



FESTUS SCHOOLS ATHLETIC PARTICIPATION PACKET

Checklist is for your use only. Do not submit to office:

- Physical Form (Page 1)
- Pre-Participation Documentation—Annual Requirements (Page 2-5)-
Regarding conditions for participation.
- Festus Tiger Oath (Page 6)
- Festus Extra-Curricular and Co-Curricular Code of Conduct (Page 7)
- Student Activities Contract (Page 8)
- Parental Activities Contract (Page 8)
- Emergency Information List (Page 9)
- Mercy Communities East “Consent to Treat (Page 10)
- Make copies of all the completed forms in this packet for your records.***

****THIS PACKET MUST BE TURNED INTO THE AD OFFICE ONLY !**

*****Coaches will not accept physicals on the first day of practice.**

******DO NOT STAPLE PACKET TOGETHER**

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

Name:		Date of Birth:	
Physician Reminders: 1. Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> • 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, chewing tobacco, snuff or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? <ul style="list-style-type: none"> • 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? 			
2. Consider reviewing questions on cardiovascular symptoms (Questions 4-13 of History Form).			
EXAMINATION			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
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* <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 			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<input type="checkbox"/> Cleared for All Sports-Spirit-Marching Band without restriction for two (2) years.			
<input type="checkbox"/> Cleared for All Sports-Spirit-Marching Band without restriction for two (2) years <u>with recommendation for further evaluation or treatment for:</u>			
<input type="checkbox"/> Cleared for All Sports-Spirit-Marching Band without restriction for less than two (2) years. <u>Specify reasons and duration of approval below:</u>			
<input type="checkbox"/> Not Cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason:			
Recommendations/Comments:			
I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).			
Name of healthcare professional (type/print):			Date of Issue:
Address:			Phone:
Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor):			

This physical is valid for a 2-year period unless otherwise noted by the physician in the “Recommendations” field listed above.

MEDICAL HISTORY

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. The physician should keep a copy of this form in the chart for their records.

Note: An injury or medical condition results in a separate medical release.

Name:	Date of Birth:
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Date of examination:

Sex assigned at birth (F, M or intersex):	How do you identify your gender? (F, M or other):
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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 of your allergies (i.e., 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.

Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.

GENERAL QUESTIONS	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 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 ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
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 (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?		
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?		

IF “YES,” EXPLAIN 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 Student:
Signature of Parent(s) or Guardian:
Date:



FESTUS R-VI SCHOOL DISTRICT

Accepting the Challenge The TIGER Oath

I have read the athletic handbook and understand the policies of the Festus Athletic/Activities Program. I agree to follow all rules and guidelines expressed in this handbook. I am ready to make the sacrifices and provide the effort necessary to make myself and the Festus Athletic Program the best we can be.

I will strive to follow the following guidelines that exemplify the TIGER behavior:

1. I will follow all Festus and MSHSAA rules and policies, including eligibility.
2. I will be a leader and handle all of my academic responsibilities.
3. I will have respect for myself, my teammates, and those in authority.
4. I will not lie, cheat, or steal.
5. I will not use alcohol, illegal drugs, tobacco, or other harmful substances.
6. I will give my best effort at all times and strive to improve daily.
7. I will not use profanity and refrain from negative comments.
8. I realize the importance of practice, and I will personally strive to participate in 100% of the workouts. I will be on time and mentally and physically ready to participate.
9. I will never be out-worked or out-competed.
10. I will always put the interests of the team above my individual interests.
11. I will treat the facilities and locker-room as if it were my home away from home. I will keep it neat and always pick up after myself.
12. I realize the terms and consequences of quitting.
13. I will be coachable and ask for help when needed.
14. I have read and understand the components of the digital citizenship policy.

Printed Student Name:..... Date:.....

Student Signature: _____

Parent Signature(s): _____



FESTUS A-VI SCHOOL DISTRICT
EXTRA-CURRICULAR AND CO-CURRICULAR CODE OF CONDUCT

Student's Name: _____

Sport or Activity: _____

Printed Name: _____

Year in School (Please Circle) 7th, 8th, FR, SO, JR, SR

Date: _____

We acknowledge receipt and have studied and understand the Festus R-IV School District
Extra/Co-Curricular Code of Conduct

Signature of
Student/Guardian: _____ PrintName: _____

Signature of
Parent or Guardian: _____

Print Name: _____

Signature of
Parent or Guardian: _____

Print Name: _____

If only one parent signs, it is understood that the Student-Athletics & Activities Handbook has been
discussed with all parties involved. This sheet must be turned into the the Athletic Director Office.

Student Activities Contract

As a member of the Missouri State High School Activities Association it is our belief that interscholastic activities are an integral part of the secondary curricular program and an extension of the classroom. Our school's program shall supplement the curricular program of the school and shall provide the most worthwhile experiences possible. These expectations shall result in learning situations that contribute to the development of the attributes necessary for good citizenship.

Fundamentals of High School Activities:

When hosting an event, the opponent should be treated as guests and treated cordially. Officials should be recognized as impartial arbitrators who are trained to do their job with the best of their ability. Familiarity with the current rules of the game and the recognition of the necessity for a fair contest are essential. Sportsmanship requires one to understand his or her own bias and the ability to prevent the desire to win from overcoming rational behavior. Applause for an opponent's good performance is a demonstration of generosity and good will and should not be looked at negatively.

Expectations of Students:

Your enthusiasm as a participant or spectator includes a vital responsibility for good sportsmanship. Your habits and reactions determine the quality of sportsmanship, which reflects upon our school and community. Students are expected to:

- Know and demonstrate the fundamentals of good sportsmanship. Respect, cooperate and respond to cheerleaders.
- Respect school property and authority.
- Show respect for opponents and opposing coaches and fans. Show respect for players who are injured.
- Respect the judgment and strategy of the coach (even if you disagree).
- Respect the judgment of game officials (even if you disagree).
- Avoid** profane language and obnoxious behavior at all times. **Avoid** applauding errors or penalties of the opponents.
- Refrain from heckling, jeering or distracting opponents, including distracting behavior during the shooting of free throws.
- Refrain from being critical of players, coaches or officials for a loss. Refrain from throwing objects on the playing area or in the bleachers. **Avoid** stomping of bleachers or the use of artificial noisemakers.
- Refrain from using cheers that taunt or ridicule opposing players, coaches, cheerleaders or spectators.
- Refrain from booing or showing displeasure with game officials or game activities.

I certify that I have read and understand the above expectations and information related to sportsmanship. I understand that if I do not comply with the above listed responsibilities that I may forfeit my privilege of participating in the school's activities program.

Date

Student's Signature

Parental Activities Contract

As a member of the Missouri State High School Activities Association it is our belief that interscholastic activities are an integral part of the secondary curricular program and an extension of the classroom. Our school's program shall supplement the curricular program of the school and shall provide the most worthwhile experiences possible. These expectations shall result in learning situations that contribute to the development of the attributes necessary for good citizenship.

Fundamentals of High School Activities:

When hosting an event, the opponent should be treated as guests and treated cordially. Officials should be recognized as impartial arbitrators who are trained to do their job with the best of their ability. Familiarity with the current rules of the game and the recognition of the necessity for a fair contest are essential. Sportsmanship requires one to understand his or her own bias and the ability to prevent the desire to win from overcoming rational behavior. Applause for an opponent's good performance is a demonstration of generosity and good will and should not be looked at negatively.

Expectations of Parents:

Your enthusiasm as a spectator includes a vital responsibility for good sportsmanship. Your habits and reactions determine the quality of sportsmanship, which reflects upon our school and community. Parents are expected to:

- Know and demonstrate the fundamentals of good sportsmanship.
- Respect, cooperate and respond to cheerleaders.
- Respect school property and authority.
- Show respect for opponents and opposing coaches and fans.
- Show respect for players who are injured.
- Respect the judgment and strategy of the coach (even if you disagree).
- Respect the judgment of game officials (even if you disagree).
- Avoid** profane language and obnoxious behavior at all times. **Avoid** applauding errors or penalties of the opponents.
- Refrain from heckling, jeering or distracting opponents, including distracting behavior during the shooting of free throws.
- Refrain from being critical of players, coaches or officials for a loss.
- Refrain from throwing objects on the playing area or in the bleachers.
- Avoid stomping of bleachers or the use of artificial noisemakers.
- Refrain from using cheers that taunt or ridicule opposing players, coaches, cheerleaders or spectators.
- Refrain from booing or showing displeasure with game officials or game activities.

I certify that I have read and understand the above expectations and information related to sportsmanship. I understand that I am a role model for my son/daughter and that I represent our school and our community when I attend an activities function. I also understand that if I do not comply with the above listed responsibilities that I may forfeit my privilege of attending future activities involving our school.

Date

Parent's Signature

Emergency Information

Athlete's Name _____
Last _____ First _____

DOB: _____ Grade: _____

Parent's Name _____
Last _____ First _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list two additional persons that we should contact if you are not available at the time of injury

Name	Phone#	Relationship
_____	_____	_____
_____	_____	_____

In case of an emergency, athletes will be sent to the nearest hospital. Doctor

Insurance _____

Parent's Signature _____

Coach _____



AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of _____, a minor and student at _____ who plans on participating in sports.

I understand that Mercy Health East Communities is contracted by the school to provide sports medicine services for the school’s student-athletes. I hereby give consent for a certified athletic trainer to provide sports medicine services for the above minor. Sports medicine services provided to student athletes include, but are not limited: administering first aid for athletic injuries, clinical evaluation, assessment, and treatment and management of injuries and illnesses. The athletic trainer will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for, and rehabilitate injuries and illnesses incurred by student athletes.

I, hereby authorize the athletic trainer who provides services to the above-named student athlete to disclose information about the athlete’s injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, and/or any treating healthcare provider.

I understand there is no charge to me for the above listed sports medicine services; however, additional injury treatment and/or prevention initiatives are my responsibility. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the athletic trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a qualified healthcare provider, receives written medical clearance and completes the return to play protocol.

This Authorization shall remain in effect for the school year beginning with the date set forth below.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Relationship to student-athlete: _____