

# Cecil County Public Schools

# Interscholastic Athletics

This packet is used for ALL MIDDLE & HIGH SCHOOL sports.

Name (Last): _____	(First): _____	
Grade: _____	School: _____	Date Completed: _____

### Packet Contents:

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### Separate Items:

Emergency Card (inserted in package or handed to you for completion by parent) ----- Insert

**Keep this packet together and return it all to the coach when complete.**

Be sure you have **SIGNED** next to any place in the booklet that has this symbol.

Parent's signature must be on **ALL** forms prior to participation.

If you have any questions, please contact your child's school.



**RETURN THIS**  
**ATHLETIC FORMS PACKET**  
**TO YOUR SCHOOL**

## Cecil County Public Schools Interscholastic Athletics MEDICAL HISTORY FORM (PARENT'S SECTION) (Grades 6-12)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**DIRECTIONS: Please check box for "Yes" or "No" and explain "Yes" answers in the space below.**


1. Have you ever had a medical illness or injury since your last check up or sports physical?	YES	NO	20. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	YES	NO	
2. Are you currently taking a prescription or non-prescription (over-the counter) medications?			21. Do you cough, wheeze, or have trouble breathing during or after activity?			
3. Have you ever been hospitalized overnight?			22. Do you have asthma?			
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?			23. Do you have seasonal allergies that require medical treatment?			
5. Have you ever passed out or been dizzy during or after exercise?			24. Do you have diabetes? Use insulin?			
6. Have you ever had chest pain during or after exercise?			25. Do you lose weight regularly to meet weight requirements for your sport?			
7. Have you ever become ill from exercising in the heat?			26. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?			
8. Have you ever had racing of your heart or skipped heartbeats?						
9. Have you had high blood pressure or high cholesterol?			27. Have you ever had any problems with your eyes or vision? Wear glasses or contacts?			
10. Have you ever been knocked out, become unconscious, or lost your memory?			28. Have you ever been told you have a heart murmur?			
11. Has any family member or relative died of heart problems or of sudden death before age 50?			29. Have you ever had a sprain, strain, or swelling after injury?			
12. Have you had a severe viral infection (for example: myocarditis or mononucleosis) within the last month?			30. Have you broken or fractured any bones or dislocated any joints?  31. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If "Yes", circle appropriate area and explain below:			
13. Has a physician ever denied or restricted your participation in sports for any heart problems?						
14. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?				Head                      Elbow                      Hip                      Neck                      Foot		
15. Have you ever had a head injury or concussion?				Forearm                      Thigh                      Back                      Wrist                      Knee		
16. Have you ever had a stinger, burner, or pinched nerve?			Chest                      Hand                      Shin/Calf                      Uppper Arm			
			Shoulder                      Finger                      Ankle			
17. Have you ever had a seizure?			32. Do you have any communicable diseases?			
18. Do you have frequent or severe headaches?			33. Do you have Marfan's Syndrome?			
19. Do you have sickle cell trait?			34. Are you easily fatigued?			

**Explain "Yes" answers on an additional sheet.**

**By signing below,**

- I understand and agree that student athletes are not to use tobacco, alcohol, or other drugs at any time. (Reference: Interscholastic Regulations, Policies, and Procedures Handbook) Any substantiated reported use of alcohol, tobacco, or other drugs in school will be handled in accordance to county policy.
- I understand that my student athlete's participation in the FREE pre-participation physical examination (PPE) does not establish a patient-physician relationship. The PPE is solely for safe athletic participation and does not replace an annual well-child exam.
- I authorize the medical providers and staff from Union Hospital of Cecil County, Inc., ATI Physical Therapy, and the community-based private practices, participating in the Cecil County Sports Physicals, to render a physical examination, and/or assist in rendering a physical examination, on my student athlete.
- I also hereby state that to the best of my knowledge, my answers to the above questions are complete and correct. I give my consent for the above named student to engage in interscholastic sports activities as a representative of their school except those activities crossed out by the examining physician on the reverse side of this form.

**Read above paragraph before signing consent form. SIGN PRIOR TO OBTAINING PHYSICAL and be sure to give this to the doctor performing the physical evaluation.**



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

Signature of Student Athlete \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## Cecil County Public Schools ATHLETICS PHYSICAL EXAMINATION FORM

<b>BLOOD PRESSURE</b>	_____
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Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected? Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/ Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Beighton-Horan Laxity Screen Score: _____ (Out of 9)
--

**CLEARANCE:** I have on this date, personally examined this pupil, reviewed the history and other data recorded on both sides of this form. I find this student physically able to compete in the interscholastic sports listed below which are NOT crossed out.

- |            |               |              |          |               |               |
|------------|---------------|--------------|----------|---------------|---------------|
| Basketball | Cheerleading  | Field Hockey | Football | Golf          | Lacrosse      |
| Soccer     | Baseball      | Softball     | Tennis   | Track & Field | Volleyball    |
| Wrestling  | Cross Country | Bocce        | Bowling  | Flag Football | Marching Band |

This student is physically able to work in the "Construction Field" at the School of Technology YES NO


**NOT Cleared** Reason/ Recommendations: \_\_\_\_\_

Name of physician and Office (print/type): \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b><u>TO BE SIGNED BY PARENT AFTER THE PHYSICAL IS COMPLETED.</u></b>	
<b>I HAVE ON THIS DATE REVIEWED THE INFORMATION RECORDED ON BOTH SIDES OF THIS FORM.</b>	
Date Signed: _____	Signature of Parent/Guardian: _____




## CARE AUTHORIZATION

I give my consent for the Certified Athletic Trainer (ATC), within the scope of their training and certification, to render immediate care to my child in the event of a medical emergency and to evaluate and treat non-emergency sport-related injuries and health problems (at practices, contests, and in the athletic training room).

They may dispense equipment and supplies (e.g., crutches, braces, compression wraps, etc.) as may be required for the prevention or treatment of sport-related injuries and communicate to my child and my child's coach(es) such medical information as pertains to my child's readiness to participate safely in athletics. They may share medical information with only other health care providers (e.g. my pediatrician or family physician, specialists, physical therapists, other athletic trainers, etc.) as appropriate.

The foregoing consents will remain valid unless, and until, written notification to the contrary is made by me. I may revoke them at any time.

Parent/Guardian	Signature: _____	
	Date: _____	


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## HEALTH INSURANCE INFORMATION

**MY SIGNATURE VERIFIES THAT MY SON/DAUGHTER IS COVERED BY EITHER PRIVATE HEALTH INSURANCE OR SCHOOL PURCHASED INSURANCE.**

Insurance Company: \_\_\_\_\_

**Further**, in the event of an accidental injury sustained by my daughter/son while in the Interscholastic Athletic Program, I/we shall save harmless the Board of Education, the school and its staff from any liability. **Also, I/we will inform the school in writing if my/our insurance is changed or terminated.**

Parent/Guardian	Signature: _____	
	Date: _____	

## CONCUSSION & SUDDEN CARDIAC ARREST INFORMATION

State law requires that all parents and athletes be made aware of the dangers a concussion may have on an athlete. Cecil County Public Schools is providing concussion information sheets for both parents/guardians and athletes to review **before** participation may occur. This information is also available on the CCPS website.

### MY SIGNATURE BELOW VERIFIES THAT:

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Parent/Guardian Printed) (Name of Student-Athlete Printed)

#### Acknowledge that I have received and read the information provided about concussions:

- the definition of a concussion
- the signs and symptoms of a concussion to observe for or that may be reported by my athlete
- how to help my athlete prevent a concussion
- what to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and/or report symptoms to the school nurse

#### Acknowledge that I have received and read the information provided about Sudden Cardiac Arrest:

- description
- warning signs
- removal/return-to-play

## PARENT PERMISSION TO PARTICIPATE

### BY SIGNING BELOW...

**I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE.** I have read all of the statements in this packet and have received the **Student and Parent Concussion Information Sheets**, the **Sudden Cardiac Arrest Parent Information Sheet**, and any **school-related expectations**. I hereby give my written consent.

Student Athlete Signature: \_\_\_\_\_

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

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

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



# THIS FORM IS ONLY FOR MIDDLE SCHOOL VOLLEYBALL & HIGH SCHOOL SWIMMING

Member Name: \_\_\_\_\_

Member ID# \_\_\_\_\_

<b>YMCA of the Chesapeake</b> <b>PROGRAM PARTICIPANT/GUEST PASS APPLICATION</b>		
<input type="checkbox"/> Caroline County Family YMCA <input type="checkbox"/> Pauline F. and W. David Robbins Family YMCA <input type="checkbox"/> Lower Shore Family YMCA <input type="checkbox"/> St. Michaels Family YMCA	<input type="checkbox"/> Cecil County Family YMCA <input type="checkbox"/> Easton Family YMCA @ Peachblossom <input type="checkbox"/> Queen Anne's County Family YMCA	<input type="checkbox"/> Chincoteague Island Family YMCA <input type="checkbox"/> Easton Family YMCA @ Washington <input type="checkbox"/> Richard A. Henson Family YMCA
Name _____		
(LAST)	(FIRST)	City/State/Zip _____
Mailing Address _____		Phone _____
Emergency Contact Name _____		Birthdate ____/____/____      Gender ____M ____F
Additional Participant(s) Information:		Phone No _____
Name _____	Birthdate ____/____/____	Gender ____M ____F
(LAST)	(FIRST)	
Name _____	Birthdate ____/____/____	Gender ____M ____F
(LAST)	(FIRST)	
Name _____	Birthdate ____/____/____	Gender ____M ____F
(LAST)	(FIRST)	
<b>FOR YMCA OFFICE USE ONLY</b>		
Please sign below verifying that you have scanned all applicants ages 18 & older through Raptor.		
Welcome Center Staff Signature _____		Date _____

**Release and Waiver of Liability and Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of the Chesapeake (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

**I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM** and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.

**I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

**I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

**I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS.** If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.

**I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I/MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY**, or else I agree to bear the costs of such injury or damage myself.

**I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME/MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND THE YMCA** may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releasees from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.

**I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM**, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.

**I GIVE PERMISSION FOR MYSELF/MY CHILD TO BE TRANSPORTED BY THE YMCA** as needed for field trips, inclement weather, or late pick-up.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of Maryland and Virginia and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect. **I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Parent/guardian's signature (if participant is legally a minor)

# CECIL COUNTY PUBLIC SCHOOLS



## High School Off-Season Conditioning Program

### *Parent Consent & Release Form*

I authorize my child's participation in Off-Season Conditioning at \_\_\_\_\_  
\_\_\_\_\_*High School*, under the direction of \_\_\_\_\_  
(Coach/Teacher) \_\_\_\_\_.

I understand there is an inherent risk in using the weight room and performing physical conditioning activities and the range of injury can be minor to severe. It is further understood that in case of injury, the school is responsible only for first aid treatment. I give permission to CCPS Staff to seek medical attention if such a time warrants. To my knowledge, my child has not been treated for any pre-existing medical condition that could be aggravated by participating in this Off-Season Conditioning Program.

I, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I, or my child may have against Cecil County Public Schools (CCPS) and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at the activities for which I am requesting.

Parent or legal guardian must sign for any child under 18 entering a program. I give permission for myself and/or my child to be photographed while participating or attending a CCPS activity. I understand that photos may be used in future printed or online publicity.

By completing the information below, I confirm that I have read the above requirements about the Off-Season Conditioning Program. I understand and agree to their terms and will help my son/daughter to carry out his/her responsibilities as a CCPS student-athlete.

**Free Physicals will be offered in June each year.**  
**See athletics website for details. <https://www.ccps.org/Page/205>**

***Please check the CCPS Athletics website for date, times, and how to register.***  
***The information will also be shared on Facebook, Twitter, and via robocalls.***

Student Athlete Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

