

ROYAL OAK



ATHLETICS

REGISTRATION PACKET

Included in the packet:

MHSAA Physical (after April 15th of the previous school year)

Athletic Contract

Pay to Participate Fee Expectations

- **This packet must only be handed into the ROHS Athletic Office once per school year, however, you must still register and pay the PTP fee each season you plan to participate**

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old



Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

GENERAL QUESTIONS		Y	N	MEDICAL QUESTIONS		Y	N
<input type="radio"/>	Has a doctor ever denied or restricted your participation in sports for any reason?				Do you cough, wheeze or have difficulty breathing during or after exercise?		
	Do you have any ongoing medical conditions? If so, please identify below:				Have you ever used an inhaler or taken asthma medicine?		
	<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:				Is there anyone in your family who has asthma?		
	Have you ever spent the night in the hospital or have you ever had surgery?				Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU		Y	N		Do you have groin pain or a painful bulge or hernia in the groin area?		
	Have you ever passed out or nearly passed out DURING or AFTER exercise?				Have you had infectious mononucleosis (mono) within the last month?		
	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				Do you have any rashes, pressure sores or other skin problems?		
	Does your heart ever race or skip beats (irregular beats) during exercise?				Have you had a herpes or MRSA skin infection?		
	Has a doctor ever told you that you have any heart problems? Check all that apply:				Do you have headaches or get frequent muscle cramps when exercising?		
	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol				Have you ever become ill while exercising in the heat?		
	<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:				Do you or someone in your family have sickle cell trait or disease?		
	Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)				Have you had any problems with your eyes or vision or any eye injuries?		
	Do you get lightheaded or feel more short of breath than expected during exercise?				Do you wear glasses or contact lenses?		
	Do you have a history of seizure disorder or had an unexplained seizure?				Do you wear protective eyewear such as goggles or a face shield?		
	Do you get more tired or short of breath more quickly than your friends during exercise?				Immunization History: Are you missing any recommended vaccines?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N		Do you have any allergies?		
	Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?				Have you ever had a head injury or concussion?		
	Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				Do you have any concerns that you would like to discuss with a doctor?		
	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?				Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
BONE AND JOINT QUESTIONS		Y	N		Have you ever had an eating disorder?		
	Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?				Do you worry about your weight?		
	Have you ever had any broken or fractured bones, dislocated joints or stress fracture?				Are you trying to or has anyone recommended that you gain or lose weight?		
	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?				Are you on a special diet or do you avoid certain types of foods?		
	Do you regularly use a brace, orthotics or other assistive device?						
<input type="radio"/>	Do you have a bone, muscle or joint injury that bothers you?						
<input type="radio"/>	Do any of your joints become painful, swollen, feel warm or look red?						
	Do you have any history of juvenile arthritis or connective tissue disease?						
	Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?						

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ ☐ Male ☐ Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
 BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
 LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are **FOUR (4)** signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**: _____ Date: _____

2 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize 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 care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____



ROYAL OAK ATHLETIC CONTRACT



Participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school. Participation in interscholastic athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey safety rules, report physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily. *It is the parent's responsibility to provide the proper medical coverage to pay for an emergency or medical treatment required due to an injury. The School District of the City of Royal Oak does not provide any type of supplemental insurance for student-athletes*

CONSENT FOR TRANSPORTATION

This is to certify that _____ has my permission to make all trips to games, contests and tournaments during the current school year with the School District of the City of Royal Oak athletic teams. I understand that transportation will be by bus when possible. Squad size and type of contests may necessitate transportation by van or car driven by a licensed driver.

EQUIPMENT – FINANCIAL RESPONSIBILITY

Athletes in the School District of the City of Royal Oak are responsible for athletic equipment issued to them by the athletic department. This equipment is to be worn only for practice or competition in the sport for which it was issued. **It is not to be worn at other times.** This equipment represents a large expenditure of money by the athletic department and is to be returned to the coach within one week of completion of the sport season. If equipment is stolen, lost, or not returned, the athlete will be held responsible for the replacement cost of the equipment.

PAY TO PARTICIPATE AGREEMENT

I understand that the payment of the Pay to Participate fee does not guarantee playing time for the student athlete, and does not provide any control over conditions of the team or the Athletic Department. I also understand that paying the fee does not in any way alter the Board of Education Policy, the District's Co-Curricular Code of Conduct, individual team rules or the Michigan High School Athletic Association Regulations.

I also understand that there will be no refunds of the Pay to Participate fee unless the student athlete suffers a season ending injury prior to the mid-point of the season, preventing the student athlete from participating in one-half of the regularly scheduled contests. In this instance, a physician's letter must accompany the request for the refund.

It is understood that a student athlete will not be allowed to participate, including practice, unless all signatures are affixed below and the fee has been paid in full. The fees are as follows:

- \$150 for the first sport, \$100 for the second sport and no charge for the third sport for each high school athlete. There is a \$250 annual student cap.
- \$40 for the first sport, \$25 for the second sport and no charge for the third sport for reduced meal eligible high school students.
- \$100 for the first sport, \$50 for the second sport and the third and fourth sport is free for each middle school athlete.
- \$25 for the first sport, \$12 for the second sport for each reduced meal eligible middle school athlete.
- There is an annual family cap of \$700.

Payments can be made via:

- Credit Card (Visa and Mastercard) online through PaySchools (Link is available on the District Website).
- Checks made payable to Royal Oak Schools.

ATHLETIC CODE OF CONDUCT- CAN BE VIEWED ON ATHLETIC WEBSITE, WWW.ROYALOAKATHLETICS.ORG

This application to compete in Interscholastic Athletics is entirely voluntary on my part and is made with the understanding that I have not violated the eligibility rules of the Michigan High School Athletic Association, and that I will follow all rules and regulations set down by my coach and the athletic department.

As a representative of my school, I will conduct myself in an exemplary manner at all times. Athletes and cheerleaders are expected to be outstanding citizens and to demonstrate good judgment and to show respect for themselves, their teammates, coaches, school personnel, officials, and members of the opposing team. I understand the violation of the previously mentioned rules and regulations or conduct unbecoming a team member may lead to disciplinary action.

We have read and understand the above statements and the athletic code of conduct and by our signatures indicate our willingness to abide by them.

► Student Signature _____ Date _____

► Parent Signature _____ Date _____

ROHS Pay to Participate



The ROHS Pay to Participate Annual fee structure is as follows:

- \$150 full pay for your first sport
- \$100 for your second sport
- Free for your third sport (Hockey and Bowling not included)

If you receive reduced lunch, the fee is as follows:

- \$40 for your first sport
- \$25 for your second sport
- Free for your third sport (Hockey and Bowling not included)

If you receive free lunch, the fee is waived regardless of how many sports you play.

Please bring a check with you to registration written out to “Royal Oak Schools” or pay on-line via credit card by visiting www.royaloakathletics.org, click on “Registration”, then Pay to “Participate Fee”