

**Island Pacific Academy  
2009-2010  
Parent/Student Athlete  
Handbook**



**ISLAND PACIFIC ACADEMY**  
**2009-2010**  
**Parent/Student Athlete Handbook**

**Table of Contents**

Mission Statement, Philosophy, ILH/Pac-5/Pac-West History

Sports Offered at IPA for 2009-2010

General Policies-Eligibility Requirements, Participation, Sportsmanship

ILH By-Laws and ILH Refreshment Rule

Requirements for Participation Checklist:

- ✓ Current Hawaii State Department Physical Examination form (ILH by-laws section 1.8)
- ✓ Emergency Information form
- ✓ Current and adequate medical insurance
- ✓ IPA Consent and Transportation Waiver form
- ✓ IPA Parent/Student-Athlete Code of Conduct form
- ✓ IPA Parent/Student Handbook Agreement form

\* Once completed and submitted, the above forms will be kept on file in the Athletic Director's office.

**ALL the above forms must be completed, signed and turned in to the IPA Athletic Department prior to participation. A student will not be eligible to practice or compete until all forms are properly filled out, signed, and turned in.**

## ISLAND PACIFIC ACADEMY ATHLETICS

### **Mission Statement**

To provide students the opportunity through interscholastic competition to develop leadership skills, physical strength and skills, a strong work ethic, and a mental discipline that ensures success in life as well as athletics.

### **Philosophy**

Island Pacific Academy considers participation in athletics a privilege, not a right. Students who participate in interscholastic athletics will be held to high standards of personal responsibility and behavior.

### **Interscholastic League of Honolulu (ILH)**

The Interscholastic League of Honolulu was formulated in 1909 with Punahou, Kamehameha and McKinley High School. Today, the ILH is comprised of 26 private schools. Island Pacific Academy was admitted as a member in 2005. The Board of Athletic Directors (BADILH) and Principals (BOPILH) of the ILH maintain an excellent program with the well-being of the student athlete as an emphases.

### **Pac-5**

Pac-5 is an unique athletic program made up of a consortium of 22 independent schools banding together to field teams for competitive sports in the ILH. The program began in the early 70's with four independent schools forming a JV football team. The Pac-5 program gives IPA students an opportunity to be on a team that IPA does not provide.

### **Pac-West**

In 2007-2008 Pac-5 added a Pac-West program which is made up of the following school: Christian Academy, Hanalani, Ho`ala, Island Pacific Academy and Lanakila Baptist School. This additional program was created to enable students from private, independent schools located on O`ahu's Westside a better opportunity to perform and commute to ILH sporting practices and events.

# Sports Offered at IPA for 2009-2010

(conditioning for some sports will take place prior to the start date)

Sport	Levels of Participation	Gender	Approximate Start Date
<u>Fall Season</u>			
IPA Air Rifle	Varsity	Boys	27-Jul-09
IPA Air Rifle	JV	Girls	27-Jul-09
IPA Volleyball	Varsity, JV & Intermediate	Girls	27-Jul-09
LBS/IPA Bowling*	Varsity	Boys	27-Jul-09
IPA Bowling	Varsity	Girls	27-Jul-09
IPA Cross Country	Varsity, JV & Intermediate	Boys & Girls	27-Jul-09
Pac-5 Football	Varsity & Intermediate	Boys	27-Jul-09
Pac-5 Water Polo	Varsity & Intermediate	Boys	3-Aug-09
IPA Tennis	JV	Boys	13-Aug-09
Pac-5 Kayak	Varsity & JV	Boys & Girls	TBA
<u>Winter Season</u>			
Pac-5 Soccer	Varsity	Girls	2-Nov-09
Pac-West Soccer	JV & Intermediate	Girls	2-Nov-09
Pac-5 Paddling	Varsity & JV	Boys & Girls	2-Nov-09
Pac-5 Soccer	Varsity, JV & Intermediate	Boys	9-Nov-09
IPA Swimming	Varsity, JV & Intermediate	Boys & Girls	9-Nov-09
IPA Diving	Varsity, JV & Intermediate	Boys & Girls	9-Nov-09
IPA Precision Riflery	Varsity & JV	Boys & Girls	9-Nov-09
IPA Basketball	Intermediate	Girls	TBA
Pac-5 Wrestling	Varsity, JV & Intermediate	Boys	23-Nov-09
Pac-5 Wrestling	Varsity & Intermediate	Girls	23-Nov-09
IPA Basketball	Varsity & Intermediate	Boys	30-Nov-09
IPA Tennis	Intermediate	Boys & Girls	TBA
<u>Spring Season</u>			
IPA Golf	Varsity	Girls	1-Feb-10
Pac-5 Tennis	Varsity	Boys & Girls	1-Feb-10
Pac-5 Water Polo	Varsity & Intermediate	Girls	1-Feb-10
Pac-West Baseball	Varsity & Intermediate	Boys	1-Feb-10
Pac-5 Judo	Varsity, JV & Intermediate	Boys & Girls	1-Feb-10
IPA Golf	Varsity & Intermediate	Boys	8-Feb-10
Pac-5 Softball	Varsity	Girls	8-Feb-10
Pac-West Softball	JV	Girls	8-Feb-10
IPA Softball	Intermediate	Girls	8-Feb-10
LBS/IPA Volleyball*	Varsity	Boys	8-Feb-10
IPA Track & Field	Varsity, JV & Intermediate	Boys & Girls	8-Feb-10

## Levels of Competition (Eligible Grades)

Intermediate: Grades 7-9    JV: Grades 9-11    Varsity: 9-12

\*combined team with Lanakila Baptist School (host)

## GENERAL POLICIES

### **General Eligibility Requirements**

A student must be enrolled full-time in Island Pacific Academy. (ILH by-laws, section 1.1)

No student nineteen years of age before September 1, 2009 shall be eligible to participate thereafter. (ILH by-laws, section 1.7)

A student will have no more than four (4) years of eligibility once he or she enters the 9<sup>th</sup> grade or above of any school. (ILH by-laws, section 1.4)

### **Academic Eligibility**

As an academic institution, and in keeping with ILH by-laws, students must be in good academic standing at Island Pacific Academy in the grading period immediately preceding the season and during the season in which they wish to compete.

#### Middle School

In the IPA Middle School, good academic standing is defined as earning a minimum of “Progressing” in **each** subject. Should a student’s progress in any subject fall below “Progressing” or should the student fall below standard with regards to academic responsibilities including completing and turning in homework/assignments, getting extra help when needed, and positive class participation and focus, he/she may be ineligible to practice and/or compete until appropriate academic progress has been re-established.

Each athlete will be required to submit a weekly progress check on Monday afternoon to the Principal as a means of monitoring student academic progress. Should an athlete fail to complete this responsibility, he/she will be ineligible to practice and/or compete during that week. All student-athletes are expected to make up within two school days any missed work due to early athletic dismissal. (Refer to the Middle School Handbook)

#### Upper School

All students participating in school-sponsored extracurricular activities, including, but not limited to, music, choir, band, drama, and athletics, are required to maintain a minimum GPA of 2.0 (“C” average) in the previous and current semester of athletic participation. Students who fail to meet this minimum requirement will not be allowed to participate in those activities for a period of two weeks or until a minimum GPA of 2.0 in all coursework is achieved. If after two weeks no significant change has occurred and the student’s academics continue to suffer, the student may be placed on Academic Probation, jeopardizing continued involvement in any school-sponsored activities.

Students on academic probation are **not** permitted to represent the school in any extra-curricular activities for a minimum two-week period. At the end of that two-week period, student progress will be evaluated to determine whether or not the student may resume participation in school-sponsored extra-curricular activities. (Refer to the Upper School Course Guide and Handbook)

## Athletic Study Hall – Middle School

Because we recognize how difficult it can be for student-athletes to balance their academic and athletic commitments, we have made available an additional supervised study hall period for all student athletes. This study hall will take the place of the student's PE class. It is expected that all student-athletes will use this 75-minute class period to complete homework assignments, study for any upcoming quizzes or tests, or make up work missed due to an early athletic dismissal.

## Behavioral Eligibility

In keeping with our Agreement System, all athletes will be expected to maintain the highest of behavioral standards both during the school day and while participating as a member of an IPA, Pac-5, Pac-West or combined school athletic team. Students who consistently violate the behaviors outlined in the Agreement System to the point where a student/parent/teacher conference has been deemed necessary will become ineligible to practice and/or compete for a minimum of two weeks.

Any student placed on Behavioral Probation may be deemed ineligible to practice and/or compete with an athletic team for the duration of the probation.

## **Sports Participation**

### Attendance

Each team member is required to attend all scheduled practices, meetings and games. Absence from any one of these events except for a valid excuse or emergency may cause a student to be ineligible for the next competition. In the event a practice must be missed due to an approved excuse, the athlete must provide written documentation from a parent verifying the excused absence. Approved excuses include:

1. Important family obligations (Must have note prior to event)
2. Scheduled religious events (Must have note prior to event)
3. Sickness/Illness
4. Other extra-curricular (school or outside) participation

Approval for missed practices or games is determined by the coach.

### Athletic Participation Fee

Due to a seasonal sport assessment from the Pac-5/Pac-West and Combined Team programs, IPA must charge its athletes a fee based on each sport in which they compete. 50% of the total fee disbursed to the Pac-5/Pac-West and a host school administration will be defrayed by IPA. The assessment from Pac-5/Pac-West and a host school is based on: coaches' salaries, uniform usage, equipment needs, referee expense, league cost/fee, sport awards etc. Athletic fees are non-refundable, even if the student leaves a team before the end of the season.

\* Below are examples of sport fees reflective of previous seasons; current fees are subject to change.

Sport	IPA Cost	Cost to Athlete
Baseball-Pac-West-Intermediate	\$108	\$108
Soccer-Girls-Pac-West -Intermediate	\$135	\$135
Softball-Girls-Pac-West-JV	\$185	\$185

Please contact the IPA Athletic Department for the estimated costs of other Pac-5/Pac-West and combined team sports.

Athletes may be required to purchase personal practice/safety related equipment as needed by the sport (e.g. athletic supporters, sport bras, baseball gloves, outerwear, etc.)

#### Practice Attire

Each participant should wear appropriate attire and athletic footwear for the specific sport.

#### Game/Competition Attire

Athletes must wear the required uniform as appropriate to the specific sport.

#### Student Athlete Expectations

As a member of an IPA, Pac-5, Pac-West or combined school team, the student is held to the highest standards of conduct. The most important expectation is that each student puts forth his/her best effort. We also value:

**Dedication:** Commit yourself to the team and task you have chosen.

**Sportsmanship:** The qualities and conduct that reflect respect for opponents and a desire to play for the pleasure of the game or sport. We want enthusiasm!

**Honesty:** Trustworthiness, integrity

**Perseverance:** To remain consistent or constant in a task. Keep going!!

**Teamwork:** Support team members with your presence and hard work; work together for the benefit of the team.

**Discipline:** Training that is expected to produce a specified character or pattern of behavior. Come ready to play and have a good attitude. Bad attitudes are not acceptable. Good conduct is not just required on the field but off the field as well. People are watching us and we need to make sure we set a good example, and leave spectators with a high regard for IPA student-athletes.

Each member of IPA participating in practice or games, must at all times, present a mature, sportsman-like attitude.

Students are expected to:

1. **Give their best effort**
2. **Model respect and fair play**
3. **Promote team unity**
4. **Commit to personal growth**
5. **Model positive behavior and language**
6. **Play within the rules**
7. **Celebrate differences**
8. **Promote physical and emotional wellbeing**
9. **Demonstrate dignity in victory and defeat**
10. **Honor your school, your opponent, your league, and Hawaii**

Any student who does not uphold and adhere to IPA standards and regulations may have his/her privilege to participate revoked by the coach, athletic director, division principal or headmaster.

Any student who receives a technical foul (behavioral) during a game will be placed on a two-week probationary status. This student is still required to attend all practices and games, and once reinstated will be placed on the bottom of the depth chart.

Any student receiving two technical fouls (behavioral) for any given school year (even in different sports) will automatically be withdrawn from the team and banned from any further participation during the remaining part of the year. (For a returning student, this may also affect his/her next school calendar year participation)

### **Early Dismissal Procedures on Game Days**

Game days and team/individual early dismissals will be announced to the faculty and administration in advance through NSPN and email. Parents will receive a game schedule from their student's respective coaches. Students must complete an early dismissal slip prior to leaving campus. The slip must be signed by the instructors of all classes from which the student is to be excused, and the student must report to the appropriate division office prior to departure. Students leaving campus without completing an early dismissal slip and/or failing to report to the division office may be subject to disciplinary action. Students are expected to complete their early dismissal slips prior to lunch in order to avoid disrupting class.

### **Withdrawing from a Sport**

Students selected to compete for an IPA, Pac 5, Pac West or combined team program are expected to complete their season, including all practices, games, tournaments, and post season play. It is an honor to be selected to play for an intermediate, junior varsity, or varsity team, and students are expected to view their selection as such. Failure to complete a season affects the team, coaches, and the league. Family concerns over logistics and/or sport fees should be considered prior to the first week of scheduled practice. Upper school students who do not complete their season will not receive PE credit.

## Parent/Spectator Expectations

The purpose of spectators in sport is to raise the level of play of our student athletes through encouragement and positive leadership. To this end, spectators—parents, siblings, extended family, friends, alumni, media, and the student body—are expected to:

1. **Demonstrate respect**
2. **Promote fair play and team unity**
3. **Model positive behavior and language**
4. **Honor the game, coaches, athletes, and referees**
5. **Celebrate differences**
6. **Promote physical and emotional wellbeing**
7. **Demonstrate dignity in victory and defeat**
8. **Honor the school, the opponent, the league, and Hawaii**

Spectators may not:

Use foul language.

Make remarks or gestures with the intent to harm, embarrass, or humiliate students, coaches, athletic directors, game officials, or fellow spectators.

Badger referees, athletes, coaches, athletic directors or fellow spectators.

Engage in organized fan behavior, including signage, intended to intimidate, disrespect or belittle the opponent, coaches, school officials or referees.

Use noisemakers of any type.

Engage in threatening verbal or physical contact with any athlete, coach, athletic director, game official, or fellow spectator.

Parents/spectators who fail to adhere to these guidelines will be removed from the event, and further sanctions by the school, league, or civil authorities may be imposed. A pattern of inappropriate behavior, as defined above, by a parent/family member may result in removal of the student from a team and/or dismissal of the student from the school.

## **ILH By-Laws**

The participation of students in the ILH is governed under the by-laws involving:

- eligibility
- academic standings
- sports participation
- outside participation
- transfer policy
- conduct of coaches & athletes

Parents may request a copy of the ILH By-Laws from the athletic office.

## **ILH Refreshment Rule**

Visiting teams and their parents, supporters, coaches and school representatives are prohibited from consuming or distributing any food, snacks or meals on the campuses of other schools. ONLY DRINKS ARE ALLOWED TO BE DISTRIBUTED. This rule only applies for school sites and facilities, NOT public facilities like Kapiolani Park, community baseball fields, Central Oahu Regional Park, etc.

**Island Pacific Academy Athletic Department**

**Emergency Information Form**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name of Father/Legal Guardian \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Name of Mother/Legal Guardian \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Name of Emergency Contact (Other than above) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Name of Physician \_\_\_\_\_ Business Phone \_\_\_\_\_

Health and/or Insurance Carrier \_\_\_\_\_

**EMERGENCY AUTHORIZATION/RELEASE OF MEDICAL INFORMATION**

In the event of any emergency (illness or injury), I/we understand Island Pacific Academy Athletics will make every effort to contact us.

If contact is not possible, I/we grant permission to Island Pacific Academy Athletics and assigned personnel to accompany our child to a medical facility for emergency care and allow the on-duty physician to administer care and treatment.

I/we also authorize the release of medical information between Island Pacific Academy Athletics and the prescribing physician/emergency provider pertinent to the student athlete's medical condition.

ANY SIGNIFICANT HEALTH CONDITION \_\_\_\_\_

ANY FOOD OR MEDICATION ALLERGIES \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Island Pacific Academy  
Athletic Department**

**IPA Consent & Transportation Waiver Form**

I hereby give my permission for \_\_\_\_\_ to participate in any  
IPA/Pac-5/Pac-West or combined team sports during the 2009-2010 school year.  
Student's Name

Further, if it is the judgment of an Island Pacific Academy coach/teacher/representative that my child requires medical care, I authorize the school to provide emergency treatment for any injury or illness my child may experience during an athletic practice, scrimmage or game.

I understand that Island Pacific Academy does not carry special insurance coverage for the individual members of the team or the team as a whole. I am aware and understand IPA's policy that students must be covered by appropriate insurance before they participate in the athletic programs.

I authorize that Island Pacific Academy has my permission to transport my child through private vehicles or hired transportation to and from games or practices by either the athletic department personnel or school sponsors. I will not hold the school or these individuals responsible or liable for any injury to my child.

Finally, my child and I are aware that participating in any athletic activity can be a potentially hazardous situation. We are aware of and assume all risks associated with participation in any sport, including but not limited to, falls, contact with other participants, the effects of weather, transportation, and other reasonable risk conditions associated with the sport.

I have checked the following boxes below and understand this consent & transportation waiver form and agree to its conditions.

\_\_\_\_\_ My child is covered by \_\_\_\_\_.  
Name of Health and/or Insurance Carrier

\_\_\_\_\_ My child is in good physical condition. There are no medical problems that would prevent my child from participating in the school's athletic program(s), according to the physical exam provided by my child's doctor. This physical is good for one year from the date noted by the physician.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IPA Parent/Student Athlete Code of Conduct**

As a student-athlete of Island Pacific Academy:

I understand that I must meet and/or exceed the academic eligibility requirements for participation in athletics at IPA.

I will abide by the established rules and policies of IPA, those of my coach and team, the Interscholastic League of Honolulu and the Hawaii High School Athletic Association.

I will display good sportsmanship at all times. I will be humble in victory, gracious in defeat and respectful of the coaches, officials, and of all team members.

I will conduct myself with the utmost pride and do my best to live the core values and philosophy of IPA which include demonstrating trust, respect, kindness, generosity of spirit, and recognizing the importance of each individual's value.

I understand that if at any time I fail to meet or abide by the above agreements and/or if my conduct or academic standing is deemed unacceptable to IPA it could result in athletic probation status and/or immediate removal from the sports program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent of a student-athlete enrolled at Island Pacific Academy:

I will be positive and encouraging.

I will support and respect the efforts made by my child, his/her teammates, the coaches, and athletic personnel.

I will promote sportsmanship and the values and philosophy of IPA in our student athletes and athletic program.

I will communicate promptly and thoroughly with coaches and the athletic personnel.

I understand that any parental conduct deemed intrusive or threatening to any team, participant or employee in or of the athletic program may warrant in my child's removal from the athletic team/program.

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



**2009 – 2010  
IPA Parent/Student Athlete Handbook  
Agreement Form**

---

Student's Last Name, First Name (PLEASE PRINT)

---

Parent/Legal Guardian Last Name, First Name (PLEASE PRINT)

---

Grade

---

Sports Interested In (PLEASE LIST)

I have read the 2009-2010 IPA Parent/Student Athlete Handbook in its entirety and I agree to follow the rules, policies and procedures detailed therein. I also understand that by signing and submitting this form I allow my child to be eligible to participate in the IPA Athletic Program (provided all the necessary forms are also completed properly and submitted by required deadlines).

---

Signature of Student

---

Date

---

Signature of Parent/Legal Guardian

---

Date

**Hawaii State Department of Education  
PHYSICAL EXAMINATION FOR ATHLETES**

Student's Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_  
(Print) Last First MI Month Day Year  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Student Resides With \_\_\_\_\_  
Street No. City State Zip Code

Fall Sport \_\_\_\_\_ Winter Sport \_\_\_\_\_ Spring Sport \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell or Pager \_\_\_\_\_  
Name & Relationship

Health and/or Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**To be completed by Physician only**

Height \_\_\_\_\_ feet & inches Weight \_\_\_\_\_ lbs Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ bpm  
 Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_  
 Asthma \_\_\_\_\_ (Medication Used) Diabetes \_\_\_\_\_ (Medication Used) Allergies \_\_\_\_\_ (Medication Used)

MEDICAL	NORMAL	COMMENTS	INITIALS
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart/Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
Genitalia			
<b>MUSCULOSKELETAL</b>			
Neck			
Back/Spine			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Calf/ankle			
Foot/toes			
Other			

Clearance:

- A. Cleared for all sports \_\_\_\_\_  
 B. Cleared after completing evaluation/rehabilitation for \_\_\_\_\_  
 C. Not cleared for:  Collision  Contact  Non contact  Strenuous  Moderately Strenuous  Non-strenuous

Due to \_\_\_\_\_

Physician's Recommendation \_\_\_\_\_

Name of Physician \_\_\_\_\_ Date of Physical Exam \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Fax Number \_\_\_\_\_

(Over)

## Parent/Guardian and Student to fill out before Physical Examination

Explain "Yes" answers below. Circle question you don't know the answer to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: (circle all that apply) High blood pressure      A heart murmur High Cholesterol      A heart infection	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36. When exercising in the heat, do you have severe muscle cramps, or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37. Has a doctor told you that you, or does someone in your family have sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you had any broken or fractured bones or dislocated joints? If yes, list affected area: _____	<input type="checkbox"/>	<input type="checkbox"/>	41. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you have a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, list affect area: _____	<input type="checkbox"/>	<input type="checkbox"/>	42. Would you like to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
			43. Would you like to gain weight?	<input type="checkbox"/>	<input type="checkbox"/>
			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has a doctor ever told you that you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPLAIN "YES" answers here: (Add additional pages if necessary)</b>			48. How many periods have you had in the last 12 months?	_____	

I hereby verify to the best of my knowledge that the answers which have been provided to the above questions are correct.

Signature of Student \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The student and parent/guardian consent and authorize school officials through an Athletic Health Care Trainer (AHCT), qualified coach/staff, or physician as determined by the school, to provide any first aid and/or emergency care as well as follow-up first aid or medical treatment that may be reasonably necessary for the student as determined by a school official in the course of athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of an injury/illness. This information is confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.

Signature of Student \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_