

EXTRA CURRICULAR ACTIVITIES PARTICIPATION AGREEMENT

USD No. 500 cannot prevent students from becoming exposed to, contracting, or spreading COVID-19 while participating in school activities. While USD No. 500 will take necessary precautions and comply with guidelines from federal, state and local governments, the CDC, KDHE as well as KSHSAA, it is not possible to prevent against the presence of the disease. Therefore, students who choose to participate in school activities may be exposed to and/or increase their risk of contracting or spreading COVID-19.

In consideration of being allowed to participate in USD No. 500 athletic programs or other extracurricular activities and events, the undersigned acknowledges, understands and agrees that:

1. Participation includes potential for exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I willingly agree to comply with the stated rules, guidelines, terms and conditions for participation to protect against infectious diseases including, but not limited to:
 - a. Screenings for COVID-19 signs and symptoms, including a daily temperature check, prior to any practice, event, or team meeting with participation in the activity being limited and/or prohibited where an individual displays positive responses or symptoms.
 - b. Social distancing and healthy hygiene practices such as hand washing, using hand sanitizer.
 - c. Wearing masks/face coverings at all times except when directly participating in the activity.
3. I willingly agree that if I observe or become aware of any unusual or significant hazard during my presence or participation to include my own health condition, including feeling sick or having an elevated temperature above 99 degrees, I will remove myself from participation and bring such to the attention of the nearest official immediately;
4. I willingly agree that should I test positive for COVID-19, I must obtain written clearance by a medical provider before returning to participation;
5. I willingly agree to abide by all rules and policies of USD No. 500 and KSHSAA;
6. I acknowledge receipt of the written guidance and recommendations provided by the Unified Government Public Health Department regarding students who engage in extracurricular activities;
7. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE USD No. 500 their board members, officers, administrators, coaches, employees and/or agents, as well as other participants, agents, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS PARTICIPATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date: _____
Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____
Name (printed): _____

Kansas City Kansas Public Schools USD 500
Student COVID-19 Testing Information and Consent Form

A robust COVID-19 testing strategy supports safe, in-person learning and activities while providing another layer of protection for students, teachers and staff. Testing is part of a comprehensive strategy to quickly identify infection and prevent it from spreading in the school.

A student may only be tested for COVID-19 with documentation of consent from the student's parent or legal guardian.

Test to Know / Test to Stay / Test to Learn / Test to Play

Kansas City Kansas Public Schools offers COVID-19 testing as a free service to our school community. This allows a way for students to safely continue to attend school and participate in activities, thereby supporting academic success and social/emotional health.

In order for a student to continue school and KSHSAA activities through a modified, in-school quarantine following a COVID-19 exposure, they must, for the duration of the KDHE recommended quarantine period, (1) meet eligibility criteria, (2) the parent/guardian must consent for the student to wear a mask when indoors/outdoors and (3) be tested daily with a nasal swab COVID-19 test. The student will not be in close contact with other students or staff at school, to include riding on a school bus, until a negative test result is known. Those who do not consent to participation will complete the quarantine period at home and will be unable to attend school or participate in KSHSAA activities.

Eligible students for Test to Stay / Test to Learn / Test to Play must meet all of the following criteria:

- The close contact occurred at school or during a school-related event.
- The student does not already meet criteria for quarantine exemption.
- The student is eligible for the modified, in-school quarantine as deemed by the Kansas Department of Health & Environment (KDHE) and Kansas City Kansas Public Schools.

For a student/staff who has been identified as a close contact and is unvaccinated and has opted-in for the testing plan, they will report to a designated location wearing a mask in their respective building. They will be tested using a nasal swab COVID-19 Test. All test results will be uploaded to KDHE using the online platform, as well as, reported to the Unified Government Health Department. The individual will be tested each school day for the duration of their quarantine period.

- If the individual tests negative and is free of symptoms, the individual will be allowed to attend school in-person and is required to wear a mask at all times when not actively eating/drinking. They will also be allowed to participate in all indoor and outdoor KSHSAA activities but are required to wear a mask.
- If the individual tests negative and has symptoms, a PCR Test will be required. Staff/students with symptoms following exposure will only be allowed to return upon receiving a negative PCR test.
- If the individual tests positive, they will be sent home and the results will be reported to KDHE. The school will contact the parents and/or legal guardians with updated quarantine information.
- If the individual chooses not to opt-in to the testing protocol, they will not be allowed to attend in-person learning or participate in any extracurricular activities during the duration of their quarantine as directed by KDHE.

Kansas City Kansas Public Schools USD 500

COVID-19 Testing Consent Form

Name of Person Being Tested: _____

Student Staff DOB: _____

Parent/Guardian (if student is a minor): _____

Address: _____

Phone: (W) _____ (H) _____ (Cell) _____ OK to text? Yes No

Email address: _____

Please carefully read and sign the following informed consent for COVID-19 testing at school.

- 1) By completing this form, I consent to allow a trained school staff member to test myself/my child for COVID-19 through a nasal swab collection. COVID-19 testing may be offered to staff or students in three circumstances: (1) if staff/student develops new symptoms of COVID-19; (2) if staff/student is exposed or potentially exposed to COVID-19 in a school group and the local public health department recommends testing; or (3) screening testing. I understand that I may consent to one or more types of testing for myself/my child.
- 2) I authorize the test results to be disclosed to the school district in collaboration with the Unified Government Health Department and Kansas Department of Health and Environment (KDHE).
- 3) I acknowledge that if the test result is positive, I/my child will be required to self-isolate at home to avoid infecting others and will not attend school until the end of the KDHE recommended quarantine period. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.
- 4) I understand that KCKPS is not acting as a medical provider, this testing does not replace treatment by a medical provider, and I will seek medical advice, care and treatment from a medical provider if I have questions or concerns.
- 5) I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result and that KCKPS will collaborate with the Unified Government Health Department for testing guidance and recommendations as needed.
- 6) I understand and agree that if the person being tested has been exposed, in order to continue to attend school and KSHSAA activities, including practices and competition, I/my child must wear a mask when indoors/outdoors and be tested daily with a nasal swab Rapid Antigen Test until the end of quarantine period.
- 7) I, the undersigned, have read the contents of this form in its entirety and agree to the statements contained within this form. I voluntarily agree to allow myself/my child to be tested for COVID-19.

I authorize participation in COVID-19 testing at school for the duration of the 2021-2022 school year:

Signature: _____ Date: _____
(Parent/Guardian/Staff Signature or Student if over 18)

Printed Name: _____

USD No 500 Activity Consent Form

Name of Student: _____ DOB: _____ Grade: _____
School: _____ Teacher: _____

As parent or legal guardian of the above student, I give my consent and approval for my child (_____) to participate in the following activity:

Name of Activity: _____
Location of Activity: _____ Date of Activity: _____

I understand Transportation will be provided by _____

IN CASE OF EMERGENCY NOTIFY:

1. _____	2. _____
ADDRESS: _____	ADDRESS _____
PHONE: _____	PHONE: _____
OUR FAMILY PHYSICIAN IS: _____	PHONE: _____

I further agree to release and hold harmless Kansas City Kansas Public School Unified School District 500, and its officers, agents and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with or while participating in the above activity.

In event of any illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician and/or surgeon as deemed necessary for the student(s) safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent guardian and not the School District if transported in a school owned vehicle.

Print Parent/Guardian Name: _____

Address: _____

Phone: (H) _____ Phone: (W) _____ Phone: _____ (C)

Parent/Guardian Signature: _____ Date: _____

I understand that if I have questions I should contact: _____ at _____
(Name & Title) (Phone)

PARENTAL INSURANCE INFORMATION AND WAIVER

STUDENT NAME _____

FAMILY PHYSICAL _____

OFFICE PHONE _____

PARENT/GUARDIAN NAME _____

MEDICAL HEALTH INSURANCE COMPANY _____

MEMBERSHIP OR GROUP POLICY NUMBER _____

EMERGENCY CONTACT OTHER THAN PARENT _____

RELATIONSHIP TO STUDENT _____ **PHONE** _____

PARENTS PLEASE READ CAREFULLY: The Kansas City, Kansas Public School District does not purchase accident insurance to cover injuries incurred by your child while participating in interscholastic sports. All students participating in interscholastic sports in the Kansas City Kansas Public School District **must have medical insurance coverage before participating in interscholastic sports, including practices.** The above medical insurance information, a current physical examination, and other athletic forms required by each school, must be on file in the athletic director's office prior to participation in interscholastic sports.

If your child **does not have** medical insurance, be advised that Student Assurance Services, Inc., a private business, provides medical insurance coverage. Information about Student Assurance Services, Inc. medical insurance coverage plan is available at your child's school. Coverage would be for the **2018-2019** school year and is not effective until the enrollment form, along with payment, is received by the schools' athletic director.

INSURANCE WAIVER

PARENT OR GUARDIAN MUST CHECK EITHER 1, 2, OR 3 LISTED BELOW

- ___ 1. My child is insured under the named medical insurance company and membership or group policy number is listed above.
- ___ 2. I decline insurance and assume all the risk.
- ___ 3. I am insuring my child under the Student Assurance Services, Inc. Insurance program offered through the district. A completed enrollment form with payment is attached.

I, the undersigned, am the parent and/or guardian of the student identified above, have carefully reviewed this document. I understand that accident may occur in athletics even though normal acceptable safety precautions have been taken. I have provided school officials with my child's medical insurance coverage information and a current physical examination. My child is physically able to participate in interscholastic sports and has my permission to practice and compete in the school's interscholastic program.

Parent/ Guardian Signature

Date

Note: This sheet, along with a current physical examination form and other athletic forms provided by each school, must be on file with the athletic director's office before participation will be allowed.

APPLICATION FOR STUDENT ACCIDENT INSURANCE



Kansas City USD 500
2010 N. 59th Street
Kansas City, KS 66104

1. What is the first day of authorized sports practice? _____
2. What is the first day of the regular school term? _____ Last Day of School _____
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.
Effective Date _____ Termination Date _____

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

A: GROUP COVERAGES	PREMIUMS
<input type="checkbox"/> 1. Group Athletic Coverage: Plan _____	
Senior High Enrollment _____ Grades _____	\$ _____
Junior High Enrollment _____ Grades _____	\$ _____
<input type="checkbox"/> 2. Supplemental Coverage: Plan _____	\$ _____
<input type="checkbox"/> 3. Supplemental Coverage: Plan _____	\$ _____
<input type="checkbox"/> 4. All Pupil Coverages : Plan _____	
Enrollment grades PK-12 _____ @ \$ _____ =	\$ _____
<input type="checkbox"/> 5. Other Activity Coverage: _____	\$ _____
<input type="checkbox"/> 6. Other Activity Coverage: _____	\$ _____
<input type="checkbox"/> 7. Other Activity Coverage: _____	\$ _____
TOTAL PREMIUM _____ =	\$ _____

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure)	ENROLLMENTS
<input type="checkbox"/> 1. Voluntary Sports/Football Coverage: Plan _____	
Estimated number of Interscholastic Sports Participants 7-12 _____	
<input type="checkbox"/> 2. VOLUNTARY STUDENT COVERAGE: Plan _____	
Estimated Total Enrollment In grades PK-12 _____	

PLEASE LIST ALL SCHOOLS IN THE DISTRICT WITH CORRESPONDING ENROLLMENTS (or attach list)

In order to take advantage of all policy provisions, student brochures must be distributed at registration for each interscholastic sport and at registration or no later than the first day of school for all students PK-12. It is agreed and understood that: **(applies only to voluntary coverages)**

- a. The school will offer coverage to all students in the school system.
- b. Football/Sports Coverage is available only if the school installs the Voluntary Student Coverage.
- c. A school official will complete the school's section of each claim form for school related injuries.
- d. For enrollment forms returned to the school: Premiums must be sent to the agent within 30 days of receipt; and a school official will date each premium envelope on the date received.
- e. **Only one student accident insurance plan will be offered by the school.**

WEBSITE ACCESS AGREEMENT

By signing this form you will be given access to the Master Policy, roster, and claim status information. This information should only be shared by those persons in the school administration. After we receive this application you will receive an email that explains how to access all of the information at our website.

Applied for by:

Print Name of School Official

Telephone Number

E-Mail Address

Signature of School Official

Title

Date

School Contact

If different than above

Telephone Number

E-Mail Address

Agent

Print Name

Telephone Number

E-Mail Address

Agent Mailing Address

Administered by and Mail to:



Student Assurance Services, Inc.
P.O. Box 196
Sallwater, Minnesota 55082

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Student Injuries Can Happen

Offered to Families with Students - Grades PK-12

Approved By Your School/School District

What is Student Accident Insurance?

- ◆ Coverage that provides financial assistance with your out-of-pocket medical expenses when your student sustains an accidental bodily injury.

Why Consider Student Accident Insurance For Your Student?

- ◆ High Deductible/Copayments to your Family's Primary Health Insurance
- ◆ No Health Insurance for your Student
- ◆ Your Student participates in an interscholastic sport where an unexpected injury is more likely to occur.
- ◆ Your Student is prone to injuries

Coverage Options Available Through Your School

- ◆ School Time Coverage - \$16.00
 - ◆ Interscholastic Sports Coverage (w/School Time-\$91.00 or 24 Hour Coverage-\$174.00)
 - ◆ 24-Hour/Full-Time Coverage - \$99.00
 - ◆ Football Coverage - \$250.00 (Grades 9-12 for the football season)
 - ◆ Extended Dental Coverage - \$9.00
- Premium Paid Once a School Year**

To Enroll Your Student & Review Medical Benefits

Go to: www.sas-mn.com

1. Click "Enroll" in K-12 Students & Parents
2. Select State and School/District
3. Select "Brochure" to review medical benefits, coverage options, and rates.

Parents can either print and complete the enrollment form to mail with check/money order or:

You Can Purchase Coverage Online:

- Select "Purchase Online"
- Complete online application (more than one student can be enrolled)
- Pay by Credit Card/Debit
- Print ID Confirmation after transaction is successful

Accidents Can Happen and Medical Expenses are One of the Biggest Financial Hardships for Families Every Year.

For Questions, Call (800) 328-2739



Specializing in Student Accident Insurance Since 1971.

The above information is just a brief description of Student Assurance Services' student accident insurance. For more information including costs, benefits, effective dates, exclusions, limitations, please refer to www.sas-mn.com. Students are able to purchase coverage only if his/her school district has a policy in place with the insurance company.

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. Sign the bottom of the History Form (page 2).
3. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
5. Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
6. Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

SCHOOL ADMINISTRATORS

1. Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
2. Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
4. Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name Sex Age Date of birth
Grade School Sport(s)
Home Address Phone
Personal physician Parent Email

List past and current medical conditions:
Have you ever had surgery? If yes, list all past surgical procedures:
Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:
Do you have any allergies? Yes No If yes, please identify specific allergy below.
Medicines Pollens Food Stinging Insects
What was the reaction?

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

Table with 3 columns: Question, YES, NO. Sections include GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, and BONE AND JOINT QUESTIONS.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO		
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?		<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you ever used an inhaler or taken asthma medicine?		<input type="checkbox"/>	<input type="checkbox"/>		
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?		<input type="checkbox"/>	<input type="checkbox"/>		
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?		<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you had infectious mononucleosis (mono)?		<input type="checkbox"/>	<input type="checkbox"/>		
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		<input type="checkbox"/>	<input type="checkbox"/>		
If yes, how many?					
What is the longest time it took for full recovery?					
When were you last released?					
29. Do you have headaches with exercise?		<input type="checkbox"/>	<input type="checkbox"/>		
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?		<input type="checkbox"/>	<input type="checkbox"/>		
31. Have you ever become ill while exercising in the heat?		<input type="checkbox"/>	<input type="checkbox"/>		
32. Do you get frequent muscle cramps when exercising?		<input type="checkbox"/>	<input type="checkbox"/>		
33. Do you or does someone in your family have sickle cell trait or disease?		<input type="checkbox"/>	<input type="checkbox"/>		
34. Have you ever had or do you have any problems with your eyes or vision?		<input type="checkbox"/>	<input type="checkbox"/>		
35. Do you wear protective eyewear, such as goggles or a face shield?		<input type="checkbox"/>	<input type="checkbox"/>		
36. Do you worry about your weight?		<input type="checkbox"/>	<input type="checkbox"/>		
37. Are you trying to or has anyone recommended that you gain or lose weight?		<input type="checkbox"/>	<input type="checkbox"/>		
38. Are you on a special diet or do you avoid certain types of foods or food groups?		<input type="checkbox"/>	<input type="checkbox"/>		
39. Have you ever had an eating disorder?		<input type="checkbox"/>	<input type="checkbox"/>		
40. How do you currently identify your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____				
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)		NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
<i>(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)</i>					
FEMALES ONLY:		YES	NO		
42. Have you ever had a menstrual period?		<input type="checkbox"/>	<input type="checkbox"/>		
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>		
44. How old were you when you had your first menstrual period?					
45. When was your most recent menstrual period?					
46. How many menstrual periods have you had in the past 12 months?					

Explain all Yes answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

X Signature of student-athlete _____ Signature of parent/guardian _____ Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____	Date of birth _____					
Date of recent immunizations:	Td _____	Tdap _____	Hep B _____	Varicella _____	HPV _____	Meningococcal _____

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 adhere to safe sex practices?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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/throat - Pupils equal, Gross Hearing			
Lymph nodes			
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses - Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological***			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test			

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if In appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

X Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

KSHSAA PRE-PARTICIPATION 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, except as indicated above. 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 healthcare provider (print or type): _____ Date: _____

X Signature of healthcare provider: _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

X Signature of parent/guardian _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.kshsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in outside competition in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on all transfer students.)

- | YES | NO | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.) |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X Signature of parent/guardian _____ Date _____
 X Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.



KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

Based on awareness of potential cardiopulmonary issues in adolescents who have had or been exposed to COVID-19, the American Medical Society for Sports Medicine, the National Federation of High School Associations and the KSHSAA Sports Medicine Advisory Committee recommend a preseason screening of students prior to participating in athletics.

This questionnaire is to be completed and turned in to the school prior to the student's first sports practice (including Spirit) of the 2020-21 school year. It is recommended students/parents complete this form 1-2 weeks prior to the start of the season in case follow-up evaluation is necessary. If timing allows it should be done in conjunction with the student's pre-participation physical exam. This form is NOT intended to replace the recommended daily screening procedures for all students participating in activities.

Student Name: _____

Date: _____

Please check Yes or No for each question and symptom listed below.

YES NO

Have you been diagnosed with or tested positive for a COVID-19 infection?

If YES, date of diagnosis or positive test result: _____

Have you had any of the following symptoms in the past two weeks?

Fever _____

Cough _____

Shortness of breath or difficulty breathing _____

Shaking chills _____

Chest pain, pressure, or tightness with exercise _____

Fatigue or difficulty with exercise _____

Racing heart rate _____

Unusual dizziness _____

Loss of taste or smell _____

Sore throat _____

Nausea, vomiting, or diarrhea _____

Unusual rash or painful discoloration of fingers or toes _____

Do you have a family member or household member with current or past COVID-19?

Any student-athlete marking any of the above questions or symptoms "YES" should be evaluated by a healthcare provider and submit written clearance from their healthcare provider to the school before being permitted to participate in sports (including Spirit activities).

Signatures Required

Student

Date

Parent/Guardian

Date



KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

THIS PAGE ONLY NEEDS COMPLETED IF A "YES" ANSWER WAS PROVIDED ON ANY OF THE ITEMS ON PAGE 1.

Healthcare Provider Release Section:

(Must be completed by MD, DO, DC, PA-C, APRN)

I have examined the student named on this form and reviewed the student's previous history of COVID-19 illness and/or exposure.

- Student is medically eligible for all sports without restriction
- Student is not medically eligible for any sports at this time

Recommendations: _____

Date: _____

Name of healthcare provider: _____

Signature of healthcare provider: _____
MD, DO, DC, PA-C, APRN

Address: _____

Phone: _____

The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:

1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) an urgent referral to a health care provider should be arranged (if not already onsite). The student may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student **should not** be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
2. *What are the “signs, symptoms, or behaviors consistent with a concussion”?* The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Cannot recall events prior to hit • Cannot recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

These lists may not be exhaustive

3. *What is a “Health Care Provider”?* The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
4. The first step to concussion recovery is cognitive rest. Students may need their academic workload modified or even be completely removed from the classroom setting while they are initially recovering from a concussion as they may struggle with concentration, memory, and organization. Students should also limit the use of electronic devices (computers, tablets, video games, texting, etc.) and loud noises, as these can also impair the brain’s recovery process. Trying to meet academic requirements too early after sustaining a concussion may exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. After the initial 24–48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2022-2023**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech 	<ul style="list-style-type: none"> • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/index.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**INFORMED CONSENT FOR EVALUATION RELATED TO SPORT PARTICIPATION AND
AUTHORIZATION TO RELEASE INFORMATION**

_____ (“Participant”) is seeking to participate in a sport activity (“Activity”) with _____ (Club/Team/School, referred to as “Program”). The Program has contracted with Children’s Mercy Hospital to provide certain services related to the Program.

By signing this Informed Consent for Evaluation Related to Sport Participation and Authorization to Release Medical Information (“Consent”), I hereby authorize a Children’s Mercy Hospital physician, nurse practitioner, athletic trainer, or other allied health personnel (collectively referred to as “Practitioner”) acting on behalf of the Program to perform assessment, evaluation, examination, treatment or rehabilitation of the Participant (referred to as “Sports Medicine Service(s)”). The Sports Medicine Services provided pursuant to the agreement between the Program and Children’s Mercy Hospital may also include pre-participation physical examinations (“PPE”), baseline and post-concussion testing, and Electrocardiogram evaluation (“EKG”).

I understand that a PPE is for screening purposes only and is not a complete physical examination to diagnose diseases or certain medical conditions, nor does it include all elements of a well-patient examination, such as vision or hearing screenings, social development and activity, cognitive development and academics, updating immunizations, preventive health recommendations, and laboratory testing.

I certify that I have and will provide the Participant’s medical history truthfully and to the best of my ability. I understand that truthful responses are necessary for the evaluation and safety of the Participant.

I understand that neither the PPE nor any other Sports Medicine Service provided by any Practitioner guarantees Activity participation results nor prevents future injury. I further understand that the PPE and any other examination, evaluation, and testing performed by a Practitioner carries with it the risk of misdiagnosis and injury and that results are not guaranteed. Despite these risks, I authorize Practitioner to provide Sports Medicine Services as identified above to Participant related to the Activity. I have had the opportunity to have any questions regarding the Sports Medicine Service(s) answered to my satisfaction. I knowingly and voluntarily consent to Participant receiving the Sports Medicine Services by The Children’s Mercy Hospital related to the Program and Activity.

I understand this information is possessed and is accessible by the Program, which may include coaches, staff, athletic directors, athletic trainers, and health care providers. I further recognize that certain information included as part of any Sports Medicine Service provided to Participant may be shielded from disclosure by certain confidentiality protections, including the Family Educational Rights and Privacy Act (“FERPA”).

I authorize the Program to release the PPE form and other information related to Participant's ongoing evaluation and participation in the Program to other healthcare providers necessary for proper evaluation and treatment of Participant and other internal health care provider uses, including to Children's Mercy Hospital's workforce members (employees, physicians, nurses, etc.). I also understand authorize the Program to release such Participant information to appropriate club/team/school officials as necessary for health and safety of the Participant. I understand the information may be released orally or in the form of copies of written records. I have a right to inspect any written records released pursuant to this Consent and Authorization. I understand I may revoke this Authorization upon providing written notice to the Program. I further understand that until this revocation is made, this Authorization shall remain in effect.

I hereby release The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, from any and all liability that may arise from the Sports Medicine Services provided by any Practitioner related to Participant's participation in the Activity and medical advice provided by a Practitioner. I further agree to defend, indemnify, and hold The Children's Mercy Hospital and its employees, including Practitioner(s) acting on behalf of the Program, harmless for any injuries or liability related to Practitioner's clearance or non-clearance of Participant to participate in the Activity.

Participant or the Legal Guardian, if the Participant is under the age of 18 and cannot otherwise legally consent on his/her own behalf, must sign below:

Participant Signature (if 18): _____ Date: _____
Time: _____

Legal Guardian Signature: _____ Date: _____
Time: _____

Legal Guardian Relationship to Participant: _____

Participant Date of Birth: _____

Participant and Parent/Guardian Address: _____

Home Phone: _____

Work/Cell Phone: _____

Alternative Phone: _____