Odessa Shannon Athletics

PHYSICAL PACKET: Must be submitted to Coach Johnson on or before the day of tryouts in order to be eligible for Sports. You will **not** be allowed to participate without a physical packet. **NO EXCEPTIONS!**

Forms can also be found (both English and Spanish):

https://www2.montgomeryschoolsmd.org/departments/athletics/parent/forms/

TRYOUTS:

Middle School Athletics Season Overview		
Fall Season	**Winter Season**	**Spring Season**
September 12th - November 9th *** September 12,13,14 tryouts ***	**December 5th - February 22nd** *** December 5,6,7 ***	**March 12th - May 16th** *** March 12,13,14 tryouts ***
• Cross Country - Coed • Softball - Boys' • Softball - Girls'	• Basketball - Boys' • Basketball - Girls'	• Soccer - Girls' • Soccer - Boys'




GRADE ELIGIBILITY: You will not be allowed to tryout withouT meeting grade eligibility. You must have, and maintain, a 2.0 GPA or higher. You may not have more than one “E”.

AGE ELIGIBILITY: You must be in 7th or 8th grade.

TRANSPORTATION: There will be an activity bus for anyone who is trying out for sport.

Items to return in packet

1. **MCPS Athletic Participation form**
2. **Medical Card**
3. **Pre-Participation Physical (a doctor must complete)**

MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
MIDDLE SCHOOL STUDENT-PARENT/GUARDIAN ATHLETIC PARTICIPATION CONTRACT AND PARENT PERMISSION FORM

Student:_____ Student ID:_____

School:_____ School Year:_____

Please check all sports your student is interested in participating in this school year:

☐ Boys' Cross Country	☐ Boys' Softball	☐ Boys' Basketball	☐ Boys' Soccer
☐ Girls' Cross Country	☐ Girls' Softball	☐ Girls' Basketball	☐ Girls' Soccer

Parent/Guardian and Student-Athlete: Review this contract carefully (front and back), complete information as requested, affix signatures, and return the completed contract/permission form to the school.

Stipulations

We have received and read the *Student-Parent Athletic Participation Information*. Based on this information, we understand and stipulate to the following. I/We:

1. Understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age and academics.
2. Understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
3. Affirm that the student will exert effort to maintain a high level of academic achievement.
4. Understand that there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
5. Acknowledge receipt and review of safety and health information made available by the school system, including information regarding concussions, MRSA, hygiene, heat acclimatization, hydration, steroids, and sudden cardiac arrest.
6. Affirm that the student shall not participate in hazing at any time, of any nature.
7. Shall exhibit, as a participant or spectator, a high level of sportsmanship at contests, which promotes and reflects the R.A.I.S.E. core values of MCPS athletics.
8. Shall follow appropriate procedures in communicating concerns to coaches.
9. Affirm that the student will abide by all team and participation standards.
10. Shall utilize appropriate, positive use of technology, including social media and other electronic communications.
11. Affirm that the student shall not use steroids, illegal drugs, alcohol, e-cigarettes, or tobacco unless medically prescribed for a specific condition or illness.

Permission to Participate

I/We hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by MCPS in its athletics program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Montgomery County Board of Education, its members, the superintendent of schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities that provide training to MCPS coaches and/or athletes as part of the school system's athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in interscholastic athletics.

I/We hereby give our consent and authorize the Montgomery County Board of Education and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year, MCPS makes available a student accident insurance policy at a nominal premium. This insurance is secondary to the family's own insurance. Because accidents will inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. The student accident insurance policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the school.

I,_____, and I,_____
(parent's name) *(student's name)*

have carefully reviewed the *Student- Parent/Guardian Athletic Participation Information* and the *Student/Parent/Guardian Athletic Participation Contract and Parent/Guardian Permission Form.* I/We understand the conditions for participation in the MCPS interscholastic athletic program, and I/we understand that there are inherent risks associated with participation.

I/We agree as follows:

- My child has my/our permission to participate in _____
(name of sport)

  at _____ Middle School.

- I/We understand and conform to all of the statements in the Stipulations portion of the Contract.

Please affix signatures below.

_____ _____ _____ _____
Signature of Parent or Legal Guardian Date Signature of Parent or Legal Guardian Date

_____ _____
Signature of Student Date

**In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.*

MCPS
CLEAR FORM

MEDICAL CARD FOR ATHLETE

Interscholastic High School Athletics

MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 560-30
May 2017

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:		Birth Date:
School Name: -- Choose One --		Student ID #:
Home Address:		
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
Parent/Guardian Name:		
Home #:	Work #:	Cell #:

If parent/guardian cannot be reached, person to be contacted in case of emergency

Name:		Relationship:
Home #:	Work #:	Cell #:

over

MEDICAL CARD FOR ATHLETE

Family Physician:	Physician #:
Hospital Preference:	Date of Last Tetanus Shot:
Allergies:	Student Self-Carries Epinephrine Auto Injector : ☐ Yes ☐ No If yes, MCPS Form 525-14 must be completed.
Medicine Administered on the Field:	

INSURANCE INFORMATION:

Does the athlete have medical insurance? ☐ **Yes** ☐ **No**

If Yes, Name of Insurance Company: _____

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Signature
Parent/Guardian/Eligible Student: Date

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.

5

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): _____

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 *Staphylococcus aureus* (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: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (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 • 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

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?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

_____

_____

_____

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

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

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

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: _____

_____

_____