

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
Rt. 9, Box 76 - Parkersburg, WV 26101

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Separate form required each school year. File in the Office of the Principal)

PART I - ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Name: _____ School Year: _____ Grade Entering: _____
(Last) (First) (M)
Home Address: _____ Home address of parents: _____
City: _____ City: _____
Phone: _____ Date of Birth: _____ Place of birth: _____

This is my _____ semester in _____ (High School) or (Junior High/Middle School). Last semester I attended _____ (High School) or (Junior High/Middle School) and passed _____ subjects. I have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, I agree to make every effort to keep up my school work and abide by the rules and regulations of the school authorities and the WVSSAC.

Date: _____ Signed: _____ Phone: _____

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you

- _____ must be a regular bona fide student in good standing of the school.
- _____ must have enrolled not later than the tenth day of current semester.
- _____ must have earned at least 2 units of credit the previous semester (summer school excluded).
- _____ must have attained an overall "C" (2.00) average. Summer school may be included.
- _____ must not have reached your 15th (MS), 16th (JHS) or 19th (HS) birthday before September 1 of the current school year.
- _____ must be residing with parent(s) or legal guardian as specific by Rule 127-2-7 and 8.
 - _____ unless parents or guardians have made a bona fide change of residence during school term.
 - _____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
 - _____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
- _____ must have not transferred from a private to a public or public to private member school without forfeiting 365 calendar days of athletic eligibility (exception 127-2-7.17 (1-2-3)).
- _____ must be an amateur as defined by Rule 127-2-11.
- _____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parental Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents or guardian consent to your participation (See exceptions under Rule 127-3-3).
- _____ must not have transferred from one school to another for athletic purposes as a result of undue influence or persuasion by any individual or group of people
- _____ must not have received in recognition of your ability as a HS or JHS athlete any award not presented or approved by your school or the WVSSAC.
- _____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (exceptions note in 127-2-10.1).
- _____ must not have participated in more than one all-star contest in each sport. (This rule applies to seniors only).
- _____ must not have been enrolled in more than eight (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in any sport in grades 7 and 8 (Rule 127-2-5).

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards, but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams and schools from being penalized.

PART II - PARENTAL CONSENT

(To be filled in and signed by the parent or guardian)
(See Part I)

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

BASEBALL	GOLF	SOFTBALL	VOLLEYBALL
BASKETBALL	GYMNASTICS	SWIMMING	WRESTLING
CROSS COUNTRY	RIFLERY	TENNIS	OTHERS _____
FOOTBALL	SOCCER	TRACK	

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by _____ MD, or by a qualified, registered physician as recommended by the named student's school administration.

Date: _____ Signed: _____

PART III - STUDENT'S MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade _____ Age _____

Have you ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures...)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (Except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Concussion/knocked out?
- Yes No 7. Knee, ankle or neck injuries?
- Yes No 8. Broken bone or dislocation?
- Yes No 9. Heat exhaustion/sun stroke?
- Yes No 10. Fainting or passed out?

Do you:

- Yes No 11. Have any allergies?
- Yes No 12. Have any problems with heart/blood pressure.
- Yes No 13. Or has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List _____
- Yes No 15. Wear glasses, contact lenses, dental appliances _____?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS:

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV - PHYSICAL EXAM

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected _____/_____/_____; Corrected _____/_____/_____; Pupils equal diameter: Y N

Mouth: Appliances: Y N; Missing/loose teeth: Y N; Caries in need of treatment: Y N

Skin: Any infectious lesions? Y N

Respiratory: Symmetrical breath sounds: Y N; Wheezes: Y N

Cardiovascular: Rate _____ Irregularities: Y N
Murmur: Y N Murmur with valsalva: Y N
Peripheral pulses equal: Y N

Abdomen: Masses: Y N; Splenomegaly: Y N; Hepatomegaly: Y N

Genitourinary: Inguinal hernia: Y N; Testicles descended bilaterally: Y N

Musculoskeletal: (Note any abnormalities)

Neck: Y N	Knee/Hip: Y N
Shoulder: Y N	Ankle: Y N
Elbow: Y N	Hamstrings: Y N
Wrist: Y N	Scoliosis: Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full approval;
- _____ Full approval; but needs further evaluation by family Dentist _____; Eye Doctor _____; Family Physician _____; Other _____;
- _____ Limited approval with the following restrictions: _____;
- _____ Denial of approval for the following reasons: _____;

MD/DO Date ____/____/____