



619 S Canyon Street, Nampa ID 83686

Nampa High School Participation Packet

DIRECTIONS

Dear Parent/Guardian:

In order to insure efficient and appropriate health care for your child, we must ask you to complete several forms before allowing your child to participate in interscholastic athletics or extracurricular activities.

If you should have any questions or concerns about this process, please do not hesitate to contact the Athletic Director.

Please follow the directions below for completing the attached participation forms.

Pages 1-4: Athletic Participation Directions, Sportsmanship, Information, and Code of Conduct

Please review and keep for your reference.

Page 5-6: Nampa School District Management Plan and Concussion Information

Please review and keep for your reference. For more information visit www.nampabulldogs.org

Turn ALL Forms into the High School Athletic Director/Head Coach before the first practice.

Page 7: Program/Activity Participation and Release Form (Completed Every Year)

COMPLETE Top section Read, Initial, Sign, and Date.

Page 9: Interim Health Questionnaire, Consent Form (Completed Every Year)

COMPLETELY fill out the front of the Interim Questionnaire and Consent. Sign and Date at the bottom.

Page 10: Athletic Physical Form (See Note)**

Physical exams must be conducted by a licensed physician, physician's assistant or nurse practitioner in the state of Idaho.

Page 11: Emergency Card (Completed Every Year)

To ensure proper contact information is on file, update yearly. Read, Complete, Sign, and Date.

EXTREMELY IMPORTANT: Incomplete/blank forms will not be accepted!

****NOTE:** All 9th and 11th grade students are required to undergo a physical examination and have it on file with the school prior to their first practice in any IHSAA sponsored sport or activity. Students who have a physical in their 10th grade year must have another physical for the 11th grade year. If the student is a transfer from another state, they must have an Idaho physical.

For More information and schedules on Nampa Athletics visit www.nampabulldogs.org

Paperwork Due Dates:

Fall Sports: First Week of August

Winter Sports: First Week of November

Spring Sports: Last Week of February

THE FUNDAMENTALS OF SPORTSMANSHIP

Gain an Understanding and Appreciation for the Rules

Know the rules. The spirit of good sportsmanship depends on conformance to a rule's intent as well as to the letter of the rule.

Exercise Representative Behavior

The true value of interscholastic competition relies upon everyone exhibiting behavior that is representative of a sound value base. Your behavior influences others whether you are aware of it or not.

Recognize and Appreciate Skilled Performance, Regardless of Affiliation

Applause for an opponent's good performance displays generosity and is a courtesy that should regularly be practiced. This not only represents good sportsmanship but also reflects a true awareness of the game by recognizing and acknowledging quality.

Display Respect for Officials

The officials of any contest are impartial arbitrators who are trained and who perform to the best of their ability. The rule of good sportsmanship is to accept and abide by the decision made. This value is critical for students to learn for later application in life.

Display Respect for Your Opponent

Opponents are guests and should be treated cordially, provided with the best accommodations and accorded respect at all times. Be a positive representative of your school, team or family. This fundamental is the Golden Rule in action.

Display Pride in Your Actions

Never allow your ego to interfere with good judgment or your responsibility as a school representative. Regardless of whether you are an adult, student, player, coach, or official, this value is paramount since it suggests that you care about yourself and how others perceive you.

SPORTSMANSHIP

**RESPECT – INTEGRITY – HONESTY – TEAMWORK – LEADERSHIP
PERSONAL RESPONSIBILITY**

Parent/Student Copy



Athletic Participation Information

619 S Canyon Street, Nampa ID 83686

Prior to being eligible to practice, each student must have a passed physical examination on file (renewable every two years), followed by a yearly interim questionnaire fill out by the parent/legal guardian.

All students are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Idaho High School Activities Association, the Nampa School District and the athletic coaching staff. This information will be reviewed at parent/legal guardian preseason meetings.

DISTRICT CODE OF CONDUCT:

Attendance

A student must be in attendance at least ½ day to be eligible to participate in practice or contest.

Substance Abuse

It is the policy of the Athletic Department of the Nampa School District to prevent and prohibit the possession, use, sale, distribution and/or intent to distribute any illegal or controlled mood-altering chemical, vaping paraphernalia or materials, medication, look-alike drug or abuse of a chemical by any student involved in any activity sponsored by the Nampa School District.

Should any member of the school's administration, faculty or coaching staff witness or have evidence of a student's use or possession of, or being under the influence of, any of the previously mentioned substances, that student will be dealt with according to the following procedures:

On the occasion of a first infraction during a scholastic year, the athletic director and head coach will have a meeting with the student and his/her parent/legal guardian. The incident will be reviewed and, if the evidence supports the accusation, the student will be suspended from all competitive events (excluding practices) for a period of 21 calendar days from the time the student has been notified of his/her infraction. Seven days of the suspension shall be waived when the student has completed a Drug and Alcohol Assessment and has taken a course on drug and alcohol abuse arranged by the school counselor or parent. If the course is unavailable, other arrangements will be made. Suspension will be understood to allow the student to practice with his/her team at its scheduled events during the time of the suspension.

On the occasion of a second infraction by a student during a scholastic year, the student will be dismissed from participation in the school's sports programs for the remainder of that school year. The student will be advised of his/her right to appeal. It is to be understood that the initial infraction in a scholastic year carries over into each sport's season of that scholastic year. Thus, an initial violation in either the fall or winter sports programs would form the basis for ineligibility and dismissal in the spring if a second violation occurred at that time.

Should a student decide to submit an appeal, a panel composed of the principal, athletic director and head coach will convene upon the principal's receipt of a written request from the student and parent/legal guardian. This request for a hearing/review should clearly state the reasons why the hearing is being requested. The decision of the review panel after closed discussion shall be final.

As in the case with all students who attend the Nampa School District, students who are found to be in violation of the above policies as they relate to the use/possession of alcohol, tobacco and drugs will be held accountable to the school authorities for their actions will be subject to the same sanctions imposed on all members of the student body for such violations.

Parent/Student Copy: Please Keep For Your Reference

Parent/Student Copy

Hazing

Abusive or humiliating tricks or ridicule constitutes hazing. On the occasion of a first infraction during the scholastic year, the coach will handle the infraction with on-court/on-field discipline.

On the occasion of a second infraction, the coach will report the incident to the Athletic Director and Principal. The student will receive two days of in-school suspension and seven days of competition suspension (not including practices). On the occasion of a third infraction, the student will receive five days of in-school suspension and be removed from the team.

Misconduct

Misconduct includes any behavior which does not represent the school or the Nampa School District in a positive manner. Misconduct will be addressed by each coach during their preseason meetings. Any misconduct will result in discipline up to and including dismissal from the team.

Transportation

1. The school district provides transportation for participants to and from the location of the program or activity during the normal school day of 7:30 am to 3:00 pm.
2. The school district will not provide transportation to other high schools within the Nampa School District for activities outside the school day. Football and track teams are exceptions; transportation will be provided for those activities within NSD.
3. When transportation is not provided, school officials and/or coaches cannot help arrange transportation.
4. Participants must be transported by district transportation to and from athletic events scheduled outside the city.
5. Students may ride home from an event with parents if permission is granted by the coach and parents have signed their student out.
6. Particular programs or activities warrant the use of private carriers if the proper owner-operator vehicle form is completed and on file in the Athletic Director's Office.

Photographs

Nampa School District officials, coaches or athletic directors may use photographs taken at activities to promote the program and by signing the Program/Activity Participation and Release Form, I consent to all use of photographs my child.

Academic Eligibility

To start a Season:

To be academically eligible for athletics, a student must receive passing grades and earn credits in the required number of courses during the previous reporting period (grading period immediately prior to the season). Equivalency is determined by the following: criteria:

(3 of 3, 3 of 4, 4 of 5, 5 of 6, 5 of 7, 6 of 8) *Summer School credits/grades may be applicable.

During The Season:

Student - Athlete must satisfy criteria of the grade policy at the appropriate grading periods (progress, quarter, semester) as defined by the AD.

A. Step One: If a student scores below a 2.0 GPA or receives more than one letter grade of F, that student will be placed on Probation (10 school days to improve grades).

B. Step Two: Suspension 1 (10 Days non-compete, can still practice).

C. Step Three: Suspension 2 (10 Days suspension from practice & games).

Rules Addendums, and definitions

Suspension from school means the student cannot practice nor play in games while under suspension. This also includes in-school suspension.

- a. Missed practice is UNEXCUSED when a coach is not notified prior to practice the student will be absent. Penalty is at the coach's discretion.
- b. Tardiness – Penalty is at the coach's discretion.
- c. Students will be considered ineligible until all uniforms and equipment are turned in for a prior sports activity, or fines for replacement value have been paid.

Sportsmanship

In any athletic contest any person ejected by an official for unsportsmanlike or flagrant act will be suspended for the remainder of the contest and will be suspended for the next regularly scheduled contest. Person will be required to take the NFHS free, online sportsmanship course before reinstatement. For more details see IHSSS Rule 4-3. Contact High School Athletic Director with Questions.

Nampa School District Concussion Management Plan – Summarized

(1) Mandatory Parent/Athlete Meeting

(2) Baseline ImPACT Testing

(3) Biennial Concussion Training for Athletic Trainer(s) and Coaches

(4/5) Removal from Play Protocol

STEP 1: MONITOR

STEP 2: IS THERE AN EMERGENCY?

STEP 3: ENSURE ATHLETE RECEIVES A MEDICAL EVALUATION with AT on Site

STEP 4: SIDELINE EVALUATION

STEP 6: COMMUNICATE with AT on site

STEP 7: COMMUNICATE WITH PARENT/GUARDIAN

STEP 8: COMMUNICATE WITH SCHOOL PERSONNEL

(6) Return to Learn Protocol

*Athlete - Team Travel Restrictions.

Return-to-Learn Plan			
Stage#	Stage	Activity	Objective
1	No activity	Complete cognitive rest – no school, no homework, no reading, no texting, no video games, no computer work.	Recovery
2	Gradual reintroduction of cognitive activity	Relax previous restrictions on activities and add back for short periods of time (5-15 minutes at a time).	Gradual controlled increase in subsymptom threshold cognitive activities.
3	Homework at home before school work at school	Homework in longer increments (20-30 minutes at a time).	Increase cognitive stamina by repetition of short periods of self-paced cognitive activity.
4	School re-entry	Part day of school after tolerating 1-2 cumulative hours of homework at home.	Re-entry into school with accommodations to permit controlled subsymptom threshold increase in cognitive load.
5	Gradual reintegration into school	Increase to full day of school.	Accommodations decrease as cognitive stamina improves.
6	Resumption of full cognitive workload	Introduce testing, catch up with essential work.	Full return to school.

(7) Return to Play Protocol

In accordance with the Centers for Disease Control and Prevention (CDC), the **Return-to-Play Protocol begins with Return-to-Learn** (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. *There is a minimum 24-hour period between each step.* If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24-hour period of rest has passed. Throughout the process, team travel restrictions may limit the student's ability to travel with team to events – case by case basis.

Graduated Return-to-Play (RTP) Process

Stage 1 - Rest until asymptomatic (physical and cognitive rest) - Possible Team Travel Restrictions

Stage 2 – Light aerobic activity (light jogging, stationary bike or treadmill) - Possible Team Travel Restrictions

Stage 3 – Moderate exercise (moderate jogging, brief running, or stationary biking) - Possible Team Travel Restrictions

Stage 4 – Non-contact sport specific drills and light weight training - Possible Team Travel Restrictions

Stage 5 – Full-contact drills and training with MEDICAL CLEARANCE - Possible Team Travel Restrictions

Stage 6 – Return to competition - Possible Team Travel Restrictions

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & Symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Athlete Reported Symptoms:

- Headache or “Pressure” in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not “feeling right” or is “feeling down”

**“IT’S
BETTER TO
MISS ONE
GAME
THAN THE
WHOLE
SEASON”**

Coach Observed Signs:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom free and it’s OK to return to play. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Program/Activity Participation and Release Form

Completed Every Year



619 S Canyon Street, Nampa ID 83686

Student's Name Birth Date Current Grade Level Last School Attended

Parent/Legal Guardian Name 1st Phone # 2nd Phone #

Home Address (Street, City, Zip) Family Physician Physician Phone

Your child has expressed a desire to enroll/participate in a Nampa School District program or activity. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact your child's teacher, coach or the school athletic director. Before your child is allowed to enroll or try out you are required to read, sign and return this participation and release form to the appropriate teacher or coach.

Parent Student

Initial Initial

Notice of Risk: Both students and parents/legal guardians need to be aware that enrolling/participating in certain programs or activities involves a risk of injury. I understand the risk involved and I desire my child to participate in Nampa School District Programs/Activities.

The Nampa School District is **NOT** liable or responsible for any medical, dental or hospital bills incurred as a result of injuries sustained by a student while participating in a school program or activity. All injury related expenses shall be the responsibility of the student's parent/legal guardians. Further, the undersigned parent/legal guardian agrees to indemnify and hold harmless Nampa School District #131 from any and all liability that may arise from the student's participation in any program or activity which is the subject matter of this Program/Activity Participation and Release Form.

Recognizing that, as a result of enrollment or participation in a school program or activity, emergency medical care may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery and hospital care for my child as may be deemed necessary and agree to be responsible for and pay all costs incurred.

Concussion Information ACKNOWLEDGEMENT

By signing below, hereby acknowledge that the Nampa School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and had injury and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that, in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Student Guidelines, Code of Conduct, and Sportsmanship ACKNOWLEDGEMENT

I have carefully read the attached Athletic Participation Information and understand the responsibilities and expectations of being a student athlete. Misconduct and/or poor sportsmanship may result in suspension/dismissal from activity (Keep copy for your records).

Insurance Waiver (Parent/Legal Guardian Check One)

- ☐ I have insurance that will pay for medical expenses if my child is injured while participating in a school program or activity.
- ☐ I have purchased school-related insurance to cover medical expenses for my child. (See attachment for available coverage.)
- ☐ I **do not have** insurance for my child and understand that the school district is **NOT** responsible and **WILL NOT** pay any doctor, hospital or medical expenses if my child is injured while participating in a school program or activity.

Athletic Activities:

I give my permission for my child to participate in the following programs/activities. Please circle and initial the programs/activities the student plans on participating in this school year.

Fall: Football ___ Volleyball ___ Cross Country ___ Soccer ___ Cheer ___ Dance Team ___ Drill Team ___ Swim ___

Winter: Basketball ___ Wrestling ___ **Spring:** Baseball ___ Softball ___ Tennis ___ Golf ___ Track ___ Other ___

I have carefully read, understand and will comply with all of the above information as outlined in the Program/Activity Participation and Release Form and the attached Athletic Participation Information and hereby agree to indemnify and hold harmless the Nampa School District from any and all liability that may arise from my child's participation in any program or activity which is the subject matter of this Program/Activity Participation and Release Form.

Signature of Parent/Legal Guardian

Signature of Student



HEALTH EXAMINATION *and* CONSENT FORM

It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: _____ Sex: M / F Date of birth: _____ Age: _____
Address: _____ Phone: _____
School: _____ Sports: _____ Participation Grade: _____

MEDICAL HISTORY

Fill in details of "YES" answers in space below:

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a stinger, burned or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever had heat or muscle cramps? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have trouble breathing or do you cough during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever had problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear glasses, contacts or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

12. Have you had a medical problem or injury since your last evaluation? ☐ Yes ☐ No

13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?

- ☐ head ☐ back ☐ shoulder ☐ forearm ☐ hand ☐ hip ☐ knee ☐ ankle
☐ neck ☐ chest ☐ elbow ☐ wrist ☐ finger ☐ thigh ☐ shin ☐ foot

14. Were you born without a kidney, testicle, or any other organ? ☐ Yes ☐ No

15. When was your first menstrual period? _____

When was your last menstrual period? _____

What was the longest time between your periods last year? _____

Explain "YES" answers: _____

CONSENT FORM

(Parent or guardian and student permission and approval)

I herby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

If the health care provider's exam will be performed without compensation as part of the school's health examination program for participation in high school activities, I agree to the waiver provisions as set forth in Idaho Code Section 39-7703 and agree that the health care provider shall be immune from liability as specified in said section.

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT _____ DATE: _____

Idaho High School Activities Association

Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

C. NOT cleared to participate in the following IHSAA sponsored sports /activities:

baseball basketball cheer/dance cross country football golf
soccer softball swimming tennis track volleyball wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

D. Student is NOT permitted to participate in high school athletics.

Reason: _____

Recommendation:

Name of physician:

Address: _____ Phone: _____

Signature of physician/medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)

Emergency Card



619 S Canyon Street, Nampa ID 83686

_____ High School

Physical/Consent _____
Fall _____ Winter _____ Spring _____

Name _____ Birth date ____/____/____

Parent/Legal Guardian Names: Father _____ Mother _____

Address _____ Home Phone _____

Parent/Legal Guardian Work/Cell Phone: Father _____ Mother _____

Emergency Contact - If parent/legal guardian cannot be contacted, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Name of Insured _____

Insurance Policy # _____ Insurance address _____ Phone _____

Known allergies (i.e., food, insect, drug) _____

Last tetanus shot _____ Medical conditions _____

Medications currently taken (i.e., inhaler, insulin) _____

As parent or legal guardian of the above name student, I hereby give my permission for an authorized school official to obtain professional medical attention, including transportation, diagnostic testing and necessary hospitalization for my son or daughter in case of injury or illness while participating (practice or competition) in the athletic program of _____ High School during this current school school year and agree to pay all costs incurred.

Parent/Legal Guardian Signature _____ Date _____