



Middle School Athletic Registration

Please complete

- 1.) This cover page
- 2.) Student/contact information page
 - a.) Physicals dated between April 1, 2020-March 31, 2021 valid for 21-22 year only
 - b.) Physicals dated April 1, 2021 valid for 21-22 and 22-23
 - c.) Physicals dated prior to April, 2020 are no longer valid
- 3.) Agreement/acknowledgement pages
- 4.) Parent/Athlete/Coach Expectations page
- 5.) Attach a valid Physical or Alternate year Card

*Sport fee will be applied in Skyward and can be paid through Family Access

Submit to the Ashland High School or scan and email the packet to either Travis Larson at tlarson@sdak12.net or P.J. Lemieux plemieux@sdak12.net.

This packet must be submitted ***BEFORE the first day of practice*** for athletic participation. The sooner it is submitted the easier it will be to ensure the student is cleared for participation.

For office use only:

- Complete Physical Form/Alternate year card
- Code of Conduct Signed
- Concussion info signed
- Acknowledgement of Risk
- P/A/C Expectations

Student Name: _____.

Grade: _____.

Sports (please list all sports you are registering for this school year): _____.

School year: _____.

Student Information

Sport(s)/Activity: _____

Name: _____

Grade: _____

Birth Date: _____

Home Address: _____

Phone: (Home) _____ **(Cell)** _____

Email: _____

Gender: _____

Race: _____

Medical Conditions/Allergies: _____

Parent/Guardian Info

Name(s): _____

Phone: (Home) _____ **(Cell)** _____

Email: _____

Emergency Contact Information

Please provide an emergency contact in case we are unable to contact the parent/guardian above.

Name: _____

Phone: (Home) _____ **(Cell)** _____

Email: _____

Relationship: _____

The Wisconsin DPI has indicated that we must have permission from families to share a student's free and reduced lunch status with the Co-Curricular Office before adjusting fee charges. Do you give permission for the District to use student's free and reduced status in determining sports fees?

Parent Signature: _____

Printed Name: _____

Code of Conduct Agreement

_____ I have read and agree to abide by the School District of Ashland's Code of Conduct, and I understand the consequences of violating the Code of Conduct.

Acknowledgment of Risk

_____ I (we) hereby release the School District of Ashland from all claims for damage arising from any accident or injury caused by participation during any portion of athletic training, competition, and co-curricular activity. I (we) understand that there is a risk for injury or even death as a result of participation in athletic training, weight training, and competition. I (we) also understand that the School District of Ashland does not provide any type of accident insurance for injuries incurred at school or during any co-curricular activity. I (we) do have adequate insurance to protect against any accident or injury that may occur during the above named sport or will assume responsibility for any cost incurred by any accident or injury that may occur during the above named sport. I (we) also understand that with the signature below, I (we) give our son/daughter permission to participate in all sports and activities for the 21-22 school year unless otherwise noted.

*List any school-sponsored sports/activities your student athlete may NOT participate in:

Eligibility Bulletin Acknowledgement

_____ I certify that I have read, understand, and agree to abide by the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Concussion Acknowledgement and Agreement

_____ I have read and understand the Parent Concussion and Head Injury Information. I also understand the common signs, symptoms, and behaviors. I understand that returning to practice/play is not permitted until providing clearance from an appropriate health care provider to the coach and athletic trainer. I understand the possible consequences of returning to practice/play too soon.

Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Date: _____

ASHLAND

Player Name



ASHLAND ATHLETIC DEPARTMENT PARENT/ATHLETE/COACH EXPECTATIONS

Parenting and coaching are extremely difficult vocations. By establishing an understanding of each other's expectations we are better able to accept the actions of both parties and provide greater benefits to the student/athlete. When a child becomes involved in a co-curricular activity, parents and coaches have a right to understand what EXPECTATIONS are going to be placed on the athlete and on each other. This begins with clear communication from the athlete, parent, coach, and athletic department.

Communications/Expectations Parents/Athletes Should Expect FROM the Coaches:

1. The expectations the coaches have for their children and all team members
2. Location and time of all practices
3. Team requirements, fees, special equipment, game dress, off-season opportunities
4. The policy dealing with excused and unexcused absences (What will consequence be for missing a game/practice because of vacation?)
5. The Ashland and WIAA requirements for eligibility
6. Team rules beyond the Ashland Athletic Code
7. The lettering requirements
8. The coaches' act as a role model for good sportsmanship, use of appropriate language, promoting a healthy environment and safe teaching techniques
9. Well-planned, energetic practices

Communications/Expectations Coaches Should Expect FROM the Athlete and Parent:

1. Notification of any schedule conflicts that may occur, well in advance of the season
2. Special concerns regarding coaching expectations
3. Support for the Athletic Code of Conduct and all team rules
4. If the athlete has a concern, the parents should encourage their son/daughter to speak with the coach or coaching staff

5. Support for all team members and the coaching staff
6. Positive support at games for the son/daughter, their teammates, and the coaching staff
7. Exhibit good sportsmanship and appropriate language by the athlete and parents at games and/or practices
8. A great work ethic at practices and in games

Appropriate Concerns Athlete/Parent May Address with Coaching Staff:

1. The treatment of the athlete mentally and physically
2. Ways to help the athlete improve his/her performance and skill level
3. Concerns about the athlete's behavior in school/practice/games

Areas That Are NOT Appropriate for Parents to Discuss With Coaching Staff:

1. An individual's playing time
2. Team strategy
3. Play selections
4. The make-up of the team and the decision as to who plays a particular position and on a particular team
5. Other members of the team, other parents, and other coaches.

The PROPER Method to Address a Concern:

Step One: The athlete speaks with the coach. (I would suggest the coaching staff be involved/present when this conversation takes place)

Step Two: The parent asks for a conference with the coach (staff) and the athlete. The athlete must be present if a meeting is to take place. If the coach cannot be reached, the parent may contact the AD and he will arrange for the coach to contact the parent.

Step Three: If the conference between parent/athlete and coach does not resolve the concern, there will be a meeting set up by the Athletic Director. The AD will moderate the conference. The conference will deal with specific issues that the parent/athlete has. Both parties will be allowed to speak in an uninterrupted manner. The conference will be a non-threatening environment for all.

Student Signature _____

Parent Signature _____



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F, M or intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

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 above-named student and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) _____

SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* PHYSICIANS may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Medications _____

Other Information _____

Immunizations Up to date (see attached documentation) Not up to date - specify _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date _____

SCHOOL YEAR 20____ - 20____

NAME _____ GRADE _____ DATE OF BIRTH _____
Last First Middle Initial

Present Address _____ Telephone _____

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT _____ DATE _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION