



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**  
2280 Executive Drive, Lexington, Kentucky 40505  
Athletic Participation/Physical Examination Form/Consent and Release

**PART I - ATHLETE INFORMATION**  
*(This part must be completed by the student)*

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_  
Home Address (Street, City, State, Zip): \_\_\_\_\_  
Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

**Attendance History**

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

**I am planning to participate in the following (circle all you might try to play):**

Baseball    Basketball    Cross Country    Football    Golf    Soccer    Softball    Swimming    Tennis  
Track and Field    Volleyball    Wrestling    Archery    Bass Fishing    Bowling    Cheer    Other

**PART II - MEDICAL HISTORY**

*Parent and student complete this part and present to the authorized health care provider before the physical.*

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

- |   | YES | NO |
|---|-----|----|
| 1. Have you ever been hospitalized?   |     |    |
| 2. Have you ever had surgery of any kind (e.g., tonsillectomy).   |     |    |
| 3. Are you presently taking any medications or pills?   |     |    |
| 4. Do you have any allergies (medicine, bees, or other insects)?  |     |    |
| 5. Have you ever passed out during exercise?  |     |    |
| 6. Have you ever been dizzy during or after exercise?   |     |    |
| 7. Have you ever had chest pain during or after exercise?   |     |    |
| 8. Have you ever had high blood pressure?   |     |    |
| 9. Have you ever been told you have a heart murmur?   |     |    |
| 10. Have you ever had racing of your heart?   |     |    |
| 11. Has anyone in your family died of heart problems before 50?.  |     |    |
| 12. Do you have any skin problems? (itching, rashes, acne)  |     |    |
| 13. Have you ever had a head injury?  |     |    |
| 14. Have you ever been knocked out or unconscious?  |     |    |
| 15. Have you ever had a seizure or suffer from epilepsy?  |     |    |
| 16. Have you ever had a stinger, burn or pinched nerve?   |     |    |
| 17. Have you ever had heat related problems?  |     |    |
| 18. Have you ever been dizzy or passed out in the heat?.  |     |    |
| 19. Do you cough heavily, or breath heavily during activity?  |     |    |
| 20. Do you use any special equipment (e.g., knee brace)?  |     |    |
| 21. Have you had any problems with your eyes or vision?.  |     |    |
| 22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? |     |    |
| 23. Are you missing one of any paired organs (e.g., eyes)   |     |    |
| 24. Have you ever been diagnosed with any form of asthma?   |     |    |
| 25. Are you using an inhaler for asthma?  |     |    |
| 26. Are you diabetic?   |     |    |
| 27. Do you administer insulin to yourself?  |     |    |
| 28. Are you presently using tobacco in any form?  |     |    |
| 29. Do you have a history of sickle-cell anemia in your family?   |     |    |
| 30. Have you had any other medical problems?  |     |    |
| 31. Have you had a medical problem or injury within the last year?  |     |    |
| 32. Can you swim?   |     |    |
| 33. When was your last tetanus shot?  |     |    |

Please explain any YES answers from questions 1-31:

**PART III - PHYSICAL EXAMINATION**

*This part must be completed by an authorized health care provider named in Bylaw 2.*

PATIENT NAME: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ PULSE \_\_\_\_\_  
 VISION: R- 20/ \_\_\_\_\_ L- 20/ \_\_\_\_\_ BOTH- 20/ \_\_\_\_\_ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared \_\_\_\_\_
  2. Cleared after additional evaluation for \_\_\_\_\_
  3. Restricted from participating in the sports of \_\_\_\_\_
  4. Cleared only to participate in the sports of \_\_\_\_\_
- Recommendations/Restriction (attach additional if necessary) \_\_\_\_\_

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date:

Provider's Name (please print)	
Address:	
City/State/Zip	
Phone	

***This Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.***

#### **PART IV – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

*The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution at <http://www.khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

*This part must be completed by student and custodial parent / guardian). This form must be reproduced in order for a copy to travel with respective athlete.*

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 2)**

Insurance Carrier

Policy Number

**EMERGENCY CONTACT INFORMATION**

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

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