

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

Revised 5/23

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_
Home Address: \_\_\_\_\_ Home Address of Parents: \_\_\_\_\_
City: \_\_\_\_\_ City: \_\_\_\_\_
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last semester I attended \_\_\_\_\_ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- \_\_\_\_\_ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
\_\_\_\_\_ must qualify under the Residence and Transfer Rule (127-2-7)
\_\_\_\_\_ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
\_\_\_\_\_ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
\_\_\_\_\_ must not have reached your 15th (MS), 19th (HS) birthday before July 1 of the current school year. (127-2-4)
\_\_\_\_\_ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
\_\_\_\_\_ unless parents have made a bona fide change of residence during school term.
\_\_\_\_\_ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
\_\_\_\_\_ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
\_\_\_\_\_ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
\_\_\_\_\_ must be an amateur as defined by Rule 127-2-11.
\_\_\_\_\_ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
\_\_\_\_\_ must not have transferred from one school to another for athletic purposes. (127-2-7)
\_\_\_\_\_ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
\_\_\_\_\_ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
\_\_\_\_\_ must follow All Star Participation Rule. (127-3-4)
\_\_\_\_\_ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than six semesters in grades 6-8. (Rule 127-2-5).
\_\_\_\_\_ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS GOLF SWIMMING VOLLEYBALL
BASKETBALL COUNTRY SOCCER TENNIS WRESTLING
CHEERLEADING FOOTBALL SOFTBALL TRACK BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school ( ); has football insurance coverage available through the school ( ); is insured to our satisfaction ( ).

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: \_\_\_\_\_ Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

**PART III – STUDENT'S MEDICAL HISTORY**  
(To be completed by parent or guardian prior to examination)

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

- |  |     |    |   |
|--|-----|----|---|
| Has the student ever had:  | Yes | No | 12. Have any problems with heart/blood pressure?                                  |
| Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.) | Yes | No | 13. Has anyone in your family ever fainted during exercise?                       |
| Yes No 2. Any hospitalizations?  | Yes | No | 14. Take any medicine? List _____   |
| Yes No 3. Any surgery (except tonsils)?                                    | Yes | No | 15. Wear glasses ____, contact lenses ____, dental appliances ____?               |
| Yes No 4. Any injuries that prohibited your participation in sports?       | Yes | No | 16. Have any organs missing (eye, kidney, testicle, etc.)?                        |
| Yes No 5. Dizziness or frequent headaches?                                 | Yes | No | 17. Has it been longer than 10 years since your last tetanus shot?                |
| Yes No 6. Knee, ankle or neck injuries?                                    | Yes | No | 18. Have you ever been told not to participate in any sport?                      |
| Yes No 7. Broken bone or dislocation?                                      | Yes | No | 19. Do you know of any reason this student should not participate in sports?      |
| Yes No 8. Heat exhaustion/sun stroke?                                      | Yes | No | 20. Have a sudden death history in your family?                                   |
| Yes No 9. Fainting or passing out?   | Yes | No | 21. Have a family history of heart attack before age 50?                          |
| Yes No 10. Have any allergies?   | Yes | No | 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise? |
| Yes No 11. Concussion? If Yes _____<br>Date(s) _____                       | Yes | No | 23. (Females Only) Do you have any problems with your menstrual periods.          |

**PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.**

<i>Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response)</i>				
	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 (Question 1 and 2 or Questions 3 and 4) for screening purposes.				

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV – VITAL SIGNS**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Visual acuity: Uncorrected \_\_\_\_/\_\_\_\_; Corrected \_\_\_\_/\_\_\_\_; Pupils equal diameter: Y N

**PART V – SCREENING PHYSICAL EXAM**

This exam is not meant to replace a full physical examination done by your private physician.

<b>Mouth:</b>		<b>Respiratory:</b>		<b>Abdomen:</b>	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	<b>Cardiovascular:</b>			
Enlarged lymph nodes	Y N	Murmur	Y N		
Skin - infectious lesions	Y N	Irregularities	Y N		
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

**Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.**

Musculoskeletal: (note any abnormalities)

Neck:	Y N	Elbow:	Y N	Knee/Hip:	Y N	Hamstrings:	Y N
Shoulder:	Y N	Wrist:	Y N	Ankle:	Y N	Scoliosis:	Y N

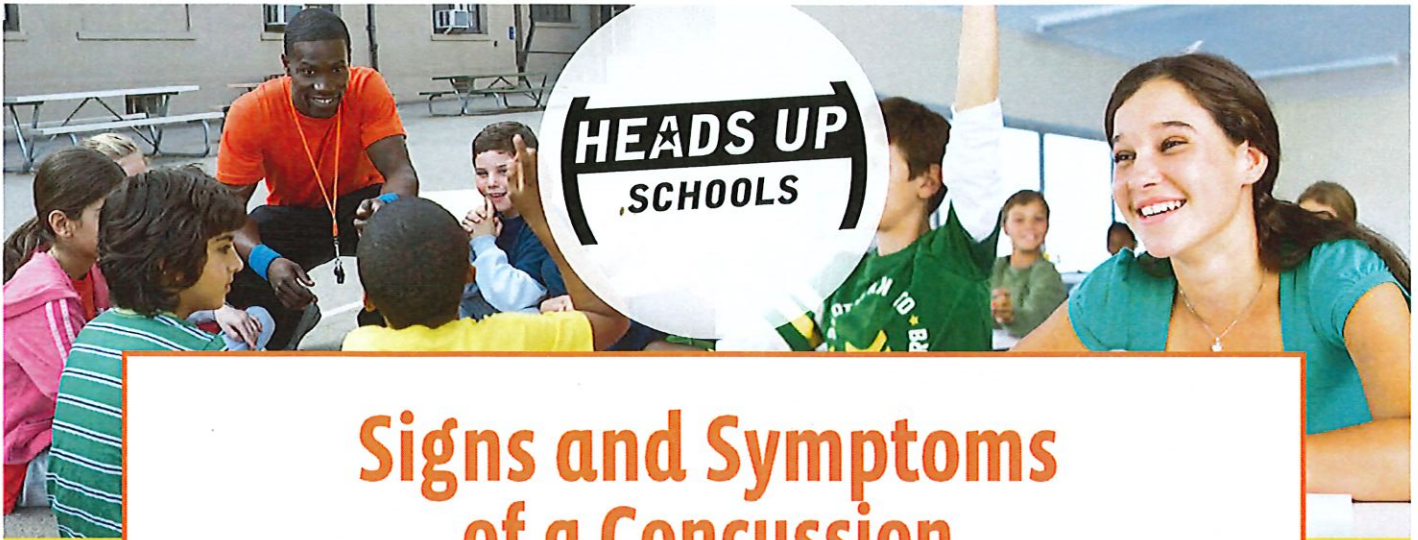
RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- \_\_\_\_\_ Full Approval;
- \_\_\_\_\_ Full approval; but needs further evaluation by Family Dentist \_\_\_\_; Eye Doctor \_\_\_\_; Family Physician \_\_\_\_; Other \_\_\_\_;
- \_\_\_\_\_ Limited approval with the following restrictions: \_\_\_\_\_;
- \_\_\_\_\_ Denial of approval for the following reasons: \_\_\_\_\_.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





# Signs and Symptoms of a Concussion

A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Be alert for *any* of the following signs and symptoms.

## SIGNS OBSERVED BY SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to hit, bump, or fall
- Can't recall events *after* hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

## SYMPTOMS REPORTED BY THE STUDENT

### Thinking/Remembering

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

### Physical

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

### Emotional

- Irritable
- Sad
- More emotional than usual
- Nervous

### Sleep\*

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.



## What can school professionals do?

Know your Concussion ABCs:

- A—Assess the situation
- B—Be alert for signs and symptoms
- C—Contact a health care professional

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✖ For more information and to order additional materials  
**FREE-OF-CHARGE**, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR DISEASE CONTROL AND PREVENTION







# WVSSAC

## SUDDEN CARDIAC ARREST AWARENESS



### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

### What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

### What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

### What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

### Where can one find additional information?

- Contact your primary health care provider
- American Heart Association ([www.heart.org](http://www.heart.org))



# DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

**2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR**

**MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS**

**75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS**

## HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

## WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

**These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.**

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

## HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

## NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy  
Chiropractic  
Massage Therapy  
Acupuncture  
Over-the-Counter Medication



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