

# MILLARD PUBLIC SCHOOLS

## PRE-PARTICIPATION SCREENING FORM FOR CHEER & DANCE TRYOUTS

**NOTE: A VALID PHYSICAL MUST BE GIVEN AFTER MAY 1, 2018, IF THE STUDENT IS SELECTED TO THE SQUAD**

For Office Use Only

Nurse \_\_\_\_\_

**Section 1- to be filled out by parent or guardian in regard to student-athlete**

Student Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Check activity in which athlete will tryout and/or participate:**  Dance  Cheer

**MEDICAL HISTORY OF STUDENT-ATHLETE: This history should be completed by parent or legal guardian in regard to student**

Has a doctor ever denied or restricted your participation in sports for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been hospitalized or spent the night in a hospital?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been told that you have a high blood pressure, high cholesterol, a heart murmur, and/or a heart infection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had surgery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had a racing of your heart or skipped heartbeats?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
During your last physical examination performed by a doctor or registered nurse, were there any medical abnormalities reported on the exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does anyone in your family died have a heart problem and/or has any family member or relative died of heart problems or of sudden death before the age of 50?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever fainted or have you been hit in the head had been confused or lost your memory?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had discomfort, pressure or pain in your chest during or after exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever passed out, nearly passed out, been dizzy, or get headaches during or after exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any rashes, pressure sores, or other skin problems? Have you had a herpes skin infection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a head injury, concussion, been knocked out, or been unconscious?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you wheeze, cough, or have trouble breathing during or after exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a seizure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has a doctor ever told you that you have asthma or allergies? Is there anyone in your family who has asthma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you get tired more quickly than your friends during exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any allergies to medicines, pollens, foods, bee stings, or other stinging insects?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever sprained, strained, dislocated, fractured, broken, had swelling of, or any other injuries of any bones or joints?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear, and/or have you ever had any problems with your eyes or vision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a back or spine injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had any problems with your hearing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had any abnormal bleeding or bruising?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever taken any supplement or vitamins to help you gain or lose weight or improve your performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	When exercising in the heat, have you ever had severe muscle cramps or become ill? Have you ever had heat exhaustion or a heat stroke.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you presently taking any prescription or non-prescription (over-the-counter) medication or pills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been told by a medical professional that you have medical problems in your arms, legs, or feet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had a physical examination performed by a doctor or registered nurse within the last calendar year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have an ongoing medical condition (like diabetes, anemia, hepatitis, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any injuries since last exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any other significant medical conditions or history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**If you answered "YES" to any of the above questions, please attach explanations to this sheet.**

**SEE BACK FOR REQUIRED PARENT PERMISSION FORM**

**THIS FORM IS TO BE FILLED OUT COMPLETELY, FILED IN THE OFFICE OF THE ACTIVITIES DIRECTOR OF MILLARD HIGH SCHOOL.**

**CURTAILMENT OF EXTRACURRICULAR ACTIVITIES**

A student who is being disciplined pursuant to District Policy or Rule may be restricted or curtailed from extracurricular activities during the suspension/expulsion or mandatory reassignment. In addition, a student who is disciplined for a violation of District Rule 5400.4, Students Curtailment of Extracurricular Activities (as detailed in the Student Handbook) may also be restricted or curtailed from extracurricular activities for conduct occurring off-school grounds and not during school hours if the violation occurs during the academic school year. I have read and understand the above statement.

**ATHLETICS/ACTIVITIES INSURANCE VERIFICATION**

Millard School Board Policy and rule 5600.3 requires all students who participate in extracurricular programs to be covered by medical insurance. In order for your son/daughter to be eligible to participate, he/she must have proof of insurance. Please indicate the name of the insurance company and policy number for medical coverage for your son/daughter.

I/We understand that the school and district carries no insurance of any kind to cover medical expenses that may occur from participation in athletics/activities and that the school and district themselves will not be responsible for any such expenses. We agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating in extracurricular athletics/activities or we will assume all such expenses ourselves personally.

Students who do not have family insurance may be eligible to apply for health insurance coverage. Kid's Connection, Nebraska Children's Health Insurance Program, is an insurance program made available through the Nebraska Health and Human Services System. Kid's Connection is a health insurance program developed by the State of Nebraska as an extension of Medicaid and provides health coverage to uninsured children across the state of Nebraska. Applications can be obtained by calling the Pupil Services Office (895-8300) at the Don Stroh Administration Center, or from your school office.

NAME OF INSURANCE COMPANY (REQUIRED): \_\_\_\_\_

INSURANCE POLICY NUMBER (REQUIRED): \_\_\_\_\_

**TRANSPORTATION**

**ATHLETICS AND ACTIVITIES:** All participants are expected to use school-provided transportation to and from the site of all away events. Exceptions are noted below and all three items must be in place for the approved use of alternative transportation: 1) Parents/guardians may request the use of alternative transportation to and from the site of any or all away events or games by their son/daughter. District forms are available at the schools for these requests, 2) such requests shall be in writing and shall acknowledge the voluntary release of the District from the obligation or responsibility of providing transportation. Such requests may be for specific games or events or may be for a specific period of time. Again, district forms are available for these requests, and 3) the use of alternative transportation by any student/participant must be approved by the school administration prior to the day of the game or event. Otherwise, the student must use the transportation provided by the District.

I/We understand and agree that participation in cheer and/or dance squad activities is voluntary on the part of the Student and is a privilege.

I/We understand and agree that by this Consent Form the NSAA and school has provided notification to the Parent and Student of the existence of potential dangers associated with athletic/activity participation. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles to catastrophic injuries to the head, neck and spinal cord and on rare occasions, injuries so severe as to result in total disability, paralysis, or death; even with the best coaching, use of the best protective equipment and strict observances of rules, injuries are still a possibility.

I/We consent and agree to participation of the Student in NSAA and school activities subject to all NSAA and school by-laws and rules interpretations for participation in NSAA-sponsored and school activities, and the activities rules of the NSAA member school for which the Student is participating.

I/We consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA and school activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

PLEASE NOTE: If you do not wish to have health information shared with staff members other than the school nurse and principal, you must notify the school in writing.

I/We authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletics/activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury to my student in the course of such athletics/activities or such travel.

I/We understand that if an Inhaler/Epi-pen needs to be accessible, it will be my responsibility to provide a separate Inhaler/Epi-pen that will be kept with the coach's first aid supplies until the end of that sport's season.

I/We do not know of any existing physical condition or health reason that would preclude participation in athletics/activities. I/We certify that the answers to the questions and statements on this document are true and accurate. I/We understand that the Student must be cleared by a medical professional, whose physical examination of the student occurred after May 1, 2016, if the Student is selected to the 2016-2017 dance and/or cheer squad.

I/We acknowledge that I/we read the above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in this activity. Having read the warning above and understanding the potential risk of injury to my Student, I/we hereby give my/our permission for our student to practice and compete for the above named high school in cheer and dance activities approved by the school and NSAA.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date