS BY SEASONS

<b>SEASON</b>	<b>BOYS</b>	<b>GIRLS</b>
Fall	Football	Volleyball
Early Winter (November-January)	Boys Basketball	--
Late Winter (January-March)	Wrestling	Girls Basketball
Spring	Track	Track

## MIDDLE SCHOOL FOOTBALL PROGRAM

The football program is divided into a 7th grade program and an 8th grade program. The grades are split for purposes of interscholastic competition. Players are evaluated and selected by the following criteria:

1. Skill level,
2. Athletic potential, and
3. Attitude, commitment, and attendance. Each squad will have six scheduled interscholastic games as per Nebraska Department of Education guidelines.

The following equipment will be checked out to each player: helmet, shoulder pads, pants with knee and thigh pads, girdle (hip) pads, practice and game jersey. Each player needs to furnish football shoes, gym shorts, t-shirt.

## MIDDLE SCHOOL VOLLEYBALL AND BASKETBALL PROGRAMS

The Volleyball and Basketball programs contain two components: (1) an 8th grade interscholastic season and (2) a 7th grade interscholastic season. The following is a description of each component:

### 8th grade interscholastic season

This component begins approximately three weeks before the first contest of the season. At the end of the first week all of the 8th grade players are evaluated on the following criteria:

1. Skill level,
2. Athletic potential, and
3. Attitude, commitment, and attendance. Each squad will have six scheduled interscholastic games as per Nebraska Department of Education guidelines.

The players are then assigned to the either the A or B team. Players may be moved between A and B as they progress during the season. The remainder of the season will contain up to 12 basketball/14 volleyball scheduled interscholastic contests with area schools, or as determined by the Nebraska Department of Education.

### 7th grade interscholastic season

This component begins approximately three weeks before the first contest of the season. At the end of the first week all of the 7th grade players are evaluated on the following criteria

1. Skill level,
2. Athletic potential, and
3. Attitude, commitment, and attendance. Each squad will have six scheduled interscholastic games as per Nebraska Department of Education guidelines.

The players are then assigned to the either the A or B team. Players may be moved between A and B as they progress during the season. The remainder of the season will contain up to 12 basketball/14 volleyball scheduled interscholastic contests with area schools.

## **MIDDLE SCHOOL WRESTLING PROGRAM**

The wrestling program combines participants in the 7th and 8th grade. Participants are divided into predetermined weight classes for interscholastic competition. Participants will take part in 3 different formats of competition; 1) duals 2) open tournaments and 3) team tournaments. In dual interscholastic competition every effort is made to match participants up with an opponent from the opposing school. The possibility exists that some participants cannot be matched up at duals. Team tournaments are for those participants who have earned the privilege of representing their school at a particular weight class in the tournament. Positions in specific weight classes are determined by a wrestle-off procedure to determine the best representative from the team.

## **MIDDLE SCHOOL TRACK & FIELD PROGRAM**

The track and field program consists of dual meet and Invitational (multi-school) meet interscholastic competition. All students will participate in dual meets. The number of participants per event at Invitational meets is limited. Participants are selected for events based on past performances in meets and time trials. Students will participate in two different scoring formats during the season: 1) 7th and 8th graders competing together, and 2) 7th and 8th graders competing separately.

## CONFLICT RESOLUTION FOR PARENTS—WHAT IF YOU HAVE A QUESTION? (HIGH SCHOOL AND MIDDLE SCHOOL)

Sometimes the need to contact a coach occurs during the school year. The correct sequence we request you take is:

**Level 1** Each Head Coach/Sponsor will have a parents meeting during the pre-season to establish guidelines and expectations for their student-athletes, with parents invited to ask questions at this time.

**Level 2** During the season, please contact your son/daughter's Head Coach/sponsor if you have questions or concerns. Please wait 24 hours after a contest to contact your son/daughter's coach.

**Teachable moment** Have your son/daughter **visit with his or her head Coach first**. If we are preparing students for life's lessons, this is a critical piece of education.

**Level 3** If you have contacted the Head Coach, and wish to also have the Activities Director involved, please contact the Head Coach, and request that the A.D. is involved. (The Head Coach may also request that the A.D. sit in on a parent meeting.)

**Level 4** If you are interested, the HS Principal/Asst. Principal's are also available to sit in on a parent meeting if #1, #2, and #3 do not work out. The administration also has several Parent Communication meetings during the school year, and may be available either during or after one of these meetings.

**Level 5** If the above are not satisfactory, please contact the A.D. office, and I will contact the Supt. of Schools if there are still concerns.

## ACTIVITIES CODE (HIGH SCHOOL AND MIDDLE SCHOOL)

The Elkhorn Public Schools activities program is before the public eye throughout the school year. The activities program functions on an extracurricular basis therefore student participation is completely voluntary. Starting with the 2001 school year, all activity participants will begin their official seasons with the first practice date of the fall NSAA (Nebraska Schools Activities Association) calendar. All consequences for all activity participants begin with this date each school year.

### **This will place all activity participants into one of two categories; in-season or off-season, and the rules applicable for participants will be enforced accordingly:**

- a. **Pre-Season and In-season** students (NSAA fall start date or specific sport date) are actively participating in organized practices with their coaches, or have begun practicing with their extra-curricular group/squad. The NSAA specifically defines when a season starts and ends. Note that there is a pre-season period for each NSAA sport season during this timeframe, with specific sanctions that apply below.
- b. **Off-season** students (NSAA fall start date) are participating in off-season drills, (the time period BEFORE the official NSAA 1st practice date for their sport) are on their own or conditioning with their coaches, and are participating in conditioning or allowable drills according to EPS and/or NSAA policies.

People judge the school system by the way participants in the various activities conduct themselves. It is imperative that quality standards of conduct, dress, grooming and training are established as a part of the activities program.

The administration and coaching staff at each High School feels that it is very important that our teams/groups are portrayed in a positive way, and will work to promote an image that is highly regarded and respected. To produce these ideals, the following guidelines and standards are in effect:

1. **DRESS:** Individual coaches and sponsors may request certain dress on days of events and trips.
2. **GROOMING:** The variations in the physical features of different individuals create a need on the part of the coaches and sponsors to be flexible when evaluating a participant's grooming habits. Essentially, the students should be neat and clean in appearance. Hair should be of such length that it does not create a health or safety problem.
3. **TRAINING:** Participants are to demonstrate acceptable standards of conduct and training at all times. These standards of conduct and training shall be maintained in season as well as throughout the school calendar year. Under activities training rules, the standards of conduct prohibit AT ALL TIMES, the possession, procurement, use, or distribution of alcohol, drugs, tobacco(smoking or chewing), look-alike drugs, look-alike tobacco, look-alike alcoholic beverages, behavior-affecting substances and/or drug paraphernalia.
4. **ATTENDANCE:** A participant must be in attendance at school for (4 full periods) immediately prior to the scheduled event in which he/she is to participate; practice or contests. (*Example: On a normal school day, the student would need to be in attendance at the START of 5th period.*)  
NOTE: Exceptions may be made in the case of previously scheduled professional appointments (medical/dental) or other unforeseen circumstances. Violations of these standards of conduct by activities participants shall result in the imposition of the sanctions outlined in the Student Handbook, and/or below. Due Process procedures outlined in the Student Handbook will be followed.
5. **ENFORCEMENT:** Any student who is in violation of the Elkhorn Public Schools Drug, Alcohol and Tobacco standards of conduct will have further sanctions placed against them under the Elkhorn Public Schools Activities Code if they participate in extra-curricular activities, including sports, clubs, contests, performances, Homecoming, Prom, dances, and any other school sponsored events.

### **CONDUCT: EXPECTATIONS/PROCEDURES/VIOLATIONS:**

As representatives of all EPS schools, participants are expected to conduct themselves in a manner which exemplifies good sportsmanship and good citizenship at home and away contests, in-season and off season, and while either on or off campus.

Activity participants should note that a Violation of the Activities Code can occur through improper activities related to poor conduct choices. The HS Administration will deal with these violations on an independent basis, will weigh the severity and repetitiveness of poor conduct choices, and will place sanctions after completing their investigation on all conduct violations. Penalties, consequences and ineligibility timeframes will be enforced at the completion of each violation after all information is investigated and processed.

### **DRUG/ALCOHOL/TOBACCO/STEROID Violations:**

The use of illicit drugs and the unlawful possession or use of alcohol, tobacco, e-cigs, and or nicotine by students is wrong and harmful. The Elkhorn Public School District has established the following standard of conduct for students that clearly prohibit, at a minimum, unlawful possession, use or distribution of illicit drugs, alcohol, tobacco and/or nicotine products on school premises or property as part of any activities of any school in the Elkhorn Public School District. Compliance with the following standards of conduct is mandatory and

sanctions up to and including expulsion and referral for prosecution will be imposed if the standards of conduct are violated. Further sanctions will follow under Activity Participants' Standards of Conduct and Sanctions. Students should be aware that steroids, a performance-enhancing stimulant, are illegal by law. State law 79-296 specifically addresses students taking, using, or having possession of anabolic steroids, or illegal performance enhancing drugs.

## MINIMUM SANCTIONS:

### **ALL STUDENTS= TWO (2) week activity suspension from attending HS activities as a spectator**

**(First Offense-NSAA Pre-Season and In-Season)** Two week suspension **and minimum of one contest missed** from interscholastic contests, performances or activities including dances, Prom and club activities. However, the student may return to competition after a one-week suspension and minimum one contest missed, if a chemical evaluation of the student is completed and verified by school officials.

- a. This reduction in penalty is only available once during a student's four years of eligibility.
- b. If a member of a team or squad, the student must continue to attend and participate in all practices during the suspension period.
- c. While on suspension, the student shall change roles on the team/squad from active participant, to "helper/manager" during contests, and will complete all duties as assigned by the sponsor or coach. The student shall not be in uniform while on suspension during contests.
- d. If the violation occurs during the "pre-season" period of a sport/activity, or during the time that the non-athletic group has officially begun practices, a minimum penalty of 1 contest missed/suspended will be enforced.
- e. Students will not be allowed to miss classroom time (8:10-3:15) for extra-curricular performances/contests while under suspension.

**(First Offense Off-Season)**-If the first offense occurs in the off-season, a first offense will be documented, but no activity sanctions will be enforced at that time regarding non-participation on your team. If, however, that student commits a second offense, then sanctions for second offense will be enforced.

**(Second Offense)** Forfeiture of all privileges of activity participation including practices, for the remainder of that season/activity. (Removed from your current team or squad for the current season). In the case of a non-athletic activity, the student will not be allowed to participate in any public performance for the remainder of that performance season.

**(Third Offense)** Forfeiture of all privileges of activity participation including practices for the rest of the school year in all activities.

### **Additional Sanction Information:**

1. Students are reminded that if you are suspended from activities due to a violation of the school's participation rules, this means you are ineligible for ALL school activities during this time period. **This includes being a spectator at contests DURING THE SUSPENSION PERIOD – EXAMPLE - 2 WEEKS – NO ATTENDANCE.**
2. Training rules violations are **cumulative** for one school calendar year. (In-season and off-season)
3. Coaches have the right of establishing specific rules for their sport by informing their athletes.

## INITIATIONS, HAZING, SECRET CLUBS AND OUTSIDE ORGANIZATIONS

### (POLICY 504.11)

**Initiations**—Initiations by classes, clubs or athletic teams are prohibited except with the approval of the administration. Any student who engages in or encourages initiations that have not been approved by the administration is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

The administration may only give consent to initiation activities that are consistent with student conduct expectations and that do not present a risk of physical or mental injury or belittlement.

**Hazing**—Hazing by classes, clubs, athletic teams or other student organizations are prohibited. Hazing means any activity by which a person intentionally or recklessly endangers the physical or mental health or safety of an individual for the purpose of initiation into, admission into, affiliation with, or continued membership with any school organization. Such prohibited hazing activities include but are not limited to whipping, beating, branding, forced and prolonged calisthenics, prolonged exposure to the elements, forced consumption of any food, liquor, beverage, drug, or harmful substance not generally intended for human consumption, prolonged sleep deprivation, sexual conduct, nudity, or any brutal treatment or the performance of any act which endangers the physical or mental health or safety of any person. Hazing is prohibited even though the person who has been the subject of the hazing consents to the activity. Any student who engages in or encourages hazing is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

**Secret Organizations**—It is unlawful for students to participate in or be members of any secret fraternity or secret organization that is in any degree a school organization. Any student who violates this restriction is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

**Outside Organizations**—It is unlawful for any person, whether a student of the District or not, to enter upon the school grounds or any school building for the purpose of rushing or soliciting, while there, any student to join any fraternity, society, or association

organized outside of the schools. Any person who violates this restriction is subject to criminal prosecution and removal and exclusion from school grounds.

## SUSPENSIONS

Suspension(s) shall be made only after the administration has made an investigation of the alleged conduct/violation and has determined that the participant is in violation of the Elkhorn Public School's Activities Code of Conduct. Before a suspension shall take effect, a student shall be given an oral or written notice against him/her and an explanation of the evidence the authorities have, and the sanctions against the student that will be enforced. A student shall have an opportunity to present his/her version of the incident. The administration shall, as soon as is reasonably possible following the suspension, send a written statement to the student and their parents/guardians describing the violation, and procedures that will be followed by the school system.

## SELF-REPORTING OF VIOLATIONS

Students are reminded and encouraged to self-report any violation that is applicable to the Activities Handbook. The benefit to the student is immediate onset of their consequence time line. As a learned behavior, this is a positive step by the activity participant. Students will be recognized by both their coaches and school administration for their admittance of an infraction and their acceptance of their consequences.

## INSURANCE

The Elkhorn Public Schools provide no insurance coverage for its activities participants. It is the responsibility of the parents to provide adequate insurance to cover any medical expenses, which may be incurred while the student is participating in athletics.

## LOCKS AND LOCKER ROOM ASSIGNMENTS

PLEASE NOTE: The athletes are responsible for any and all equipment checked out to them. Financial retribution will be expected for any athletic equipment not returned to the school at the end of the season.

## PHYSICALS

Physicals must be completed **AFTER MAY 1ST** each school year. 6<sup>th</sup> grade students wanting to participate in the running club will need to have a physical before they can start practice.

1. Blue Form – Physical
2. Red Form – Activity Contract
3. \$35.00 Activity Fee

If any of these three forms are not in the Activities Office, your son/daughter will not be able to participate in conditioning or practice.

## ATTENDANCE

Attendance requirements for all activities have the same basic philosophy. If an athlete is unable to attend, he/she must contact the coach before practice begins. Any practice that is missed without prior contact with the coach will be assumed, as an unexcused practice. This includes missing practice for another "club" or off-season sport or activity.

There will be NO PRACTICES anytime school/students are not in session. However, contests may be held, due to other school's schedules or conference activities.

## UNEXCUSED PRACTICE ABSENCES

**1st time offense:** change of player status for the next game and/or make-up practice time.

**2nd time offense:** will not participate in the next contest and have to make-up the practice time.

**3rd time offense:** will be removed from the team for the remainder of the season.

Every two tardies will equal an unexcused practice.

*Reminder-* An athlete must be in attendance at school for one-half day immediately prior to the scheduled contest or practice in which the athlete is a participant. Exceptions may be made in the cases of previously scheduled doctor or dental appointments or other unforeseen circumstances.

## EQUIPMENT

The athletic department will furnish equipment needed for each program. It will not furnish shoes or any equipment needed of a personal nature. All equipment checked out to a participant is his/her responsibility. Upon completion of the season, the equipment will be checked in. If there is an item missing, OR DAMAGED, it must be paid for by the athlete in full for replacement price.

## TRANSPORTATION

The school district will provide transportation to all contests. Students are not to ride in personal cars without the consent of the M.S. Administration, coach, and the parent. Team members will travel to and from contests as a unit. However, students will be allowed to ride with their parent(s) or adult guardian(s) **with written permission** to the Head Coach or **personal contact with the Head Coach**. Students may not ride home with another person's parent(s) unless written permission is given to the coach from that student's parent.

### FIELD TRIP/ACTIVITY TRIP PROTOCOL

Staff/Sponsors will use the following guidelines to insure that student supervision and accountability occurs for all trips leaving Elkhorn Public School facilities.

- a) Staff/Sponsor will submit a list of students to be gone from school to the building secretary in charge of attendance. This list is to be placed in the school bulletin, allowing teachers to know who is excused from classes.
- b) Staff/Sponsor should have with them, a list of students that are riding on each bus, for each bus trip. If parents are asked to chaperone a bus, an applicable list should be supplied to the person supervising. (Coaches/sponsors who take the same students for away games, or have the same students for multiple events, can submit one list for their season).
- c) Staff/Sponsor should submit this same list to a school secretary for safe-keeping. An additional list should also be on file with the MS A.D. and/or building Principal.

### FACILITIES USE

No one is allowed to be in the building or to use the athletic facilities without a coach being present. In-season programs have first priority. There should be no interruption of practices by other groups waiting to use the facility.

### WEIGHT ROOM

Any athlete using the weight room must be supervised by a member of the coaching staff. The equipment is not to be handled roughly or removed from the weight room. **NO SUPERVISION-NO WEIGHT LIFTING.**

### OFF-SEASON PROGRAMS

Off-season programs are activities that the high & middle school may provide for the purpose of conditioning during a different sport season. Participants should be aware of the NSAA rules regarding off-season programs so they do not lose eligibility.

There must be adherence to the following rules:

1. All NSAA guidelines for practices/athletes must be followed.
2. No off-season sports specific program may begin until approved by the Athletic Director. Recommended – the Monday after the first week of competition for the sports in season (NSAA Calendar).
3. Off-season programs must be supervised by the coaching staff.
4. Athletes in off-season programs should not interrupt practice for in-season sports.

### STUDENT ACTIVITIES HANDBOOK

The information in this handbook is current at the time of printing. Sometimes revisions or corrections occur during the school year, and will not be included at the time of publication. Students and parents may visit with their Activities Director or M.S. Administration if they require the latest revisions.



# HIGH SCHOOL RULES THAT AFFECT MIDDLE SCHOOL ATHLETES

## NSAA & HIGH SCHOOL ELIGIBILITY REQUIREMENTS

1. Student must be an undergraduate.
2. Student must be enrolled in at least 20 credit hours (4 Full Time Classes) per week and regular in attendance in accordance with the school's attendance policy.
3. Student must be enrolled in some high school on or before the 11th day of the current school year.
4. Student is ineligible if 19 years of age before August 1st of current year. (Student may participate on a high school team if he/she was 15 years of age prior to August 1st of current school year).
5. After a student's initial enrollment in grade nine, he/she shall be ineligible after eight semesters of school membership.
6. Student must have been enrolled in school the immediate preceding semester.
7. Student must have received 20 semester hours of credit the immediate preceding semester.
8. Once the season of a sport begins, a student shall compete only in athletic contests/meets in that sport which are scheduled by his/her school. Any other competition will render the student ineligible for a portion of, or all of, the season in that sport. The season of a sport begins with the first date of practice as permitted by NSAA rules. SPECIFIC STARTING/ENDING DATES ARE AVAILABLE IN THE A.D.'s OFFICE.
9. A student shall not participate in sports camps or clinics during the season of sport in which he/she is involved, either as an individual or as a member of a team.
10. A student shall not participate in an all-star team while a high school undergraduate.
11. A student entering grade nine for the first time after being promoted from grade eight of a two-year junior high, or a three-year middle school, or entering a high school for the first time after being promoted to grade ten from a three-year junior high is eligible. After making a choice of high schools, any subsequent transfer will cause the student to be ineligible for ninety school days. If a student has participated on a high school team at any level as a seventh, eighth, or ninth grade student, he/she has established his/her eligibility at the high school where he/she participated. If the student elects to attend another high school upon entering ninth or tenth grade, he/she shall be ineligible for ninety school days.
12. When the parents of a student change their domicile from one school district which has a high school to another school district which has a high school, the student is ineligible for ninety school days except:
  - a) If the change in domicile by the parents occurs during a school year, the student may remain at the school he/she is attending and be eligible until the end of the school year, or transfer to a high school located in the school district where the parents established their domicile and be eligible.
  - b) If a student has been attending the same high school since initial enrollment in grade nine and the school is located in the school district from which the parents moved, he/she may remain at that high school and retain eligibility or he/she is eligible at a high school located in the school district where his/her parents established their domicile.
  - c) If the parents moved during the summer months and the student is in grade twelve, the student may remain at the high school he/she has been attending and retain eligibility.
13. Guardianship does not fulfill the definition of a parent. If a guardian has been appointed for a student, the student is eligible in the school district where his/her natural parent(s) have their domicile. Individual situations involving guardianship may be submitted to the Executive Director for his review and a ruling.
14. A student shall not participate in a contest under an assumed name.
15. A student must maintain his/her amateur status.
16. A student in the extra-curricular program will be expected to follow all NSAA and EPS rules and guidelines, along with specific team/squad rules. Students may forfeit some or all of their eligibility when in violation of school policies. Specific details are available through the A.D.'s office.

## AGE SPECIFIC INFORMATION FOR PARENTS OF MIDDLE SCHOOL ATHLETES

**NSAA Eligibility Rule 2.3** - "Student is ineligible if 19 years of age before August 1 of current school year (students in grades 7 or 8 may participate on a HS team, if he/she is 15 yrs of age prior to Aug. 1st of current school year." Parents need to be informed that their son/daughter, who would be ineligible if they turn 15 years of age **before August 1st** of their 8th grade year of school, or 14 years of age **before August 1st** of their 7th grade year of school. Please contact your school's athletic director for more information.

## ARTICLE A STUDENT PARTICIPATION AND PARENTAL PERMISSION FORM (HIGH SCHOOL AND MIDDLE SCHOOL ATHLETES)

This application to compete in interscholastic athletics for **MIDDLE SCHOOL LEVEL PROGRAMS** are entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Elkhorn Public Schools.

With my signature on the "ACTIVITIES CONTRACT", I hereby give my consent for my son/daughter (1) to represent his/her school in athletic activities, except those crossed out on the physical form by the examining health care provider, provided that such athletic activities are approved by the State Association; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I acknowledge that I have selected the health care provider who has examined the student and assume full responsibility for the selection of such examiner. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

### PARENT OR GUARDIAN CONSENT & WARNING!

The purpose of this WARNING is to bring to your attention the existence of potential dangers associated with your sons/daughters athletic participation. Participation in any activity may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries of the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

Even with the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility.

***I have read this WARNING and understand the potential risk of injury.***

***Knowing the risk, I hereby give my permission for my son/daughter to practice and compete for Elkhorn Public Schools and will indicate this by signing the final page of this booklet called the ACTIVITIES CONTRACT.***

## ARTICLE B ATHLETIC PASS FEE (HIGH SCHOOL AND MIDDLE SCHOOL ATHLETES)

Beginning with the 1998-99 school year, any student who participates in the district's athletic programs (grades 7-12) will be required to purchase an activity ticket. **The fee is \$35.00, payable to your child's school. The fee must be paid prior to the first practice and submitted along with the Activities Department Contract.** A student will be required to pay this fee only once per year even though a student may participate in two or more sports. A student who qualifies for free/reduced lunch will need to fill out a fee waiver form, which may be picked up in your school office. The sports fee will be charged to all participants of the district's 7-12 football, softball, volleyball, golf, cross-country, basketball, wrestling, track, tennis, soccer and baseball programs (all sports).

**PLEASE NOTE: These passes are NOT good at Invitational Events, Conference Tournaments, District, or State level contests.**

# ARTICLE C

## ATHLETIC INSURANCE COVERAGE

(HIGH SCHOOL AND MIDDLE SCHOOL ATHLETES)

### **TO ATHLETES AND PARENTS:**

1. The Elkhorn Middle and High School Athletic Departments provides no insurance coverage. It's the responsibility of the parents to provide adequate insurance to cover any medical expenses, which may be incurred while the student is participating in athletics.
2. The Elkhorn School System, in cooperation with Mutual of Omaha Insurance Company is offering athletic insurance coverage. The purpose is to assist in the cost of treatment of accidental injury. The cost of athletic insurance will be borne totally by the parent. Information is available at the school. This insurance must be purchased before practice starts or at the beginning of school, whichever occurs first.
3. Whether you wish to participate or not, please complete the information on the **final page and return it to the Activities Office. No athlete may participate as a member of any team until this form has been returned.**

# ARTICLE D

## ELKHORN PUBLIC SCHOOLS—ATHLETE INJURY INFORMATION

(HIGH SCHOOL AND MIDDLE SCHOOL ATHLETES)

In the event an injury would occur to your son/daughter, the Elkhorn Public School's requests your permission to grant us the right to administer care by the athletic trainer, coaches or certified personnel.

By signing this document called the "ACTIVITIES CONTRACT", you the parent/guardian grant permission for the Elkhorn Public Schools to provide care for the injured person. This would also include any care deemed necessary at a hospital, assuming the parents can not be contacted for immediate permission.

# ARTICLE E

## NSAA NOTIFICATION AND PARENTAL INFORMATION

(STUDENT AND PARENTAL CONSENT FORM INFORMATION)

The undersigned(s) on the next page indicated on the **ACTIVITIES DEPARTMENT CONTRACT**, are the Student and the parent(s), guardian(s), or person(s) in charge of the named Student and are collectively referred to as "Parent".

### **The Parent and Student hereby:**

1. Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
2. Understand and agree that (a) by this Consent Form/Information, the NSAA and Elkhorn Public Schools, have provided to the Parent and Student adequate information regarding the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
3. Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
4. Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive

any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities, and will indicate my acceptance and approval by completing the form called the **ACTIVITIES DEPARTMENT CONTRACT**. (Next Page)

In summary - This application to compete in interscholastic athletics for your MIDDLE SCHOOL is entirely voluntary on my part and is made with the understanding that I have read the eligibility rules and regulations of the Nebraska State Activities Association and I am not in violation of such rules. Your signature on the final page of this booklet, called the "ACTIVITIES CONTRACT", indicates your cooperation/participation.

*It is the policy of Elkhorn Public Schools not to discriminate on the basis of gender, disability, race, color, religion, marital status, age or national origin in its education programs, administration, policies, employment or other district programs.*



# ELKHORN PUBLIC SCHOOLS ACTIVITES DEPARTMENT CONTRACT

NAME _____	SCHOOL _____	GRADE _____	SEX	M	F
HOME ADDRESS _____					
CITY _____	STATE _____	ZIP _____			

I have read and understand the information contained in the Elkhorn Activities Handbook and the "articles" previously listed; and will indicate my support by signing and returning this page to my son or daughter's head coach or the Activities Director's (AD's) Office.

X \_\_\_\_\_  
*Parent Signature*

I have read and understand the information contained in the Elkhorn Activities Handbook and the "articles" previously listed; and I understand it is my responsibility to follow the information and guidelines contained in this handbook. I understand I must turn in this ACTIVITIES CONTRACT prior to beginning any practices, must have a current SCHOOL PHYSICAL on file in the Activities Office and have paid for an ACTIVITY TICKET prior to being allowed to practice/play.

X \_\_\_\_\_  
*Student Signature*

## ACTIVITIES DEPARTMENT INFORMATION NEEDED

PLEASE COMPLETE THE INFORMATION BELOW:

\_\_\_\_ I shall participate in the Athletic Benefit Injury Plan as outlined by the School District.

\_\_\_\_ I shall not participate in the Athletic Benefit Injury Plan and will assume all expenses for accidental injury.

\*\*\*My son or daughter is covered by another policy, the name of the company is: \_\_\_\_\_

## PARENTS & STUDENTS

Please staple your check for \$35 at the bottom of this page and return to your son's/daughter's head coach. Please note: If your son/daughter qualifies for free/reduced lunch program they might be eligible for a fee waiver. In order to receive the waiver the parent/guardian must be approved for free/reduced lunch and complete both the Student Fee Waiver Application and the Sharing Information with Other Programs form. Forms may be obtained at each building from the secretary or at the district office.

**\*\*\*PLEASE COMPLETE THE OTHER SIDE OF THIS FORM\*\*\***



# PARENT AND STUDENT NOTIFICATION/AGREEMENT FORM

## *Tobacco, Drug, Alcohol and Steroid Use*

Activity participants should note that a violation of the activities code can occur through improper activities related to poor conduct choices. The administration will deal with violations on an independent basis, will weigh the severity and repetitiveness of poor conduct choices, and will place sanctions after completing an investigation on all conduct violations. Penalties, consequences and ineligibility timeframes will be enforced at the completion of each violation after all information is investigated and processed.

### **Tobacco, Drug, Alcohol and Steroid Related Violations:**

- Possession, procurement, or the use of alcohol, drugs, look-alike alcoholic beverages, behavior affecting substances and/or drug paraphernalia.
- Distribution of illegal drugs, alcohol, behavior-affecting substances, look-alike drugs, look-alike alcoholic beverages or drug paraphernalia.
- Possession or use of tobacco, tobacco products or look-alike tobacco products (i.e. e-cigarettes).
- Anabolic steroids or any illegal drug considered to be in the illegal performance enhancing category. *Students should be aware that steroids, performance-enhancing stimulants, are illegal by law. State law 79-296 specifically addresses students taking, using or having possession of anabolic steroids or illegal performance-enhancing drugs.*

### **STUDENT CERTIFICATION**

I have read the above information and agree that a prerequisite of my participation in Elkhorn Public School athletic activities is that I refrain from tobacco, drug, alcohol and steroid use. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by Elkhorn Public Schools.

**X** \_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_ DATE

### **PARENT/GUARDIAN CERTIFICATION**

I have read the above information and agree that a prerequisite of my student's participation in Elkhorn Public School athletic activities is that my student refrains from tobacco, drug, alcohol and steroid use. I understand that failure to provide accurate and truthful information could subject the participant to penalties as determined by Elkhorn Public Schools.

**X** \_\_\_\_\_

PARENT SIGNATURE

\_\_\_\_\_ DATE

Please Print

# ELKHORN PUBLIC SCHOOLS EMERGENCY INFORMATION REPORT



SCHOOL:  EHS  ESHS  EMS  EGMS  ERMS  EVMS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH (mm/dd/yy) \_\_\_\_\_ GENDER:  M  F STUDENT CELL # \_\_\_\_\_

### ACTIVITIES YOU INTEND TO PARTICIPATE IN THIS YEAR:

<b>FALL</b>	<input type="checkbox"/> Cross Country (b/g)	<b>WINTER</b>	<input type="checkbox"/> Basketball (b/g)	<b>SPRING</b>	<input type="checkbox"/> Baseball	<input type="checkbox"/> Band	<input type="checkbox"/> Dance	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Football		<input type="checkbox"/> Swimming		<input type="checkbox"/> Golf (b)	<input type="checkbox"/> Choir	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Golf (g)		<input type="checkbox"/> Wrestling		<input type="checkbox"/> Soccer (b/g)	<input type="checkbox"/> Speech	<input type="checkbox"/> DECA	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Softball				<input type="checkbox"/> Tennis (g)	<input type="checkbox"/> Debate	<input type="checkbox"/> FBLA	
	<input type="checkbox"/> Tennis (b)				<input type="checkbox"/> Track (b/g)	<input type="checkbox"/> Drama	<input type="checkbox"/> FCCLA	
<input type="checkbox"/> Volleyball								

### Parent/Guardian Contact Information:

_____ <i>Name/Relationship</i> (*Required)	_____ <i>Name/Relationship</i> (*Required)
_____ <i>Email Address</i>	_____ <i>Email Address</i>
_____ <i>Home Address</i>	_____ <i>Home Address</i>
_____ <i>Phone #1 (Cell__ Home__ Work__)</i>	_____ <i>Phone #1 (Cell__ Home__ Work__)</i>
_____ <i>Phone #2 (Cell__ Home__ Work__)</i>	_____ <i>Phone #2 (Cell__ Home__ Work__)</i>

### Other Emergency Contacts:

_____ <i>Other Emergency Contact Name (not listed above - optional)</i>	_____ <i>Family Physician</i>
_____ <i>Relationship</i>	_____ <i>Physician Phone</i>
_____ <i>Address</i>	_____ <i>Health Insurance Company</i>
_____ <i>Cell Phone</i>	

Do you regularly take any medications YES  NO  if yes, which medications? \_\_\_\_\_

List any allergies you have here \_\_\_\_\_

Do you wear: GLASSES  CONTACTS

### Record of Illness (Check only those that have occurred)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Allergy Anaphylaxis, to _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> History of Seizures	<input type="checkbox"/> Other _____

### List any other serious injuries or operations here: \_\_\_\_\_

In the event of a medical emergency, the activity sponsor, athletic trainer, team physician and/or coach will administer first aid treatment until the family doctor can be contacted. I give my permission for these individuals to use their own judgment in securing medical aid and ambulance services in the case the parents/guardians can not be reached. I give permission for athletic trainers and team physicians to share medical information with my child's physician.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**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  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers 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 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), your 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 headache, 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 a doctor?		
FEMALES ONLY		
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?		

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 \_\_\_\_\_

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I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.  
 Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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, 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 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 (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"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>		
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>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 \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation 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 (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

**SCHOOL** (ATTENDING IN THE FALL)

- |                                           |                                                 |
|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> ELKHORN HS       | <input type="checkbox"/> ELKHORN MS             |
| <input type="checkbox"/> ELKHORN SOUTH HS | <input type="checkbox"/> ELKHORN RIDGE MS       |
|                                           | <input type="checkbox"/> ELKHORN VALLEY VIEW MS |
|                                           | <input type="checkbox"/> ELKHORN GRANDVIEW MS   |

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- 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 \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the above-named student and completed the preparticipation 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 (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE: RELEASE OF INFORMATION**

**ATTENTION PARENTS/GUARDIANS:**

Please note by signing this form below, you agree to release a copy of your child's **sports physical** to the school athletic trainer and/or the school nurse at your child's respective school.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION SUPPLEMENTAL HISTORY FORM FOR ATHLETES WITH SPECIAL NEEDS

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

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Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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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 \_\_\_\_\_