



South Oldham Middle School

2021/2022 ATHLETIC FORMS FOR PARTICIPATION

STUDENT ATHLETE: _____

SPORTS PARTICIPATING IN: _____

STUDENT ATHLETE INFORMATION SHEET
SCHOOL YEAR: 2021/2022

DIRECTIONS: PLEASE ENTER ALL DATA REQUESTED BELOW.
DO NOT LEAVE ANY BLANKS. PLEASE PRINT.
THANK YOU.

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____ GENDER: M F

GRADE: _____ APPROX. WEIGHT: _____ APPROX. HEIGHT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ EMAIL: _____

PARENT'S NAME: _____

PARENT'S WORK #: _____ PARENT'S CELL #: _____

OTHER SPORTS YOU MIGHT PARTICIPATE IN AT SOMS:

1. _____
2. _____
3. _____

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 9060-F

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student _____
(Student's Name) _____ / /
(Birthdate)

hereby grant permission for my child to participate in:
(Circle all that apply for the 2021/2022 school year:

- | | | | | |
|--------------|---------------|----------|----------|-------------|
| Baseball | Cross Country | Golf | Swimming | Volleyball |
| Basketball | Dance | Soccer | Tennis | Wrestling |
| Cheerleading | Football | Softball | Track | Other _____ |

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) _____ Policy Number _____

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.

(Signature of Parent/Guardian)(Circle One) _____ (Date) _____ (Parent Day Phone #) _____

(Signature of Student Required if 18 years or older) _____ (Date) _____ (Parent Evening Phone #) _____

Other Emergency Contact In Event Parent Cannot Be Reached: _____

Phone _____

Adopted: December 19, 1988
Revised: January 19, 1990
Revised: July 15, 1993

Revised: May 6, 1994
Revised: February 12, 1998
Revised: August 15, 1998

Revised: July 14, 2000

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 4055.01-F

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of _____ Student's Name _____ Birthdate _____
hereby grants permission for the above named student to participate in the following field trip; including all organized activities
and transportation:

Date: JULY 1, 2021 through JUNE 30, 2022

Fee (if any) _____

Trip Description/Location: ANY & ALL AWAY SPORTING CONTESTS & PRACTICES

Supervising Staff Member: HEAD COACH AND STAFF

Approximate time of departure DETERMINED BY SCHEDULE OF EVENTS OR PRACTICES

Approximate time of return DETERMINED BY START TIME OF EVENT AND DISTANCE

Purpose (state expected learning outcome or recreational) _____

COMPETITION IN ATHLETIC EVENTS AND PREPARATION FOR COMPETITION

Transportation will be by: Commercial Bus School Bus Other (See Other Form)

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier _____

Policy Number _____

Group Number _____

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of _____ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: _____

Phone Number: _____

Signature of Parent/Guardian _____

Alternative Phone: _____

Adopted: March 16, 1981
Revised: July 17, 1983
Revised: February 22, 1993
Revised: February 10, 1998
Revised: August 15, 1998
Revised: September 1, 1998
Revised: June 23, 1999
Revised: July 14, 2000
Revised: June 26, 2006

Revised: July 16, 2008

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 8005.001-F**

SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT

Related to Board Policy 8005

Related to 8005-AR; 8005.01-F

The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extracurricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.

Name of Student: _____ Date of Birth: ____/____/____

Name of School: _____ Grade: _____

Sport/Extracurricular: _____ Season: _____

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (*Check all that apply*):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.
- Automobile driven by my student.

- None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

Parent/Guardian of the Above Named Student

Date

Parent/Guardian of the Above Named Student

Date

Adopted: May 26, 2006
Revised: August 10, 2006
Revised: March 10, 2008

PARENT/FAN DECORUM

W 11, Page 8 "Practice of Sportsmanship, KHSAA By-Laws: "It is a clear obligation of principals, coaches, faculty members, boards of education, and all official representatives of member schools to practice the highest principles of sportsmanship and the ethics of competition in all interscholastic relationships with fans, officials, players, coaches, official representatives of member school, and the general public ..."

At a time when society is experiencing increased incidents of physical confrontations and unmanaged anger often associated with youth sports, South Oldham Middle School wishes to state a philosophical stance of keeping our athletes, coaches and fans safer, insisting on proper behavior and promoting our positive reputation in regard to sportsmanship. Middle school sports exist to build character, allow students to express themselves through physical exertion, and as entertainment. There is no place for poor behavior toward anyone. We recognize that the majority of our parents and fans set a behavioral example of the highest standard. However, the few who do not force us to address these issues.

South Oldham Middle School will not condone or permit inappropriate parental behavior directed toward SOMS staff or players, the opposing school and all its representatives, or the game officials. Such behavior by parents is embarrassing to the school and community, and may cause the school to suffer sanctions from the Board of Education. The following are NEVER acceptable: making derogatory comments about the officials, coaches, players of either team or other parents and fans at an athletic event; swearing at athletic events or coming to an athletic event intoxicated, drinking, or using illegal drugs.

Coaches will only retain those players whose skills and attitude meet the needs of the program as defined by the coach; there is no inherent right to participate. Likewise, the coach alone is responsible for deciding who plays and how much.

Coaches are to be treated as professionals; it is assumed that they are operating within the best interests of all student athletes in their charge. It is inappropriate for a parent to confront a coach after a practice or event. Parents should wait until the next day and schedule a meeting with the coach. This will help avoid conflict at a potentially emotional time.

Parents/fans who violate any of the above standards of decorum risk sanctions by SOMS, including, but not limited to, the following:

1. A warning, verbal or written.
2. Removal from the contest or premises.
3. Banishment from attendance at athletic events, contests or practices, for a set time or even permanently, and possibly no further contact with team/school personnel.
4. Civil or legal action.

In conclusion, we commend those parents who always exhibit exemplary behavior and who, by such, have served as positive role models for our student athletes. We encourage our parents to volunteer, to become involved with the teams, and to be supportive of the attempts of the coaches, administrators and entire community to educate our youth. By working together, we will continue to have a positive climate at South Oldham Middle School and maintain the athletic programs as a "class" act.

At SOMS Sportsmanship is an expectation, it's an environment where we.....

LET PLAYERS PLAY.....COACHES COACH.....OFFICIALS OFFICIATE.....AND PARENTS REMAIN POSITIVE

Parent Signature

Date

Parent Signature

Date

Please note: Both parents' signatures are required on this form to attend events.

SOMS Athlete Code of Conduct

As an athlete, you are asked to read and agree to the following guidelines.

1. I will always be on time and prepared for practice and games.
2. As a member of the team, I will be courteous, respectful, and practice good sportsmanship to teammates, opponents, teachers/coaches, and officials.
3. I understand that it is a privilege to represent my Middle School and proper behavior is required in class, practice, and athletic contests.
4. I will use appropriate language at all times.
5. I understand that good sportsmanship is a must. Criticizing, blaming or disputing with my teammates, coaches, opponents, or referees will not be tolerated.
6. I will be respectful of other schools' staff members and facilities; this is proper behavior as a representative of my Middle School.
7. I will be alcohol, drug, and tobacco free. These violations will result in immediate dismissal.
8. I understand that commitment to practice and games is required. Athletes should communicate any scheduling conflicts with the coaches.
9. I understand that all team members are required to support their team(s) for the entire contest(s).

*Violation of statements 1-9 will be handled in following manner:

First violation = warning and conference with coach

Second violation = conference with athlete/parent/coach/principal

Third violation = review with the principal

Being an athlete requires more than being a team member. It often causes demands that may require personal sacrifices. Being a team member is a privilege. If an individual athlete is willing to put the needed effort into athletics, he/she will be rewarded for those efforts.

directed to the School Principal. In accordance with OCBE policy 9068, a final appeal may be made to the Superintendent only if there has been a violation of Board (OCBE) or SBDM Policy or due process by the school administrator.

Student and Parent Pledge

Student & Parental Pledge

I _____ have read the South Oldham Middle
(student athlete – print name)

School Athletic Code of Conduct and do hereby agree to follow all rules and regulations. I further understand that if I break any of the rules I am subject to ALL appropriate courses of action that may be placed upon me due to my infraction of the rules.

Student Signature

Date

We _____, the Parents or Legal Guardians of
(parents / guardians – print names)

_____, have read the
(student athlete – print name)

South Oldham Middle School Athletic Code of Conduct and agree to support all the rules and regulations set forth by this Code of Conduct. I have also read, understand, and support the consequences that may occur should my child violate the code, rules set forth by the coach /sponsor, or in any way reflect negatively on South Oldham Middle School. I also understand that I'm responsible for setting a good example of sportsmanship, ethical behavior, and integrity.

Parent Signature

Date

Bylaw 11, Page 8 "Practice of Sportsmanship, KHSAA By-Laws: 'It is a clear obligation of principals, coaches, faculty members, boards of education, and all official representatives of member schools to practice the highest principles of sportsmanship and the ethics of competition in all interscholastic relationships with fans, officials, players, coaches, official representatives of member school, and the general public. . .'"

South Oldham Middle School wishes to state a philosophical stance of keeping our athletes, coaches and fans safer, insisting on proper behavior and promoting our positive reputation in regard to sportsmanship. There is no place for poor behavior toward anyone.

South Oldham Middle School will not condone or permit inappropriate parental behavior directed toward SOMS staff or players, the opposing school and all its representatives, or the game officials. Such behavior may cause the school to suffer sanctions from the Board of Education.

Therefore, all parents/spectators agree to the following:

1. I will refrain from coaching my child or other players during games and practices.
2. I will respect the officials and their authority during games and will never questions, discuss or confront coaches at the game field; I will take time to speak to coaches at an agreed upon time and place.
3. I will remember that student-athletes participate to have fun and that the game is for youth, not adults.
4. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or by his or her performance.
5. I will demand that my child treat other players, coaches, officials and spectators with respect, regardless of race, creed, color, set or ability.
6. I will promote the emotional and physical well-being of the student athletes ahead of any personal desire I may have for my child to win.

7. I will not encourage any behaviors or practices that would endanger the health and well-being of the student athletes.

8. I (and my guest) will be a positive role-model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all coaches, officials, and spectators at every game, practice, or sporting event.

9. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent, such as booing and taunting; refusing to shake hands; or using profane language or gestures.

10. I understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from future athletic contests.

Parents/fans who violate any of the above standards of decorum risk sanctions by SOMS, including, but not limited to, the following:

1. A warning, verbal or written
2. Removal from the contest or premises
3. Permanent expulsion from attendance at athletic events, contests or practices, for a set time or even permanently, and possibly no further contact with team/school personnel
4. Civil or legal action

At SOMS, sportsmanship is an expectation; it's an environment where. . . Players Play. . . .Coaches Coach. . . .Officials Officiate. . . .and Parents Remain Positive

SOMS Athletic Code of Conduct

Communication Process

Coaches have the authority over who becomes a participant of the Team and when the participant plays or is removed from the Team. Coaching strategy is determined by the coaching staff. Acceptance of a position on a Team includes acceptance of this agreement. Therefore, these issues are not appropriate topics for parent involvement and discussions with coaches is discouraged.

It is never acceptable for a parent to attempt to discuss playing time with a coach during a game or practice. It is also NEVER acceptable for a parent to attempt to discuss the performance or playing time of another participant.

Coach, athlete, parent meetings are encouraged to resolve any other issues creating concern or dissatisfaction. Such meetings MUST be scheduled at least 24 hours following the occurrence, and must be mutually acceptable to all parties.

No appointments will be set to occur prior to or immediately following a scheduled practice / contest. Any and ALL discussion between a coach and a parent MUST be conducted in a calm, non-threatening manner, or the discussion will be immediately terminated and will be continued at a scheduled meeting, at another time as mutually agreed to by all parties.

The South Oldham Athletic experience is one that we hope provides satisfaction for all participants and their parents / guardians. It is inevitable individuals may have questions or concerns during the course of the year. When issues or concerns arise during the course of the athletic season, parents / guardians and student athletes should ALWAYS consult the appropriate Coach / Sponsor as the initial step in the clarification process. In the event the issue cannot be satisfactorily resolved at this stage, it would then be appropriate to schedule a meeting with the Athletic Director. Once again if the issue remains unresolved, the parent / guardian should then request an appointment with the school Principal. The Process is as follows:

- Scheduled Meeting with Coach / Sponsor
- Scheduled Meeting with Athletic Director
- Scheduled Meeting with Principal

Coach/Sponsor Expectations

The COACH will take an active role in the prevention of drug, alcohol and tobacco abuse.

The COACH will avoid the use of alcohol and tobacco products when in contact with players.

The COACH will promote the entire interscholastic program of the school and direct his or her program in harmony with the total school program.

The COACH will master the contest rules and shall teach them to his or her team members.

The COACH will not seek an advantage by circumvention of the spirit or letter of the rules.

The COACH will exert his or her influence to enhance sportsmanship by spectators, both directly and by working closely with cheerleaders, booster clubs, and administrators.

The COACH will respect and support contest officials.

The COACH will not indulge in conduct which would incite players or spectators against the officials. Public criticism of officials or players is unethical and will not be tolerated.

Before and after contests, COACHES for the competing teams should meet and exchange cordial greetings to set the correct tone for the event.

A COACH will not exert pressure on faculty members to give student-athletes special consideration.

A COACH will not scout opponents by any means other than those adopted by the league and/or KHSAA.

Parent/Spectator Code of Conduct



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

*KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 7/19 page 1 of 2
© KHSAA, 2019*

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

 Have you ever had surgery? If yes, list all past surgical procedures. _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

 Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

BONE AND JOINT QUESTIONS		Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS		Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?		
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?		
FEMALES ONLY		Yes	No
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
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"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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STUDENT PARTICIPANTS

WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact, however transmission may occur from surface to person in some cases. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **The Oldham County Schools cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in a sport or activity. Participation in a sport or activity includes possible exposure to and illness, injury, or death from infectious diseases, including COVID-19.**

In consideration for providing my child the opportunity to participate in an Oldham County Schools sport or activity and any related transportation to and from athletic or activity events, both my child and I voluntarily agree to waive and discharge any and all claims against the Oldham County Schools and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the Oldham County Schools or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the Oldham County Board of Education, the individual members thereof, and all officers, agents, employees, volunteers, insurers and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in a sport or extracurricular activity.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in an Oldham County Schools sport or activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District and Board from all liability for any loss regardless of cause, and claims arising from the student's participation in the sport or activity.

Student Signature

Date

Parent/Legal Guardian Signature

Date

OLDHAM COUNTY PUBLIC SCHOOLS

Grades 6-12

ATHLETIC ACCIDENT INSURANCE

2021-2022

Dear Parent/Guardian:

Following is information outlining the benefits, limitations, and exclusions of the accident insurance program. Please note that the insurance is "secondary" to any other insurance coverage the family may have and will pay only on medical expenses not payable by other sources of coverage.

BENEFITS

If accidental bodily injury occurs while participating in a school sponsored and supervised activity and requires treatment within 30 days from the original date of injury by a licensed physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses (see **LIMITATIONS** below) for necessary medical, dental, or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, **which are not paid by other collectible insurance plans. You will have free choice of a physician and/or hospital for treatment. However, if your child is insured by any insurance plan and that plan requires treatment by a particular network of physicians and/or hospitals and if you choose not to use your assigned network, the school plan will pay benefits as if your other plan's network guidelines had been followed.**

CLAIM PROCEDURE

1. **Present a claim to your own insurance company FIRST.** After a settlement has been made with your insurance company, make certain all questions on the claim form are completed.
2. a) A School official must complete Part A on the claim form. b) The parent or guardian must complete Part B claim form.
3. Attach all medical bills (doctors, hospitals, etc.) to the claim form.
4. **Attach either proof of benefits paid by your insurance company or their letter of denial.**
5. Mail completed claim form to: SCHOLASTIC INSURORS, INC. P.O. Box 3194, Johnson City, Tennessee 37602.

TREATMENT MUST COMMENCE WITHIN 30 DAYS.

SUBMIT A CLAIM TO COMPANY WITHIN 90 DAYS FROM THE DATE OF ACCIDENT.

** NOTE **

** NOTE **

BENEFITS AVAILABLE FOR ONE YEAR FROM DATE OF INJURY.

LIMITATIONS

- *Hospital Room and Board* (semi-private room rate) • *Inpatient hospital miscellaneous charges* (\$1,000 maximum)
- *Outpatient hospital charges - Non-surgical* (\$150 max) • *Outpatient hospital Surgical* (\$500 maximum)
- *Physician's surgery/fracture care fees* (80% U&C-\$1500/max) • *Physician's non-surgical visits or consultations* (\$20/visit)
- *Physical Therapy* (\$20 per visit - \$100 maximum) • *Dental* (\$100 per tooth)
- *Ground Ambulance* (\$50/injury) • *Motor Vehicle* (\$500 per injury)
- *Orthopedic Appliance* (\$50 maximum) • *Diagnostic x-rays, MRI's, CAT Scans* (\$250 per injury)

*NOTE: "U & C" means Usual and Customary

EXCLUSIONS...THE POLICY DOES NOT COVER

1. Contact lenses or hearing aids; damage to other than whole, sound, natural teeth or to existing dental bridge, crowns, restorations, or braces; orthodontic procedures and services; drugs, injections, miscellaneous supplies and medications except while hospital confined.
2. Boils, athlete's foot, impetigo or similar skin infections, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
3. Any form of illness, sickness or disease including but not limited to the following: Perthes Disease, Osgood-Schlatter's Disease, Osteomyelitis, Oseteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions.
4. Any form of criminal or felonious assault or the insured's being engaged in an illegal occupation.
5. Services or treatment rendered as a part of the school service by a hospital, physician, or person employed or retained by the Sponsor, or by a person related to the Covered Person by blood or marriage.
6. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle; provided, however, that eligible medical expenses not collected from other valid coverage will be payable up to \$500.00 in the aggregate.
7. Intentionally self-inflicted injury. War or act of war.
8. Injuries sustained by a Covered Person hereunder for which benefits are payable under any Workmen's Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the school.
9. Aviation in any form except while the Covered Person is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
10. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile or two or three wheeled motor vehicle.
11. The use of or while under the influence of drugs or intoxicants unless administered as prescribed by a physician.
12. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the insured persons coverage under the policy.
13. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association catastrophe sports accident policy is expressly excluded under the policy.

PLEASE READ CAREFULLY:

You must indicate on the claim form the name of your personal insurance company and your policy number before benefits can be paid by the insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits. **RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS.**

STUDENT PARTICIPANTS

WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact, however transmission may occur from surface to person in some cases. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **The Oldham County Schools cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in a sport or activity. Participation in a sport or activity includes possible exposure to and illness, injury, or death from infectious diseases, including COVID-19.**

In consideration for providing my child the opportunity to participate in an Oldham County Schools sport or activity and any related transportation to and from athletic or activity events, both my child and I voluntarily agree to waive and discharge any and all claims against the Oldham County Schools and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the Oldham County Schools or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the Oldham County Board of Education, the individual members thereof, and all officers, agents, employees, volunteers, insurers and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's participation in a sport or extracurricular activity.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in an Oldham County Schools sport or activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District and Board from all liability for any loss regardless of cause, and claims arising from the student's participation in the sport or activity.

Student Signature

Date

Parent/Legal Guardian Signature

Date