

NCAA Initial Eligibility Core Course Requirements
Student-Athlete/Parent/Guardian Acknowledgment Form

Date: _____

I _____ Student/Athlete have received and am aware of the documents (*NCAA Initial-Eligibility Core-Course Requirements General Guidelines and Important New Changes for Division 1 & 2*) defining the Guidelines for the NCAA Initial Eligibility Core Course Requirements effective August 1, 2010.

I further attest that I have been provided the guidelines for the NCAA Core Course Requirements specifically discussing what the NCAA considers non-traditional courses and how I can find an appropriate program if my high school or school district does not provide one. Furthermore, I have been provided the appropriate contact information for the NCAA Eligibility Center (1-800-262-1492) if I have questions or seek further information.

Finally, I understand that non-traditional educational opportunities are available to me for Credit Recovery, Acceleration, etc. However, I have received and had explained the guidelines from the NCAA so that I am knowledgeable about this information as well. I have received a copy of this document for my records and one will be placed in my cumulative folder.

Student-Athlete Name (Print)

Student-Athlete Name (Signature)

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

School Rep./Official/Admin. (Print)

School Rep./Official/Admin (Signature)

*****Please see reverse side for a chart of NCAA-approved Non-Traditional courses available in Henry County*****

Chart of Sample Non-Traditional Educational Opportunities

NCAA approves these:	NCAA does NOT approve these
HCOA Virtual Courses	Intersession classes
HC Summer School	3-week unit classes
GAVS Courses	GAVS Credit Recovery
HC Impact Academy Courses	
HC HERO Program	

Parent Signature: _____ **Date:** _____

GHS Heat Policy

Athlete Name: _____

Sport: _____

First Day Football Acclimatization: July 26, 2021 (5 days acclimatization required)

First Day of Practice: August 2, 2021

B-LAW 2:67 – "Practice Policy for Heat and Humidity"

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sport Medicine in regard to:
 - 1. The scheduling of practices at various heat/humidity levels
 - 2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
 - 3. The heat/humidity level that will result in practice being terminated
- (b) A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

WBGT	ACTIVITY GUIDELINES AND REST BREAK GUIDELINES
UNDER 82.0	Normal activities – Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0 – 86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rest breaks each hour of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. If the WBGT rises to this level during practice, players may continue to work out wearing football pants without changing to shorts. <u>For All Sports:</u> Provide at least four separate rest breaks each hour with a minimum duration of four minutes each.
90.0 – 92.0	Maximum length of practice is one hour. For Football, no protective equipment may be worn during practice and there may be no conditioning activities. <u>For All Sports:</u> There must be 20 minutes of rest breaks distributed during the hour of practice.
OVER 92	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT level is reached.

- (c) Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave. If a practice is interrupted for a weather –related reason, the "clock" on that practice will stop and will begin again when the practice resumes.
- (d) Conditioning activities include such things as weight training, wind sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."
- (e) A WALK THROUGH is not a part of the practice time regulation, and may last no longer than one hour. This activity may not involve conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.
- (f) Rest breaks may not be combines with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.

PENALTIES: Schools violating the heat policy shall be fined a minimum of \$500.00 and a maximum of \$1,000.00.

Parent/Guardian Signature: _____

Date: _____

SCHOOL _____

STUDENT ID # _____

HENRY COUNTY SCHOOL DISTRICT ATHLETIC/EXTRA-CURRICULAR INFORMATION AND CONSENT FORM

(hereinafter "Form")

(PLEASE PRINT)

Student Name _____ Male ___ Female ___

LAST FIRST MIDDLE

Address _____

Street City State ZIP

Telephone (home) _____ Date of Birth _____

Date entered 9th grade _____ Student's grade level for the current school year _____

Father's Name _____ Father's Work Number _____ Cell _____

Mother's Name _____ Mother's Work Number _____ Cell _____

Student resides with (Names of Parent(s)/Guardian) _____

(If Guardian, submit copies of Court Order for Guardianship)

The student is domiciled at the above address located in the _____ high school district (school must be notified if student moves from the above address). **Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one (1) full year.**

Has the above-named student attended this Henry County School for at least one full school year? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

In an event the father or mother cannot be reached, these persons should be contacted regarding any situations which any officer, agent, or employee of the Henry County School District finds to be an emergency situation involving the student.

Name	Relationship	Home Phone	Cell Phone	Work Phone

Name	Relationship	Home Phone	Cell Phone	Work Phone

WARNING: BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS, INTRA-SCHOLASTIC SPORTS CLUBS, OR OTHER EXTRA-CURRICULAR ACTIVITIES INCLUDE A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

Each of the undersigned hereby consents for the above-named student to:

1. Compete in athletics (for _____ School of the Henry County School District) in Georgia High School Association approved sports **except** those **CROSSED** out below:

Baseball	Basketball	Cheerleading	Cross Country	Football	Golf	Soccer	Softball
Track	Wrestling	Volleyball	Rifle	Gymnastics	Swimming	Lacrosse (LAX)	
Bass Fishing	Competitive Dance	Tennis					
2. To accompany any school team or sports club of which the student is a member on any of its local or out of town trips.
3. Each of the undersigned hereby verifies that the information contained within this Form and in any other documentation submitted to the Henry County School District is correct and understands that any false information may result in the above-named student being declared ineligible for participation in sports.

MEDICAL INFORMATION: Each of the undersigned certifies that the medical history on the attached form entitled **GHSA's PPE-4** concerning the above-named student is complete and accurate. Each of the undersigned understands that this will serve as the basis for determining whether the above-named student is eligible to compete in middle/high school athletics or other extra-curricular activities within the Henry County Schools. Each of the undersigned also understands any evaluation or review conducted by the Henry County School District concerning any student's medical history is only to determine whether a student meets eligibility requirements concerning participation in athletics or other extra-curricular activities. Any such evaluation or review by the Henry County School District is not a certification or guarantee of any nature concerning the health, well being, medical status, or fitness of any student to participate in any middle/high school athletics or extra-curricular activity and is not to take the place of regular medical examinations. In case of an emergency or accident on school grounds, during or related to any school, athletic, or extra-curricular activity

Involving the above-named student, if in the opinion of any school authorities present immediate medical or surgical attention is advisable, each of the undersigned hereby grants permission to said school authorities to obtain the services of a physician or other medical provider and to transport the above-named student to the hospital or other medical facility if it is deemed advisable by any school authorities. Each of the undersigned hereby grants permission, also, to any physician or other medical provider to treat said condition unless an undersigned parent or guardian of the above-named student is present and requests otherwise or until each of the undersigned request otherwise in writing. Each of the undersigned also hereby grants permission for any personnel of the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, rehabilitative medical treatment or other assistance believed by such personnel to be advisable to protect the health and well-being of the above named student. Each of the undersigned understands and agrees that the terms hereof apply to any injury, accident, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of Henry County School District athletic or extra-curricular participation or any activities in any way related or incidental thereto, including but not limited to tryouts, practice, conditioning, meetings, games, and travel. Each of the undersigned also understands that reasonable efforts will be made to contact a parent (or legal guardian) of the above-named student concerning any serious or involved medical treatment.

TRANSPORTATION PERMISSION: The Henry County School District does not provide transportation to students for extra-curricular events unless required by law. As such, it is the responsibility of the parent/guardian to make arrangements for transportation to any extra-curricular events in which the above-named student may wish to participate. The Henry County School District strongly discourages students from riding with other students to and from extra-curricular events. Please be advised that the Henry County School District is not responsible for monitoring or supervising the transportation used or sought by students with respect to any athletic or other extra-curricular activities. Each of the undersigned hereby further consents on behalf of the student named above to participate in school-sponsored trips.

INSURANCE INFORMATION: Each of the undersigned hereby authorizes the release of any and all information relating to the extra-curricular or athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the extra-curricular or athletic participation of such student, including ability, attitude and conduct.

Please have the parent/guardian INITIAL one of the following statements regarding insurance coverage for the above-named student for the 2021-2022 school year:

_____ The above-named student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

_____	_____	_____
Company Providing Insurance	Name of insured	Policy Number

_____ One or more of the undersigned has purchased the Benefit Plan for the above-named student provided by the Henry County School District.

Policy Number _____

If any insurance coverage for the above-named student expires, is terminated, cancelled, revoked, or suspended, the undersigned agree to immediately notify the Henry County School District and to immediately obtain replacement accident insurance coverage for the above-named student and provide the Henry County School District with the name of the insurance company, the name of the insured, and the policy number of such replacement insurance coverage, or alternatively, will purchase the Benefit Plan provided by the Henry County School District.

By signing this Form, each of the undersigned acknowledge and agree that each of the undersigned has read and understands this Form and agrees to all the terms set forth in this Form and that all the information contained in this Form or otherwise provided to the Henry County School District is true and correct. Each of the undersigned hereby acknowledge and agree that they have the authority and right to sign this Form on behalf of the above-named student and on behalf of all of said student's parents and guardians, and further hereby release and agree to indemnify and hold the Henry County School District and its employees, members, agents, officers, and directors, and the Henry County Board of Education and its members, and all of the successors and assigns of all of such persons and entities, harmless from any and all claims, damages, liability, and causes of action, whether known or unknown, whether now, previously, or in the future existing or arising, in any way directly or indirectly related to the above-named student's participation in any sport, extra-curricular activity, or any other activity in any way related or incidental thereto, or in any way related to any rendering, attempt to render, or failure to render any medical, health care, or other treatment of any nature to the above-named student.

This Form and all consents, acknowledgments, and agreements contained herein shall remain in effect until the specific portion of this Form that a parent or guardian wishes to revoke is identified in writing and such revocation is delivered to the Henry County School District at least three (3) days prior to the effective date such consent is terminated.

_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date

_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date

_____	_____
Signature of Student	Date

Edited and Updated 4-16-15 (Date Corrected for 21-22, added bass fishing and competitive dance 4-28-21)

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

GEORGIA HIGH SCHOOL ASSOCIATION

SECTION 5
FOOTBALL

REGULAR SEASON:

- D. Football **practice** may begin five consecutive weekdays prior to August 1st.
1. In the first five days of practice for any student, the practice may not last longer than two (2) hours, and the student may wear no other protective football equipment except helmet and mouthpieces. NOTE:
 - (a) The time for a session shall be measured from the time the players report to the practice or workout area until they leave that area.
 - (b) During acclimatization practices, teams may hold a walk-through as long as there is at least a two-hour break between the two activities.
 2. Beginning August 1st, any student may practice in full pads and may practice a maximum of two (2) times in a single calendar day under the following stipulations:
 - (a) A student must have participated in five conditioning practices wearing no other protective football equipment except helmet and mouthpieces before being allowed to practice in full pads.
 - (b) In a single calendar day:
 - (1) No single session may last longer than three (3) hours.
 - (2) If two (2) practices are held, the TOTAL time shall not exceed five (5) hours.
 - (3) There must be at least a three-hour time of rest between sessions if two (2) sessions are held.
 - (4) There may not be consecutive days of two-a-day practice sessions. All double-session days must be followed by a single-session day or a day off.
 - (5) A walk-through may not be held on days when two practices are conducted.
 - (c) These procedures are derived from recommendations created by the Inter-Association Task Force for Preseason Secondary School Athletics Participants in the paper "Preseason Heat-Acclimatization Guidelines for Secondary School Athletes."
 3. **Full contact** should be limited during practices as well as during activity outside of the traditional fall practice. (**Note:** No limitation is placed on activities defined below as "AIR, BAGS or CONTROL" contact.)
 - (a) For purposes of this by-law, the following definitions shall apply: **AIR** - Players run a drill unopposed without contact; **BAGS** - Players run a drill against a bag or another soft-contact surface; **CONTROL** - Players run a drill at assigned speed until the moment of contact and one player is pre-determined the "winner" by the coach. Contact remains above the waist and players stay on their feet; **THUD** - Players run a drill at competitive speed through the moment of contact with no pre-determined "winner." Contact remains above the waist, players stay on their feet and a quick whistle ends the drill; **LIVE ACTION** - Players run a drill in game-like conditions and is the only time that players are taken to the ground; **FULL CONTACT** - Contact which meets the definition of Live Action or Thud.
 - (b) **Pre-Season & Spring Practice & Summer Contact Camps:**
 - 1) Full contact shall be allowed in no more than 2 consecutive practice days per week;
 - 2) Full contact during practice shall be limited to not more than 45 minutes per day;
 - 3) Full contact during practice shall be limited to not more than 135 minutes per week; and
 - 4) During any twice-daily practice, only one session per day shall include full contact.
 - 5) *In Summer Contact Camps, the only form of Full Contact allowed is **Thud**.*
 - 6) *Schools will be limited to attending no more than three (3) Team Contact Camps per summer (no more than eight (8) days total).*
 - (c) **Regular & Post Season Practice:**
 - 1) Full contact during practice shall be allowed in no more than three (3) practice days per week;
 - 2) Full contact during practice shall not be allowed on more than two (2) consecutive days;
 - 3) Full contact during practice shall be limited to not more than 30 minutes per day;
 - 4) Full contact during practice shall be limited to not more than 90 minutes per week.
 - (d) **Written Practice Plans:** A written practice plan in compliance with this by-law shall be prepared in advance by the head coach prior to every practice and maintained by the school for a period of at least twelve (12) months. Such practice plans shall be made available to the GHSA upon request.
 - (e) **Violations:** The penalty to be imposed upon any member school found to have violated this by-law in any substantial manner shall be as follows:
 - 1) **First Offense:** A fine of not less than \$500 nor more than \$2500 per violation at the discretion of the Executive Director.
 - 2) **Second Offense:** The school shall be placed on probation and shall not be eligible to participate in post season play.

Athlete Name: _____

Parent/Guardian Signature: _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

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

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

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

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: _____

■ 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? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
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: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, 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) 	<input type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input type="checkbox"/>	

^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

■ 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: _____

Georgia High School Association Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2021-2022 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date