



# 2009-2010

## FCPS and MPSSAA REQUIRED PAPERWORK TO PARTICIPATE IN FOOTBALL

**Football  
Only**

**Football  
Only**

*This packet is for potential football players only!*

### STARTING DATE

Fall Season - Saturday, August 15, 2009

*This entire packet must be turned into the head coach  
prior to or on the first day of try outs*

**Student-Athlete's Name:**

**Sport Trying Out For:**

**Football** (use different packet for other sports)

**Student-Athlete's Grade in School:**

9th    10th    11th    12th    (Circle One)

**Student-Athlete's Birth Date:**

Month                      Day                      Year

**Years Participated in This Sport:**

(not including this year)

1                      2                      3                      (Circle One)



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ENTIRE PACKET TO BE SUBMITTED BEFORE FIRST TRY OUT DATE

Fall Sports: Aug. 15

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**FORM 1: GUIDE FOR STUDENT ATHLETES AND PARENTS**

**FORM 2: ALCOHOL, TOBACCO, DRUGS AND DRUG PARAPHERNALIA OFFENSES**

**FORM 3: MPSSAA PHYSICAL EVALUATION FORM**

- This form must be completed by a physician and have his or her initials or stamp.
- This physical form must have been completed after May 31, 2009.

**FORM 4: PHYSICAL EVALUATION FORM CHECK (for winter & spring athletes only)**

- This form is for student-athletes who have already participated in interscholastic athletics at this high school this year (2009-2010). **If you have not yet participated or tried out for a sport, you need to fill out form 3 (physical form).** If you have already participated in a sport or tried out for a sport, simply indicate what sport on this form.

**FORM 5: FCPS AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS FORM**

- This form is required for participation each season.
- Student-athletes and parents should together read this entire form and **sign** and **place initials** where necessary.
- On the student information side, **please** include the insurance company name and policy number. (*Note: School insurance must be purchased if athlete does not have insurance coverage. Please see the coach for school insurance forms.*)
- Both sides of this form must be signed by the parent or legal guardian & student athlete.

**FORM 6: HEALTH AND EMERGENCY INFORMATION/STUDENT INFORMATION CARD**

- This form is to be completed by parents/guardians and will provide the coaching staff and athletic trainer useful information in case of an emergency.
- Our coaches will remove this form and keep it in their med kits.

Once the team is chosen, there is a **\$90** FCPS Athletic Fee per season.  
This non-refundable fee is required before date of first scrimmage/contest.



# GUIDE FOR STUDENT ATHLETES AND PARENTS

## GENERAL STANDARDS AND FORMS FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

**PURPOSE:** This Athletic Brochure is designed to be useful as a guide to student-athletes and parents. The intent is to condense into one brochure that information which is necessary to effectively understand and participate in the athletic program in Frederick County.

The brochure includes a collection of information pertaining to state and county procedures and regulations.

There may be questions which arise that may not be covered in this brochure. Remember, this brochure is only a guide. Only open communications between coaching staff, athletic director, parents, students, and school administrators will ensure an effective athletic program.

**ENROLLMENT:** Students shall be officially registered, as required by Maryland school laws and attending a member MPSSAA school. They may represent only the school in which they are registered and at which it is anticipated they will complete their graduation requirements.

**AGE:** Students who are 19 years or older as of August 31 are ineligible to participate in interscholastic athletics for the school year ahead.

**PHYSICAL EXAMINATION:** A student shall be examined and certified as being physically fit to participate in any tryout or practice. This examination shall be performed by a qualified physician between June 1 and the first day of practice. All physicals expire on May 31.

**ATHLETIC INSURANCE AND PARENTAL PERMISSION:** Every candidate for and participant on an interscholastic team must provide proof of parental permission and have insurance covering possible accident or injury in school-sponsored games, practice sessions and travel to and from athletic contests. Such coverage may be provided through the purchase of scholastic accident insurance, or by providing proof of similar or superior coverage.

**FOOTBALL INSURANCE:** The Board of Education offers an insurance policy option which students participating in football may purchase. Students must show proof of similar or superior coverage and/or purchase the football insurance through the Board of Education. There is no guarantee that all medical bills and expenses will be borne by the football insurance. There are exclusions and limitations that are delineated in the football insurance brochure that every football candidate should receive from his respective coach. If an injury occurs, parents and/or guardians of athletes should anticipate the distinct possibility of incurring medical expenses that will not be covered by insurance.

The football insurance option available through the school system, if selected, will cover students participating in football only. Insurance for school time and other sports must be purchased separately.

**INTERSCHOLASTIC ATHLETIC FEE:** The school system will require that each student pay a nonrefundable fee of \$90 for each team in which he or she is a member.

Fees collected will contribute to the county athletic program to underwrite transportation, coaches salaries, officials' fees, equipment and uniforms.

**SEASON OF COMPETITION:** Students may participate in interscholastic athletic contests a maximum of four seasons in any one sport in grades 9, 10, 11, and 12.

**OUTSIDE TEAM MEMBERSHIP:** The outside participation shall not conflict with the practice or contest schedule of the school including district, regional and state championship play. A principal and coach must authorize in advance an absence from a school scheduled practice or competition. Failure to comply with this rule will result in dismissal from the team.

**ACADEMIC ELIGIBILITY:** A student to be eligible to participate in extracurricular activities must have a minimum of a 2.00 grade point average and no "F" grades. Grades used to determine eligibility will be recorded on report cards and interim reports. Grades used to determine ineligibility will be nine week term grades only. Eligibility/ineligibility for fall extracurricular activities is determined by the **fourth term grades** from the previous year.

The student may practice during the ineligible period, but may not accompany the team, participate in any interschool competition (including scrimmages) or be excused from class for the activity concerned.

**ATTENDANCE:** Each athlete is required to attend school and classes regularly. On the day of an event (game or practice) an athlete must attend for the entire day; in the case of extenuating circumstances, the school administration may waive this rule.

**DRUG, ALCOHOL, TOBACCO AND DRUG PARAPHERNALIA POLICY:** Alcohol, drug, and tobacco use are extremely serious offenses. Not only is the quality of life of the student athlete in jeopardy but the quality of life of innocent bystanders may be in jeopardy as well. Individuals participating in athletics depend on one another to be mentally and physically prepared to give their best effort each day. This cannot happen if the student athlete is using alcohol, tobacco, or drugs that are not prescribed by a physician. Accordingly, the following provisions apply to student athletes effective with the designated start date of the athletic season in August and ending with the last day of school for students. Therefore, the provisions apply to student-athletes for the entire designated period, regardless if they are in or out of season.

A participating student athlete involved in possession (having control over or the access to use, even if the control or right is shared with others; possession does not require ownership, it includes constructive possession), use, being under the influence to any degree, or being party to an actual or attempted transaction of any of the substances which are or have the appearance of drugs (prescription or non-prescription used outside of their legal medical purposes), steroids, alcohol, tobacco, narcotics, controlled dangerous substances, inhalents, or drug paraphernalia on/off school property, under or not under school supervision shall be subject to the following consequences:

Immediate exclusion for 20% of regularly scheduled competitions or performances. If less than 20% of regularly scheduled competitions or performances in which a student is officially representing the school remain, there will be a carryover into the post season and/or next season of participation including the following year so that the total exclusion level is at 20%. During the 20% exclusion period, the student may participate in practices and related athletic training activities but may not participate in any other team activities including, but not limited to, participating in interschool competitions (including scrimmages), sitting or traveling with the team, wearing the team uniform, or being excused from class for team activities AND student athlete must complete an assessment by an approved and recommended substance abuse program (i.e., Project 103) and complete an approved program, if recommended, as a result of the assessment.

Second and subsequent violations will result in exclusion from all participation for three (3) consecutive sport seasons (consult FCPS Regulation 400-86 for more details).

**SERIOUS ACTS BY STUDENT LEADERS:** Students holding leadership positions or representing the school through academics, athletics and/or activities such as a club or organization, who commit an offense classified as a serious, unlawful act in the community or a serious suspendible offense may be removed from the position. Arrest, conviction, or legal judgment is not required.

**STUDENT CONDUCT:** As a result of misconduct (as described by the principal and/or coach) the principal and/or coach shall be responsible for deciding appropriate punishment. Any player ejected from a contest will be suspended for the next contest.

**HAZING:** Hazing will not be tolerated to any degree and will be punishable as outlined in Board regulation 400-8. Any action taken or situation created that causes or is reasonably likely to cause harassment, physical harm, serious mental or emotional harm, extreme embarrassment, ridicule, or loss of dignity to another student for purposes of initiation into a student organization or activity will not be tolerated.

**TITLE IX:** FCPS BOE supports the provisions of Title IX and believes the implementation of the athletic program should reflect equity in funding, scheduling, and access to programs and facilities. The supervisor of athletics in cooperation with the athletic director and building principal will annually evaluate the following areas to insure equity in athletic programs at all FCPS high schools.

Questions or concerns about the application of Title IX should be directed to the executive director of legal services who serves as the Title IX coordinator for Frederick County Public Schools.

**STARTING DATES FOR PRACTICE:** Fall sports, August 15; winter sports, November 14; spring sports, March 1. If the first day of practice falls on Sunday, practice can begin on Saturday.

**OUT-OF-SEASON PRACTICE:** Member schools and coaches shall confine all organized or formal practices for all students or teams to the seasonal limitations. Any individual, group or gathering that has assembled for the purpose of instruction and is under the direction of any member of the school coaching staff during the school year would constitute a violation.

A coach may coach a team not representing his/her school during the summer months (MPSSAA rules apply). The team may not use a name connected with the school. The team may not use school uniforms or equipment.

**RECRUITING STATEMENT:** No coach or school personnel are to discuss or otherwise promote transfers or changes in residence or residence arrangements with any student, parent or other person of influence or knowingly permit such activity to take place for the purpose of facilitating athletic participation.

**EQUIPMENT RESPONSIBILITY:** It is the responsibility of the student-athlete to maintain and return all equipment and uniforms issued to them. Parents will be financially responsible for any equipment or uniforms which are lost, stolen, or misplaced during the time the student/athlete is responsible for them. The price of replacing these items will be the actual cost to the school for purchasing new replacement items. Until any charges for lost equipment have been paid, the student-athlete will not receive a report card or be eligible to participate on any other high school athletic team.



## FREDERICK COUNTY PUBLIC SCHOOLS: STUDENT ATHLETES – DISCIPLINARY CONSEQUENCES FOR ALCOHOL, TOBACCO, DRUGS AND DRUG PARAPHERNALIA OFFENSES

Alcohol, drug, and tobacco use are extremely serious offenses. Not only is the quality of life of the student athlete in jeopardy but the quality of life of innocent bystanders may be in jeopardy as well. Individuals participating in athletics depend on one another to be mentally and physically prepared to give their best effort each day. This cannot happen if the student athlete is using alcohol, tobacco, or drugs that are not prescribed by a physician. **Accordingly, the following provisions apply to student athletes effective with the designated start date of the athletic season in August and ending with the last day of school for students. Therefore, the provisions apply to student athletes for the entire designated period, regardless if they are in or out of season.**

A. A participating student athlete involved in possession (having control over or the access to use, even if the control or right is shared with others; possession does not require ownership, it includes constructive possession), use, being under the influence to any degree, or being party to an actual or attempted transaction of any of the substances which are or have the appearance of drugs (prescription or non-prescription used outside of their legal medical purposes), steroids, alcohol, tobacco, narcotics, controlled dangerous substances, inhalants, or drug paraphernalia on/off school property, under or not under school supervision shall be subject to the following consequences:

1. Immediate exclusion of the student athlete for 20% of regularly scheduled competitions or performances. If less than 20% of regularly scheduled competitions or performances in which a student is officially representing the school remain, there will be a carryover into the post season and/or next season of participation including the following year so that the total exclusion level is at 20%. During the 20% exclusion period, the student may participate in practices and related athletic training activities but may not participate in any other team activities including, but not limited to, participating in interschool competitions (including scrimmages), sitting or traveling with the team, wearing the team uniform, or being excused from class for team activities.

**AND**

2. The student athlete must complete an assessment and associated program (if recommended) by an approved and recommended substance abuse program (i.e., Project 103) and provide appropriate verification of participation.

**OR**

3. Failure to comply with Part 2 results in no participation for three (3) consecutive sport seasons (see Reg. 400-86 for specific clarification of sport seasons).
4. Second and subsequent violations will result in exclusion from all participation for three (3) consecutive sport seasons (see Reg. 400-86 for specific clarification of sport seasons).

B. A participating student athlete involved in the distribution of substances, which are or have the appearance of drugs (prescription or non-prescription used outside of their legal medical purposes), steroids, alcohol, narcotics, controlled dangerous substances, inhalants, or drug paraphernalia on/off school property, under or not under school supervision shall be subject to exclusion from all participation for three (3) consecutive sport seasons (see Reg. 400-86 for specific clarification of sport seasons).

C. Self-Referral by Student Athlete/Parent

Student representatives may take advantage of a self-referral procedure to seek information, guidance, counseling, and assessment in regard to student athlete use of tobacco, alcohol and other drugs. **Voluntary referrals do not carry punitive consequences.**

1. This self-referral is allowed one (1) time in a student’s four-year high school career.
2. Only the student or a member of the student’s immediate family may make referral.
3. The self-referral cannot be used as a method to avoid consequences once a conduct rule is violated and a student has been identified as having violated one of the conduct rules.
4. The self-referral must be made to an athletic director, administrator, guidance counselor, or school nurse.

“Out of Season” student athletes found in violation shall be subject to consequences in their next season of participation, including the following year.

# Preparation Physical Evaluation



## HISTORY

This page to be completed by student and parent/guardians

Name _____	Sex _____	Age _____	Date of birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal physician _____			
In case of emergency, contact _____			
Name _____	Relationship _____	Phone (H) _____	(W) _____

Explain "Yes answers below.  
Circle questions you don't know the answers to.

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?<br>Do you have an ongoing or chronic illness?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Have you ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden death before age 50?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 6. Do you have any current skin problems for (example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
|  |                          |                          | 8. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 9. Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 10. 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)?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 11. Have you had any problems with your eyes or vision?<br>Do you wear glasses, contacts, or protective eyewear?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bone, or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Knee<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf<br><input type="checkbox"/> Upper arm <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><span style="margin-left: 100px;"><input type="checkbox"/> Foot</span> |                          |                          |
|  |                          |                          | 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 14. Do you feel stressed out?  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          | 15. Record the dates of your most recent immunizations (shots) for:  |                          |                          |
|  |                          |                          | Tetanus _____ Measles _____  |                          |                          |
|  |                          |                          | Hepatitis B _____ Chickenpox _____   |                          |                          |

**We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# Preparation Physical Evaluation

**PHYSICAL EXAMINATION**

DATE OF EXAM \_\_\_\_\_

This page to be completed by physician/nurse practitioner/physician assistant

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**CLEARANCE**

Cleared

Cleared after completing evaluation/rehabilitation for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for [Sport(s)]: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

Name of physician/nurse practitioner/physician assistant (print/type) \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of physician/nurse practitioner/physician assistant \_\_\_\_\_

MD/nurse practitioner/physician assistant

Physician's Stamp:

Endorsed by the MPSSAA  
 ©1997 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine

# PHYSICAL EVALUATION FORM CHECK

**\*This form is to be completed for winter and spring student-athletes who have already played or tried out for a fall or winter sport.**

I \_\_\_\_\_, participated in  
*(list student-athlete's name here)*

\_\_\_\_\_, during the FALL or WINTER season.  
*(list sport here)*

**Therefore, my physical evaluation form is already on file with the school.**

# AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

Frederick County Public Schools  
As parents or legal guardians of



\_\_\_\_\_  
First Middle Last  
(Please Print)

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. **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 the Frederick County Public Schools in its athletic program, and the benefits derived by our child from participation, we agree to release and hold harmless the Board of Education of Frederick County, its members, the Superintendent of Schools, the principal, all coaches, and any and all other agents, servants, and/or employees and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Frederick County and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to 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.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, practice sessions and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics in Frederick County Public Schools as issued by the Frederick County Board of Education and the Maryland State Department of Education.

Every candidate for and participant on an interscholastic team must obtain and maintain insurance against possible accident or injury in school-sponsored games, practice sessions, and during travel to and from athletic contests. Such coverage may be provided by the purchase of scholastic accident insurance (through the school); otherwise, proof of similar or superior coverage must be presented. **Football insurance must be purchased separately from other insurance options.**

## RESIDENCY REQUIREMENTS

I also declare and affirm that my child resides within the attendance area of:

\_\_\_\_\_  
(Name of School)

or is attending

\_\_\_\_\_  
(Name of School)

with the special permission of the Office of Pupil Services of Frederick County Public Schools. A student attending a high school without the benefit of residing\* within the school's attendance area and/or special permission of the Superintendent of Schools or his designee, is subject to disciplinary action which could result in the loss of athletic eligibility for a period of time, ineligibility in a specified sport for the forthcoming year, or penalties as may seem justified in the particular case. It is also possible for the athlete's team and school to be penalized.

\*Residing means with parents or legal custodians.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# STUDENT ATHLETE INFORMATION FORM

Name (First, Middle, Last)	Grade	Age	Birthdate
----------------------------	-------	-----	-----------

My son/daughter/ward is covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Company Name, Policy Number	If no, student must have school insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------------------------	--

Family Physician	Telephone Number
------------------	------------------

Dentist	Telephone Number
---------	------------------

Date	Home Telephone Number	Emergency Telephone Number	E-mail Address
------	-----------------------	----------------------------	----------------

Legal Home Address	Street	City	State	Zip Code
--------------------	--------	------	-------	----------

Parent/Legal Guardian Name

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Year	High School(s) Attended	Grade	Sports Played

**Parents, please initial each item below.**

By evidence of the signatures below, you are testifying that you:

- Have read the athletic brochure
- Have read the provisions of the Authorization for Participation in Interscholastic Athletics form
- Understand the eligibility and residency requirements
- Understand the school system's drug and alcohol policy
- Give permission for participation and assume risk for injury that may occur
- Acknowledge valid insurability by school or private insurance carrier
- Give permission for student's name and picture to be used for internet and school publications

Failure to accurately complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic athletic program of the Frederick County Public Schools.

\_\_\_\_\_ (Sport)

\_\_\_\_\_ (Student's Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent/Legal Guardian Signature)

\_\_\_\_\_ (Date)

## HEALTH AND EMERGENCY INFORMATION

### HEALTH CARE CONTACTS

Health Care Provider/Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

### STUDENTS' MEDICAL HISTORY (CHECK THOSE THAT APPLY):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADHD                         | <input type="checkbox"/> Dental Problem                 | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> ADD                          | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Menstrual Problems      |
| <input type="checkbox"/> Allergy: Bee Sting           | <input type="checkbox"/> Disability – Physical          | <input type="checkbox"/> Orthopedic Condition    |
| <input type="checkbox"/> Allergy: Food                | <input type="checkbox"/> Earaches/Infections – Frequent | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Allergy: Latex               | <input type="checkbox"/> Eczema                         | <input type="checkbox"/> Sore Throats – Frequent |
| <input type="checkbox"/> Allergy: Medication          | <input type="checkbox"/> Fainting Spells                | <input type="checkbox"/> Speech Problem          |
| <input type="checkbox"/> Allergy: Pesticide/Chemical* | <input type="checkbox"/> Gastrointestinal Disorder      | <input type="checkbox"/> Stomachaches – Frequent |
| <input type="checkbox"/> Allergy: Seasonal            | <input type="checkbox"/> Headaches – Frequent           | <input type="checkbox"/> Vision Problem –        |
| <input type="checkbox"/> Anorexia/Bulimia             | <input type="checkbox"/> Hearing Problem/Wears Aids     | <input type="checkbox"/> Wears Glasses/Contacts  |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Heart Condition                |  |

If any of above was checked, please explain. Also include anything about child's health that will help staff better understand and work with him/her. \_\_\_\_\_

### DOES YOUR CHILD NEED MEDICATION FOR ANY CONDITION?

At Home: Y / N    At School: Y / N

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason Needed: \_\_\_\_\_

**Reminder: You must supply medication form completed by a health care provider for each medicine the student takes at school.**

## STUDENT ATHLETE INFORMATION CARD



YOUR STUDENT

Student's Name \_\_\_\_\_  
Last First MI

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

PARENTS/GUARDIANS

	Parent/Guardian #1:	Parent/Guardian #2:	Alt Emergency Contact:
Name	Mr/Ms	Mr/Ms	Mr/Ms
Phone (H)			
Phone (W)			
Phone (cell)			
Alt Phone			
Employer			

In the course of school activities, FCPS staff and/or the news media occasionally wish to interview, photograph or videotape students, display their work or publish their names. Unless indicated otherwise below, we will assume permission to do so. (FCPS cannot control media coverage of events that are open to the public.) *Permission refused* \_\_\_\_\_

**In case of accident or serious illness, I request that school staff attempt to contact me. If I cannot be reached, I hereby authorize the head coach or assistant coach to make reasonable arrangements to be in the best interest of the child.**  
 Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_