## VIRGINIA HIGH SCHOOL LEAGUE, INC.

1642 State Farm Blvd., Charlottesville, Va. 22911

## ATHLETIC PARTICIPATION/PARENTAL CONSENT/EVALUATION FORM

Pages 1-3 MUST be submitted to the school to be eligible for VHSL sports.

This form expires 14 months from the date of the practitioner's signature on page 3.

For school year_			IC PARTICIPATIO		_ Male
PRINT CLEARLY		filled in and signed by th	ne student and par	ent/guardian)	Female
Name				Student ID#	
(Last)		(First)	(Middle Initia	1)	
Home Address					
City/Zip Code					
Home Address o	of Parents				
City/Zip Code	- <del></del>				
Date of Birth		P	lace of Birth		
This is my	semester in	High Sc	hool, and my	semester since first entering the	ninth grade. Last
				credit subjects, and I am taking	
	have read the condensed indi- esent high school in athletics.	vidual eligibility rules of	the Virginia High S	chool League that appear below and	believe I am eligible to
. ,,	ŭ	INDIVIDITA	LIZED ELIGIBILIT	V DI II EC	
<ul> <li>Must be en</li> <li>Must have end</li> <li>For the first graduation or the immediate of the second graduation semester.</li> <li>Must sit out (Check with</li> <li>Must not have second graduation of the second graduation semester.</li> <li>Must not have second graduation of the second graduation semester.</li> <li>Must not have second graduation of the second graduation of the second graduation semester.</li> <li>Must not have second graduation of the second graduation semester.</li> <li>Must not have second graduation of the second graduation semester.</li> <li>Must not have second graduation of the second graduation semester.</li> <li>Must not have second graduation semester.</li> </ul>	and have passed five subjects, ediately preceding semester for peat courses for eligibility purions semester must be current and have passed five subjects, (Check with your principal for at all VHSL competition for 365 in your principal for exceptions, ave reached your nineteenth bufter entering ninth grade for the semesters. It is submitted to your principal being team, an Athletic Participation for the sconsent to your participation in violation of VHSL Amateur	high school. (Eighth-graeenth day of the current enrolled in not fewer that or their equivalent, offer schools that certify crorposes for which credit hely enrolled in not fewer to a consecutive calendar day on their equivalent, offer equivalent requirements consecutive calendar day on or before the he first time, have been fore any kind of particip on/Parent Consent/Eval thletic competition no mon.	de students may be semester. In five subjects, or ered for credit and edits on a semester has been previous than five subjects, ered for credit and easys following a school e first day of Augus enrolled in or been ation, including transport than 14 calendary incredits.	their equivalent, offered for credit are which may be used for graduation the basis. (Check with your principal for ly awarded.  or their equivalent, offered for credit which many be used for graduation ool transfer unless the transfer corre	ne immediately preceding year or equivalent requirements.)  t and which may be used for the immediately preceding sponded with a family move.  of more than eight school athletic or ttesting that you have been the report was signed and that
standards set by on your eligibility standards will pr	your League, district and scho y, check with your principal for revent you, your team, school any high school or VHSL athlet	ool. If you have any questor interpretations and example and community from be ic program, publication	stion regarding you xceptions provide ing penalized. Add or video.	only the above-listed minimum stand or eligibility or are in doubt about the dunder League rules. Meeting the in ditionally, I give my consent and appr	e effect an activity might have ntent and spirit of League oval for my picture and name
→Student	Signature:			Date:	
→Parent/0	Guardian Signature:			Date:	

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

## PART II- ACKNOWI FDGFMENTS OF RISK AND INSURANCE STATEMENT

	parent/guardian)							
I give permission for								
sports that are NOT crossed out: baseball, basketball, cheerleading, crossed								
softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sp								
I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my								
child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with								
contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written								
handouts or some other means. He/she has student medical/accident insurance available through the school (yes no); has athletic								
participation insurance coverage through the school (yes no); is ins								
Name of medical insurance company:								
Policy number:	Name of policy holder:							
I am aware that participating in sports will involve travel with the and with the travel involved and with this knowledge in mind, grant per the team.	he team. I acknowledge and accept the risks inherent in the sport mission for my child/ward to participate in the sport and travel with							
	d other health care provider(s) selected by myself or the school to							
perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in								
athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care								
provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.								
	ned student's picture and name to be printed in any high school or							
VHSL athletic program, publication or video.	is a state of postars and name to be printed in any inglification of							
To access quality, low-cost comprehensive health insurance thr	rough FAMIS for your child, please contact Cover Virginia by going to							
www.coverva.org or calling 855-242-8282.								
DADT III FRAFDOFNOVA	PERMISSION FORMA							
PART III- EMERGENCY F (To be completed and signed								
(To be completed and signed	toy the parenty guardian,							
STUDENT'S NAME:	GRADE: AGE: DOB:							
HIGH SCHOOL:	CITY:							
Please list and significant health problems that might be significant to a physician evaluating your child in case of an emergency:								
	physician evaluating your child in case of an emergency:							
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PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:								
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→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM			
Name:	Date of birth:		_
$\hfill\Box$ Medically eligible for all sports without restriction	n		
□ Medically eligible for all sports without restriction	n with recommendations for further evaluation or treatm	ent of	-
□ Medically eligible for certain sports			-
□ Not medically eligible pending further evaluation	1		-
□ Not medically eligible for any sports			
Recommendations:			_
			-
apparent clinical contraindications to practice examination findings are on record in my office arise after the athlete has been cleared for pa	orm and completed the preparticipation physical end can participate in the sport(s) as outlined on the second central between the school at the articipation, the physician may rescind the medical by explained to the athlete (and parents or guardist	this form. A copy of request of the parent eligibility until the pr	the p hysical s. If c onditions
Name of health care professional (print or type):		Date:	
Address:		Phone:	
Signature of health care professional:			, MD, DO, NP, or PA
SHARED EMERGENCY INFORMATION			
Allergies:			_
			-
			-
Medications:			_
			-
Other information			-
Other information:			_
			-
Emergency contacts:			_
			-

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