

STALLION ATHLETICS
ATHLETIC ELIGIBILITY CHECK LIST
ATHLETIC DIRECTOR: STEVEN SCHIESEL

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SHHS Athletic Trainer Remind: @shsptsmd

To participate in athletics at Sterling Heights High School the information in this packet and the check list provided below must be completed and verified by Mr. Schiesel before you can condition, tryout, practice, or compete for any team. You must submit both completed sides of the MHSAA physical to your Big Teams account for approval. All other information should be entered into the blank forms on your big teams account and does not require that you upload any other forms, besides both sides of the MHSAA physical.

(NO FORMS ARE ACCEPTED IN PERSON)

NAME: _____ GRADE: _____

SPORT(S) _____ BIRTHDATE: _____

CHECK LIST:

Completed Physical after ARPIL 15 of previous school year (No Blank Spots) ____

Uploaded both sides of physical to Big Teams Account for approval ____

Completed WCS Medical Treatment Informational Form on account ____

Completed WCS Handbook Contract on account (Handbook online) ____

Passing 4 out of 6 classes from previous school semester ____



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
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
- HEART HEALTH QUESTIONS ABOUT YOU	Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply:		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol		
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
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)?		
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?		
- BONE AND JOINT QUESTIONS	Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
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)?		

- MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
- FEMALES ONLY (Optional)	Y	N
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		
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  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.

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

 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.

 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.

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



SHHS ATHLETICS CORE VALUES, DEFINITIONS, AND STANDARDS FOR ATHLETES

ACCOUNTABILITY

DEFINITION- Taking ownership of your actions or decisions regardless of the outcome, and not creating a toxic environment.

STANDARDS- Accepting repercussions of your decisions regardless of outcome and still remaining a positive part of the team.

COMMITMENT

DEFINITION- Being dedicated to giving your best effort to the team, your teammates, Sterling Heights High School, all practices, and all competitions.

STANDARDS- Showing up on time and being ready to go every day. Communicating well in advance to staff for family emergencies or school related conflicts.

TRUST/INTEGRITY

DEFINITION- Doing the right thing even when no one is watching. Being able to carry out or complete a task to the coaches' expectations without direct supervision.

STANDARDS- Adhering to the expectations that the school/team/coach have even when no one is watching or giving you praise as it is the right thing to do.

FUN

DEFINITION- Enjoying your participation in sports through hard work, challenges, success, improvement, and the team.

STANDARDS- Participating in team building activities, creating competitive practice games, laughing, rising to the challenge, supporting your teammates at all times, and winning.



BigTeams Student Central Parents – Create Your Student Account Help Guide

1. Go to <https://studentcentral.bigteams.com/>
2. Click **Sign Up to Create New Account** and complete the four step account creation
 - Who is this account for? Select Parent/Guardian
 - What School are you registering for? Input the name of the school that your oldest participating student attends
 - Input your Personal Information for your Parent/Guardian account
 - Input Username (Email) and Password
3. From the Linked Accounts page in **My Profile**, click "+ Link Student Account"
4. Search for your Student to see if they have already created an account.
 - NOTE: Check out the Self Help menu for "Account Linking Guide"
5. If your student does not have an account, click the hyperlink for "If your student does NOT have an account OR is not yet 13 years old, click HERE" and complete the five steps for creating the student account
6. Once created, be sure to input your **EMERGENCY CONTACT** information (Left Navigation under My Profile), and then complete the form requirements by going to **ATHLETIC FORMS**
7. After signing the forms as a Parent, navigate back to My Profile followed by Linked Accounts, and have your student(s) use the Sign In As button to complete any "Awaiting Athlete Signature" requirements
 - NOTE: Check out the Self Help menu for "(Returning) Student/Parent "Sign In As" Feature" help guide
8. Once your forms are approved, a notification will be sent to your listed email address and/or mobile number. Notification settings can be adjusted by going to **My Profile** followed by **Notifications**



فرق الطلبة الكبيرة المركزية حاضرة اولياء الامور – الرجاء اولاً فتح حساب بأسماء اولادكم

1. الرجاء الذهاب الى الموقع الالكتروني <https://studentcentral.bigteams.com/>
2. يرجى الضغط على كلمة **Sign Up to Create New Account** وأكملوا اربع خطوات لاكمال فتح الحساب. يرجى الاجابة على السؤال:
 - لمن هذا الحساب؟ اي Who is this account for؟، يرجى اختيار كلمة ولي الامر/ او المعيل القانوني على الطالب اي Parent/Guardian
 - في اي مدرسة ترغب في التسجيل؟ يجب الاجابة بوضع اسم المدرسة التي يذهب اليها الابن/ الابنة الاكبر
 - ثم يتم ملئ المعلومات الشخصية لحساب اولياء الامور/ المعيلين القانونيين
 - يرجى ادخال كلمة الدخول وكلمة السرثم يتم الضغط على صفحتي اي كلمة **My Profile** في صفحة ربط الحساب، ثم الضغط على **Student Account Link**
3. يرجى البحث عن اسم الطالب للتأكد من ان لديهم حساب ام لا.
 - ملاحظة: يرجى التأكد من قائمة المساعدة الشخصية لـ " دليل ربط الحساب " اي "Account Linking Guide"
4. إذا لم يكن لدى الطالب حساب، يرجى الضغط على hyperlink إذا لم يكن للطالب حساب او ان عمر الطالب هو اقل من 13 عاماً، و الضغط على كلمة HERE لتكملة خمس خطوات لفتح حساب للطالب
5. حالما يتم فتح الحساب، يرجى التأكد من اكمال وضع هواتف للاتصال في حالة الطوارئ **EMERGENCY CONTACT** (على الجهة اليسرى في صفحة المعلومات My Profile)، و من ثم اكمال استمارة الخاصة بالمتطلبات الخاصة و ذلك بزيارة الصفحات الرياضية اي Athletic Forms
6. بعد التوقيع على كولي امر الطالب، يمكنكم الذهاب الى صفحتي اي My Profile بأتباع الحساب المربوط و ان يستخدم الطلبة التوقيع على الدخول ليتمكنوا من التوقيع على اي استمارة تحتاج الى توقيعهم. المتطلبات:
 - ملاحظة: التأكد من قائمة المساعدة الذاتية " (العودة) الطالب/ ولي الامر "Sign In As"
7. حالما يتم الموافقة على استمارتكم، سوف يرسل لكم إخطار على العنوان البريدي الذي وضعته على صفحتكم. يمكنكم تغيير هذه المعلومات و ذلك بالذهاب الى **My Profile** و بعدها الى **Notifications**