



Portsmouth Middle School League  
P.O. Box 998, Portsmouth, VA 23705-0998

### Athletic Participation/Parental Consent/Physician's Certificate Form

Separate form required for each school year (Good after May 1)

#### PART I-ATHLETIC PARTICIPATION

(To be completed and signed by student)

Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
(Last) (First) (Middle Init.)

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

I am in the 7<sup>th</sup>  8<sup>th</sup>  grade: \_\_\_\_\_ Middle School

I have read the eligibility rules of the Portsmouth Middle School League that appear below and believe I am eligible to represent my school in the P.M.S.L.

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

#### Individual Eligibility Rules

**Attention: Student! To be eligible to represent your school in the P.M.S.L. you must meet the following rules:**

1. Be a bonafide full time student in good standing.
2. May not have reached the age of 15 on or before September 30<sup>th</sup> of the school year in which you intend to participate.
3. Satisfactory complete a Portsmouth Middle School League Athletic Participation/Parental Consent/Physician's Form at least one each year.
4. May NOT participate during the days assigned to In-School Suspension.
5. May NOT participate for the remainder of the nine weeks season if the student receives two In-School Suspension assignments or one Out-of School Suspension within that season or length of time determined by the principal or designee.
6. May participate in each activity only once as a seventh grader and once as an eighth grader or a total of two years.
7. These rules apply to ALL transfer students.
8. An eighth grader may participate on a junior varsity team at the high school they are zoned for if the seasons do not cross over.

#### Part II-Parental Consent

(To be completed and signed by the parent or guardian)

I have read the P.M.S.L. Individual Eligibility Rules listed above and I give my consent and approval to the participation of the student named above for the activities circled: TRACK, SOCCER, WRESTLING, VOLLEYBALL, BASKETBALL, TENNIS, SOFTBALL, FIELD HOCKEY, CROSS COUNTRY, FLAG FOOTBALL, OTHER \_\_\_\_\_.

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with travel involved and with this knowledge in mind, grant permission of my child/ward to participate in the sport and travel with the team. I will not hold the school authorities responsible in case of accident or injury as a result of this participation. He/she has student accident insurance available through the school (yes \_\_\_ no \_\_\_) or is insured by our family policy with:

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

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

### Permission for Emergency Care

School \_\_\_\_\_ Year \_\_\_\_\_  
Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Homeroom \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
In case of emergency contact:  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Allergic to medicine (be specific) \_\_\_\_\_  
Insurance in addition to athletics \_\_\_\_\_  
Name of Company \_\_\_\_\_

In case of an emergency when my family physician or I cannot be reached, the school has my permission to take my child to the hospital emergency room and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART III – MEDICAL HISTORY

This form must be completed by parent or guardian prior to the physical examination and should be taken with the physical examination form for review by the physician during the examination.

YES	NO		
___	___	1.	Have you ever had any of the following <span style="float: right;">Please explain any YES answers</span>
___	___		heart murmur _____
___	___		high blood pressure _____
___	___		other heart problems _____
___	___		broken bones _____
___	___		weak joint-ankles, knees _____
___	___		concussion _____
___	___		operation _____
___	___		seizures or epilepsy _____
___	___	2.	Have you ever fainted or passed out? _____
___	___	3.	Have you ever been knocked out? _____
___	___	4.	Have you ever been hospitalized? _____
___	___	5.	Have you ever had to stop running after ¼ to ½ miles for chest pain or shortness of breath? _____
___	___	6.	A. Have you ever had significant allergies to:
___	___		bee stings? – On medication – yes ___ no ___ _____
___	___		foods _____
___	___		medicine _____
___	___		others _____
___	___		B. Do you have prescription for use of:
___	___		Adrenaline _____
___	___		Inhalers _____
___	___		Other allergy medicine _____
___	___		C. Do you have asthma? _____
___	___	7.	Do you take any medicine regularly? _____
___	___	8.	Have you had any illnesses lasting a week or more such as mononucleosis, etc.? _____
___	___	9.	Have you had any blood disorders, including sickle cell trait, anemia, etc.? _____
___	___	10.	Has any family member had a heart attack, heart problems or sudden death before the age of 50? _____
___	___	11.	Do you wear contact lenses, eyeglasses or dental appliance? _____
___	___	12.	Do you have any missing or non-functioning organs such as testes, eye, kidney, etc.? _____
___	___	13.	Menstrual History:
___	___		Have you begun menses yet? _____
___	___	14.	Do you have any other significant health problems? _____
___	___	15.	Hepatitis B Immunization Series? _____
___	___	16.	DATE OF LAST TETNUS IMMUNIZATION? _____

Parent/Guardian Signature: \_\_\_\_\_

**Part IV-PHYSICAL EXAMINATION**  
(To be completed and signed by examining physician)

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

\*Tanner Stage or Maturation Index \_\_\_\_\_ BP \_\_\_\_\_

\*Percent Body Fat \_\_\_\_\_ \*Pulse (rest) \_\_\_\_\_  
 (Exercise) \_\_\_\_\_  
 (Recovery) \_\_\_\_\_

\*Vision: Corrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ Both \_\_\_\_\_  
 Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ Both \_\_\_\_\_

\*

Audiogram: \_\_\_\_\_ Cervical spine/neck \_\_\_\_\_

Eyes \_\_\_\_\_ Back \_\_\_\_\_

Ears \_\_\_\_\_ Shoulders \_\_\_\_\_

Nose \_\_\_\_\_ Arm/elbow/wrist/hand \_\_\_\_\_

Throat \_\_\_\_\_ Knees/hips \_\_\_\_\_

Teeth \_\_\_\_\_ Ankles/feet \_\_\_\_\_

Skin \_\_\_\_\_

Lymphatic \_\_\_\_\_ Lab: \_\_\_\_\_

Lungs \_\_\_\_\_ \*Urine \_\_\_\_\_

Heart \_\_\_\_\_ \*Hemoglobin or HCT \_\_\_\_\_

Abdomen \_\_\_\_\_ and/or Fe Stores \_\_\_\_\_

Genitalia/hernia \_\_\_\_\_

Peripheral pulses \_\_\_\_\_

**\*WHEN MEDICALLY INDICATED**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

\_\_\_\_\_ Full Participation \_\_\_\_\_ Limited Participation  
 \_\_\_\_\_ No Participation \_\_\_\_\_ Needs Additional Evaluation

If not full participation give reasons & recommendations: \_\_\_\_\_

Any recommendations or concerns on such items as:

- a. Weight loss or gain or restrictions of weight loss: \_\_\_\_\_
- b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing: \_\_\_\_\_
- c. Other \_\_\_\_\_

Physician Signature: \_\_\_\_\_, M.D.\* Date \_\_\_\_\_

Physician Name (print) \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_