



(Please return these forms and the \$100/year to Ms. April)

ATHLETICS PARTICIPATION FORM

I, _____ (Parent) am aware that my child _____ will be practicing on/off campus this season. As a participant in this program, I recognize that there are certain risks of physical injury and during training. I agree to assume full risk of any injury that may be sustained while participating in LMS Athletics. I have also read/reviewed LMS Athletics' expectations as a student athlete.

Participating in: Cross Country _____ Basketball _____ Soccer _____

Student Name: _____

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Cell Number: _____ Work Number: _____

Home Number _____

Email: _____

Emergency Contacts/Phone/Relationship to Student:

1. _____

2. _____

3. _____

Physician Name: _____

Telephone: _____

Hospital of Preference: _____



TRANSPORTATION LIABILITY WAIVER

If parents/guardians provide transportation to, or allow another student, adult, or their son/daughter to provide transportation to scheduled interscholastic athletic events, including practices, they must be aware that the following policies are in effect:

- Where a parent/guardian provides transportation to their son/daughter to or from a scheduled event, including practices, the parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- Where a parent/guardian, or another adult designated by a parent/guardian transports students other than their own to or from a scheduled event, including practices, the parent/guardian or designated adult transporting the students shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports himself/herself to or from a scheduled event, including practices, the parents/guardians of that student shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports other students to or from a scheduled event, including practices, the parents/guardians of the transporting student shall assume all resulting liability, and the school shall assume no liability.

I have read the Athletic Transportation Policy and agree that I shall assume all liability for negligently caused injuries resulting from the following situations:

- Where I transport my son/daughter to or from a scheduled event;
 - Where I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability;
 - Where my son/daughter transports himself/herself to or from a scheduled event; or
 - Where my son/daughter transports other students to or from a practice or scheduled event.
- I also agree that Lowcountry Montessori School shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.

STUDENT/CHILD NAME _____

PARENT/ GUARDIAN SIGNATURE & DATE _____

Preparticipation Physical Evaluation - Physical Form

 Last Name First Name Middle Initial Date of Birth

Examination						
Height:		Weight:				
BP:	/	(/)	Pulse:	
Vision:		R	20/	L	20/	Corrected ___ Yes ___ No

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 / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

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

Preparticipation Physical Evaluation

- 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. If conditions arise after the athlete had 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 health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

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

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: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

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): _____

General Questions	Yes	No	Medical Questions	Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
1. Do you have any concerns that you would like to discuss with your provider?			17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
3. Do you have any ongoing medical issues or recent illness?			19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
Heart Health Questions About You			20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			22. Have you ever become ill while exercising in the heat?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			23. Do you or someone in your family have sickle cell trait or disease?		
7. Has a doctor ever told you that you have any heart problems?			24. Have you ever had or do you have any problems with your eyes or vision?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			25. Do you worry about your weight?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
10. Have you ever had a seizure?			27. Are you on a special Diet or do you avoid certain types of foods?		
Health Questions About Your Family			28. Have you ever had an eating disorder?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			Females Only		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			29. Have you ever had a menstrual period?		
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			30. How old were you when you had your first menstrual period?		
Bone and Joint Questions			31. When was your most recent menstrual period?		
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 game or practice?			32. How many periods have you had in the past 12 months?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			Explain a "Yes" answer 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: _____