STALLION ATHLETICS ATHLETIC ELIGIBILITY CHECK LIST ATHLETIC DIRECTOR: STEVEN SCHIESEL

(586) 698-4622 sschiesel@wcskids.net

Twitter: @SHHS_BlacknGold

Facebook: SHHS Stallion Athletics

Big Teams Webpage: https://shstallions.com/

To participate in athletics at Sterling Heights High School the information and check list provided below must be completed and verified by Mr. Schiesel before you can condition, tryout, practice, or compete for any team. Your stamped Medical Cards will serve as your permission slip to participate for your coach.

Name:		Grade:	
Sport(s)		Birthdate:	
	<u> Check List:</u>		
Completed Phys	ical after <mark>April 15 (N</mark>	o Blank Areas)	
<u>Two</u> Complet	ed WCS Medical Trea	atment Cards	
Completed W	CS Handbook/Contra	act (Booklet)	
Passing 4 out	of 6 classes from prev	ious semester	
Athletes Signature		Date:	
Mr. Schiesels Signatur	e	Date:	

WCS PLAYER CONTRACT/PARENTAL CONSENT FORM

`		÷						
Date	Athlete's Signature		<u>"</u> .	"	I have read the Warren Consolidated Schools Athletic Handbook Guidelines for half Parents/Guardians/Athletes and the Player's Contract, and I understand its content in hills Parents/Guardians/Athletes and the Player's Contract, and I understand its content in hills in the player's Contract, and I understand its content in the player's Cont	Please initial each statement below:	First Last	

This Sports Health Questionnaire may only be used for students who received a valid sports physical during the 2019-20 school year (one completed on or after April 15, 2019). A school may require a student to have a valid physical exam.

ate	2020-			chiana high school athlatic	revociation
		Age	Birth Date/	cingais ingui scriota aumete.	I
rade	School		Birth Date/		
	ss				
)		rts Qualifying Physical Exam	1	/
		Check Yes or No for each	question.		
	Since your last complete Sports 0		hysician, <u>HAVE YOU HAD ANY OF THE FO</u>	LLOWING?	
l.	Has a doctor ever restricted or denied you	r participation in sports for any reason w	vithout clearing you to return to sports?	YES	NO
	Do you have a heart condition or has a do	ctor ever told you that you had an abnor	mal heart test (e.g., ECG, echocardiogram)?		
s.	In the last year, have you ever passed out	or nearly passed out during or after exe	ercise?		
	In the last year, have you had discomfort,	pain, tightness, or pressure in your ches	at during exercise?		
	In the last year, did your heart race, flutter	in your chest or skip beats (irregular be	ats) during exercise?		
	In the last year, did you get light-headed or	. , ,	,		
	In the last year, have you had an unexplair				
	In the last year, has anyone in your immed		edly for no apparent reason?		
			in unexpected or unexplained sudden death <u>b</u>	efore	
	age 35 (including an unexplained drowning	g or an unexplained car accident)?	-	<u>—</u>	_
0.	In the last year, has anyone in your immed	iate family had instances of unexplained	d fainting, seizures, or near drowning?		
		thmogenic right ventricular cardiomyopa	tic heart problem such as hypertrophic cardio- athy (ARVC), long or short QT Syndrome, Bru		
2.	In the last year, has anyone in your immed	liate family <u>before age 35</u> had a heart p	oblem, pacemaker, or implanted defibrillator?		
	In the last year, have you had a head injury or memory problems?	y or concussion that still has symptoms	like continuing headaches, concentration prob	lems	
4.	In the last year, has a doctor restricted or oclearing you to return to sports?	denied your participation in sport due to	a serious injury or medical condition without		_
	Parente or Logal Guardiane: Please n		cations, or allergies that may be important		hes
	and/or athletic director to k	ay require a student to have a valid pl		ents).	
	and/or athletic director to k Schools ma I do not know of any e	ay require a student to have a valid pl		n sports.	S.
>	and/or athletic director to k Schools ma I do not know of any e	ay require a student to have a valid pl existing physical or additional health to the above questions are true and a	nysical exam at their discretion. reasons that would preclude participation i	n sports.	S.
>	and/or athletic director to k Schools ma I do not know of any e I certify that the answers t	ay require a student to have a valid pl existing physical or additional health to the above questions are true and a	nysical exam at their discretion. reasons that would preclude participation iccurate and I approve participation in athle	n sports. etic activities	5.
FOR	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answers	existing physical or additional health to the above questions are true and a signature Studen	reasons that would preclude participation in accurate and I approve participation in athle at Signature	n sports. etic activities Date PA prior to	_
OR	and/or athletic director to k Schools ma I do not know of any e I certify that the answers t Parent or Guardian or 18-Year-Old S	existing physical or additional health to the above questions are true and a signature Studen	nysical exam at their discretion. reasons that would preclude participation i ccurate and I approve participation in athle	n sports. etic activities Date PA prior to	_
OR	and/or athletic director to k Schools ma I do not know of any e I certify that the answers t Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answINFORMATION IS COMPLETE	existing physical or additional health to the above questions are true and a signature Student wer to any of the above questions rec	reasons that would preclude participation in accurate and I approve participation in athle at Signature	n sports. etic activities Date PA prior to DW-UP	_
OR	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answINFORMATION IS COMPLETE Reference: Preparticipation Physics	existing physical or additional health to the above questions are true and a signature Student wer to any of the above questions recessions are true and a signature.	reasons that would preclude participation in accurate and I approve participation in athle at Signature Quires a physical exam from a MD, DO, NP,	n sports. etic activities Date PA prior to DW-UP AAP, 2019	 participa
FOR	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answINFORMATION IS COMPLETE Reference: Preparticipation Physics	existing physical or additional health to the above questions are true and a signature Student wer to any of the above questions reconstructed by the signature of the above questions reconstructed by the signature of the above questions reconstructed by the signature of the si	reasons that would preclude participation in accurate and I approve participation in athle at Signature quires a physical exam from a MD, DO, NP, STUDENT REQUIRES FOLLOR, AAP, ACSM, AMSSM, AOSSM, AOASM; A	n sports. etic activities Date PA prior to DW-UP AAP, 2019	 participa
	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answ INFORMATION IS COMPLETE Reference: Preparticipation Physics EMERGENCY INFORMATION	existing physical or additional health at the above questions are true and a signature Student wer to any of the above questions received: Sical Evaluation (Fifth Edition): AAFF (DETACH HERE IF NEEDED TO ACCOMPA	reasons that would preclude participation in accurate and I approve participation in athle at Signature quires a physical exam from a MD, DO, NP,STUDENT REQUIRES FOLLO P, AAP, ACSM, AMSSM, AOSSM, AOASM; ANY STUDENT-ATHLETE)	n sports. etic activities Date PA prior to DW-UP AAP, 2019	participa
S	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answINFORMATION IS COMPLETE Reference: Preparticipation Physical Research (Complete Complete Co	existing physical or additional health to the above questions are true and a signature Student wer to any of the above questions received and the signature of the sinterest of the signature of the signature of the signature of the	reasons that would preclude participation in accurate and I approve participation in athle at Signature quires a physical exam from a MD, DO, NP,STUDENT REQUIRES FOLLO P, AAP, ACSM, AMSSM, AOSSM, AOASM; ANY STUDENT-ATHLETE)	n sports. etic activities Date PA prior to DW-UP AAP, 2019	participa
S	and/or athletic director to k Schools ma I do not know of any e I certify that the answers to Parent or Guardian or 18-Year-Old S ATHLETIC DIRECTOR USE: A YES answINFORMATION IS COMPLETE Reference: Preparticipation Physical	existing physical or additional health to the above questions are true and a signature Student Studen	reasons that would preclude participation in accurate and I approve participation in athle at Signature quires a physical exam from a MD, DO, NP, STUDENT REQUIRES FOLLO P, AAP, ACSM, AMSSM, AOSSM, AOASM; ANY STUDENT-ATHLETE)	n sports. etic activities Date PA prior to DW-UP AAP, 2019	 participa

Allergies:_



MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or18 year old

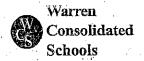
Signature of PARENT or GUARDIAN or 18-YEAR-OLD:___



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

Date:

Student Name:	last	first	middle initial
Student Address:		iii d	mademila
	street	city	zip
Gender: M	F Age:Date of Birth:	Place of Birth (City/State):	
School:		Grade:	
Father/Guardian Name:			
Phone (home):	(work):	(cell):	
Mother/Guardian Name:			
Phone (home):	(work):	(cell):	
Email Address: Parent/G	iuardian/18-Year-Old:		
			_
	STUDENT PARTICIPATION & PAI	RENT or GUARDIAN or 18 YEAR OLD CONSE	NT
		my/my child's signature below, I/we acknowledge that I/ nt of Health and Human Services and MHSAA require	
ersonal injury associated	athletics is purely voluntary; that such acd with participation in such activities, which	ored athletics, I/we do hereby agree, understand, appretivities involve physical exertion and contact and to riskI/we assume; and that I/we agree to, and hereby wa	hat there is inherent risk of ive any and all claims, suits, losse
ersonal injury associated ctions, or causes of action a filiates based on any injury hild's participation in an M we understand that I am/we bove student to engage in i	athletics is purely voluntary; that such acd with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure to the such as the su	ctivities involve physical exertion and contact and to risk I/we assume; and that I/we agree to, and hereby wa esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of myschool district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, aning or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of
ersonal injury associated ctions, or causes of action a filiates based on any injury ild's participation in an M we understand that I am/we bove student to engage in i	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise	ctivities involve physical exertion and contact and to risk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of myschool district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of own trips.
ersonal injury associated tions, or causes of action a fillates based on any injury ild's participation in an Maye understand that I am/we ove student to engage in itermining eligibility for intermining of S1	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the property of the control of the disclosure that the control of	ctivities involve physical exertion and contact and to risk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of myschool district and the MHSAA. I/we the MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of own trips.
ersonal injury associated tions, or causes of action a fillates based on any injury ild's participation in an Maye understand that I am/we ove student to engage in itermining eligibility for intermining of S1	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all establishes interscholastic athletics and for the disclosure to the erscholastic athletics. My child has my permise the property of the disclosure to the erscholastic athletics. My child has my permise the erscholastic athletics.	ctivities involve physical exertion and contact and to irisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-team.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/ we hereby give my consent for the PA and HIPAA for the purpose of own trips.
risonal injury associated tions, or causes of action a fillates based on any injury ild's participation in an Mare understand that I am/we ove student to engage in itermining eligibility for intermining Signature of ST	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics. My child has my permise the erscholastic athletics. In the erscholastic athletics are erscholastic athletics. In the erscholastic athletics and for the disclosure the erscholastic athletics. In the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics and for the disclosure the erscholastic athletics. In the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletics. In the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics and for the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the erscholastic athletics are expected to adhere firmly to all established at the ers	ctivities involve physical exertion and contact and to irisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/ we hereby give my consent for the PA and HIPAA for the purpose of own trips.
rsonal injury associated tions, or causes of action a iliates based on any injury ild's participation in an Mare understand that I am/we ove student to engage in itermining eligibility for into Signature of ST Signature of PA	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, representation, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the properties of the company	ctivities involve physical exertion and contact and to risk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team of the school district.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of own trips.
risonal injury associated tions, or causes of action a fillates based on any injury ild's participation in an May we understand that I am/we ove student to engage in itermining eligibility for intermining eligibility eligibility for intermining eligibility eligibili	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, representation, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the management of the ma	ctivities involve physical exertion and contact and to risk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-team.	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of own trips. Date:
ersonal injury associated tions, or causes of action a filliates based on any injury ild's participation in an May we understand that I am/we love student to engage in intermining eligibility for intermining Signature of ST Signature of PA signature of PA signature that I am/we have student at the signature of PA signature of PA signature that I come student-athlete has YES, Family Insurance	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the manner of the disclosure that the specific insurance regulation of the disclosure of the disclosu	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-temporary of the school district. Company	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, aning or arising in any way from my/we hereby give my consent for the PA and HIPAA for the purpose of own trips. Date:
ersonal injury associated ctions, or causes of action a filiates based on any injury hild's participation in an May we understand that I am/we cove student to engage in intermining eligibility for intermining eligibility eligibility for intermining eligibility e	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all establisher interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletics a	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team of the school district. Output Insurance ID #: answers to the medical health questions (see revenue).	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/ we hereby give my consent for the PA and HIPAA for the purpose of own trips. Date:
ersonal injury associated at ions, or causes of action a filiates based on any injury ild's participation in an Mayove student to engage in intermining eligibility for intermining eligibility el	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, repretome, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all establisher interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the area of the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletics a	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-temporary of the school district. Company	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/ we hereby give my consent for the PA and HIPAA for the purpose of own trips. Date:
ersonal injury associated ctions, or causes of action affiliates based on any injury hild's participation in an May we understand that I am/we cove student to engage in intermining eligibility for intermining eligibility eligibili	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, representation, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all established interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the manner of the disclosure the erscholastic athletics. My child has my permise the manner of the disclosure the erscholastic athletics. My child has my permise the manner of the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletics a	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF is ion to accompany the team as a member on its out-of-team of the school district. Output Insurance ID #: answers to the medical health questions (see revenue).	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/rive hereby give my consent for the PA and HIPAA for the purpose of own trips. Date:
ersonal injury associated ctions, or causes of actions of causes of action affiliates based on any injury nild's participation in an May we understand that I am/we bove student to engage in itermining eligibility for intermining eligibility e	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, representation, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all establisher interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletic	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/wo the MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-temporary that it is so the school district. Company the medical health questions (see revenue).	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/s/s/e hereby give my consent for the A and HIPAA for the purpose of own trips.
ersonal injury associated ctions, or causes of actions of causes of action affiliates based on any injury nild's participation in an May we understand that I am/we bove student to engage in itermining eligibility for intermining eligibility e	athletics is purely voluntary; that such act with participation in such activities, which against the MHSAA, its members, officers, representation, my child, or any person, whether because HSAA-sponsored sport. The are expected to adhere firmly to all establisher interscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics. My child has my permise the erscholastic athletics and for the disclosure the erscholastic athletics and for the erscholastic athletic	ctivities involve physical exertion and contact and to trisk I/we assume; and that I/we agree to, and hereby was esentatives, committee members, employees, agents, at se of inherent risk, accident, negligence, or otherwise, dured athletic policies of my school district and the MHSAA. I/we othe MHSAA of information otherwise protected by FERF ision to accompany the team as a member on its out-of-temporary to the school district. O	hat there is inherent risk of ive any and all claims, suits, losse torneys, insurers, volunteers, and ing or arising in any way from my/ we hereby give my consent for the PA and HIPAA for the purpose of own trips.



Medical Treatment Authorization

Form# 2011

Name:	Birthdate: Home Telephone:
Parent (Guardian):	Address: Mother's Phone (Work):
Father's Phone (Work):	Mother's Phone (Work):
Person to Notify if Parent Cannot Be R	eached - Name:
Address:	Phone: Relation:
PURPOSE OF THIS CARD: To e	nable parents or guardians to authorize the provision of
emergency treatment for minors	who become ill or injured while under school authority
when parents or guardians cannot be re	eached. In the event of an emergency requiring medical attention, o the team physician, trainer or coach to administer
	Yes:No:
In the event of an emergency 1	equiring further medical attention, I hereby grant my
permission to	(family doctor) at (preferred hospital)
or (if not possible) to atten	ding physician at the hospital designated by the
school staff to attend to my son/daug	thter . Yes: No:
I expect every effort will be	made to contact me in order to receive my specific medical treatment or hospitalization is undertaken.
Date: Signature:	
Date:Signature.	
	HEALTH HISTORY
Family Doctor:	Phone: Hospital:
Insurance Company:	Insurance Contract Number:
Date of Last Physical:	Date of Last Tetanus Shot:
Medical History: YES	NO
Heart Condition:	If So Explain:
Epilepsy:	
Diabetes:	If So Please State:
Asthma:	If So Please State:
Other Condition:	If So Please State:
Wear Contacts or Glasses:	If So Please Indicate Which:
Allergic To Any Medication:	If So Please List:
PLEASE FILL CARD OUT COMPLETE A	ND SIGN IT PLEASE NOTIFY THE SCHOOL IF ANY OF THE

INFORMATION (Above or on the other side) CHANGES DURING THE SCHOOL YEAR.

HEALTH HISTORY

Family Doctor:	Phone: Hospital:
Insurance Company:	Insurance Contract Number:
Date of Last Physical:	Date of Last Tetanus Shot:
Medical History: YES	NO
Heart Condition:	If So Explain:
Epilepsy:	
Diabetes:	If So Please State:
Asthma:	If So Please State:
Other Condition:	If So Please State:
Wear Contacts or Glasses:	If So Please Indicate Which:
Allergic To Any Medication:	If So Please List:
e de Participa de Participa de La Carte de Cart	ND SIGN IT. PLEASE NOTIFY THE SCHOOL IF ANY OF THE
6	
INFORMATION (Above or on the other side) CHANGES DURING THE SCHOOL YEAR.
Warren Consolidated Medic	al Treatment Authorization Form# 2011
Schools	
Name:	Birthdate: Home Telephone:
Parent (Guardian):	Address:
Father's Phone (Work):	Mother's Phone (Work):
Person to Notify if Parent Cannot Be Re	eached - Name:
Address:	Phone: Relation:
	nable parents or guardians to authorize the provision of
	who become ill or injured while under school authority
	ached. In the event of an emergency requiring medical attention,
	the team physician, trainer or coach to administer
first aid to my son/daughter	Yes: No:
In the event of an emergency re	equiring further medical attention, I hereby grant my
permission to	(family doctor) at(preferred hospital)
or (if not possible) to attend	ling physician at the hospital designated by the
school staff to attend to my son/daugh	hter Yes: No:
	nade to contact me in order to receive my specific
authorization before any major	medical treatment or hospitalization is undertaken.
Date: Signature:	

MHSAR	5
michigan high school athletic association	г

Student Name:			Date of t	Birth:
ichigan high school athletic association Doctor:	Doctor	r's Phone:	Date of I	Exam:
GENERAL QUESTIONS	Y N		AL QUESTIONS	Y
Has a doctor ever denied or restricted your participation in sports for any reason?		Do you cough, who	eeze or have difficulty breathing during or after	exercise?
Do you have any ongoing medical conditions? If so, please identify below:		Have you ever use	d an inhaler or taken asthma medicine?	
□ Asthma □ Anemia □ Diabetes □ Infections □ Other:		Is there anyone in	your family who has asthma?	
ave you ever spent the night in the hospital or have you ever had surgery?		Were you born with	nout, or missing a kidney, eye, testicle (males),	spleen or any other organ?
HEART HEALTH QUESTIONS ABOUT YOU	ode at Y	Do you have groin	pain or a painful bulge or hernia in the groin ar	ea?
ave you ever passed out or nearly passed out DURING or AFTER exercise?		Have you had infe	ctious mononucleosis (mono) within the last mo	nth?
ave you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		Do you have any r	ashes, pressure sores or other skin problems?	
oes your heart ever race or skip beats (irregular beats) during exercise?		Have you had a he	rpes or MRSA skin infection?	
as a doctor ever told you that you have any heart problems? Check all that apply:		Do you have head	aches or get frequent muscle cramps when exe	rcising?
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol		Have you ever bed	ome ill while exercising in the heat?	
☐ Kawasaki disease ☐ Other:		Do you or someon	in your family have sickle cell trait or disease?	
as 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 in	uries?
o you get lightheaded or feel more short of breath than expected during exercise?		Do you wear glass	es or contact lenses?	1
o you have a history of seizure disorder or had an unexplained seizure?		Do you wear prote	ctive eyewear such as goggles or a face shield	
o you get more tired or short of breath more quickly than your friends during exercise?		Immunization Histo	ry: Are you missing any recommended vaccine	s?
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YN	Do you have any a	llergies?	
as anyone in your family had unexplained fainting, unexplained seizures or near drowning?			a head injury or concussion?	
ces anyone in your family have a heart problem, pacemaker or implanted defibrillator?		Do you have any c	oncerns that you would like to discuss with a do	ctor?
las any family member or relative died of heart problems or had an unexpected or unexplained sudd	den	Have you ever rec	eived a blow to the head that caused confusion	prolonged headache or
eath before age 50 (including drowning, unexplained car accident or sudden infant death syndrome loes anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic)?	memory problems	? numbness, tingling, weakness or inability to m	ove your arms or legs
ight ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or atecholaminergic polymorphic ventricular tachycardia?		after being hit or fa	<u>-</u>	
The state of the s	YN		an eating disorder?	
ave you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a ga	me?	Do you worry abou	t your weight?	
ave 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 los	e weight?
ave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutch	es?	Zása sta en	al diet or do you avoid certain types of foods?	
Do you regularly use a brace, orthotics or other assistive device?			ES ONLY (Optional)	iki ku y
Do you have a bone, muscle or joint injury that bothers you?	$-\!\!+\!\!\!\perp$		a menstrual period?	
Do any of your joints become painful, swollen, feel warm or look red?		 	when you had your first menstrual period?	
Do you have any history of juvenile arthritis or connective tissue disease?			have you had in the last 12 months?	
lave you ever had an x-ray for neck instability or attantoaxial instability (Down syndrome or dwarfism)?		CONKENT-TEAK	PHYSICAL = GIVEN ON OR AFTER APRIL 15	OF THE PREVIOUS SCHOOL TE
PHYSICAL EXAMINATION & MEDICAL CLEARANCE: (Complete	d by MD. DO.	PA or NP - RETURN DIRE	CTLY TO PATIENT
KAMINATION: Height: Weight: 🔲 Male 🔲 Female		/ Pulse		Corrected: Y
MEDICAL		NORMAL ABNO		NORMAL ABNORMA
ppearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodacty		NORMAL ABNO	WAL WOSCOLOSKILLIAL	NORWAL ABNORWA
rm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	19,		Neck	•
yes/Ears/Nose/Throat: Pupils Equal Hearing		<u> </u>	Back	
ymph nodes			Shoulder/Arm	
eart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (F	AMIN [Elbow/Forearm	
	14117			
ulses: Simultaneous femoral and radial pulses	1411/		Wrist/Hand/Fingers	
ulses: Simultaneous femoral and radial pulses ungs	1411/		Wrist/Hand/Fingers Hip/Thigh	
ulses: Simultaneous femoral and radial pulses ungs bdomen Benitourinary (males only)	TVII/		Wrist/Hand/Fingers	
ulses: Simultaneous femoral and radial pulses ungs bdomen ienitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis			Wrist/Hand/Fingers Hip/Thigh Knee	
ulses: Simultaneous femoral and radial pulses ungs bdomen senitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis			Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle	
rulses: Simultaneous femoral and radial pulses ungs bdomen Senitourinary (males only) kkin: HSV: Lesions suggestive of MRSA, tinea corporis leurologic			Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes	
rulses: Simultaneous femoral and radial pulses ungs bdomen Senitourinary (males only) kkin: HSV: Lesions suggestive of MRSA, tinea corporis leurologic	m/her as be	OSS COUNTRY - F	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS –	ICE HOCKEY
ulses: Simultaneous femoral and radial pulses ungs bdomen lenitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis leurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CH LACROSSE — SKIING — SOCCER — SOFTBALL — SWIN	m/her as be HEER – CRC MMING/DIVII	DSS COUNTRY – F NG – TENNIS – TR	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE	ICE HOCKEY STLING
ulses: Simultaneous femoral and radial pulses ungs bdomen tentitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis teurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CH LACROSSE — SKIING — SOCCER — SOFTBALL — SWIN Name of Examiner (print/type):	m/her as be HEER – CRC MMING/DIVII	OSS COUNTRY – F NG – TENNIS – TR	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE	ICE HOCKEY STLING
ulses: Simultaneous femoral and radial pulses ungs bedomen senitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis eurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHACROSSE - SKIING SOCCER - SOFTBALL - SWIN Name of Examiner (print/type): Signature of Examiner:	m/her as be HEER – CRO MMING/DIVII	DSS COUNTRY – F NG – TENNIS – TR	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities Nootball - GOLF - GYMNASTICS - ACK & FIELD - VOLLEYBALL - WRE Date: (Check One):	ICE HOCKEY STLING DO D PA D
ulses: Simultaneous femoral and radial pulses ungs bdomen tentitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis teurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CH LACROSSE — SKIING — SOCCER — SOFTBALL — SWIN Name of Examiner (print/type):	m/her as be HEER – CRO MMING/DIVII	DSS COUNTRY – F NG – TENNIS – TR	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities Nootball - GOLF - GYMNASTICS - ACK & FIELD - VOLLEYBALL - WRE Date: (Check One):	ICE HOCKEY STLING DO D PA D
ulses: Simultaneous femoral and radial pulses ungs sidomen enitourinary (males only) din: HSV: Lesions suggestive of MRSA, tinea corporis eurologic ECCOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL BASKETBALL BOWLING COMPETITIVE CHACROSSE SKIING SOCCER SOFTBALL SWIM Name of Examiner (print/type): Signature of Examiner:	m/her as be HEER – CRC MMING/DIVII	OSS COUNTRY - F NG - TENNIS - TR COMPANY-STUDI	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE Date: (Check One): □ MD □	ICE HOCKEY STLING DO PA
ulses: Simultaneous femoral and radial pulses ungs sidomen enitourinary (males only) din: HSV: Lesions suggestive of MRSA, tinea corporis eurologic ECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL BASKETBALL BOWLING COMPETITIVE CHACROSSE SKIING SOCCER SOFTBALL SWIN Name of Examiner (print/type): Signature of Examiner: CDETACH HERE IF NEE EMERGENCY INFORMATION: COMP	m/her as be HEER – CRC MMING/DIVII	OSS COUNTRY - F NG - TENNIS - TR COOMPANY STUDE Y PARENT OF	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities NOOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE Date: (Check One):	DO PA
Ulses: Simultaneous femoral and radial pulses ungs under product of MRSA, tinea corporis unde	m/her as belief a communication of the communicatio	OSS COUNTRY - F NG - TENNIS - TR CCOMPANY-STUDE Y PARENT OF	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE Date: (Check One):	DO PA
ulses: Simultaneous femoral and radial pulses ungs addomen enitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis eurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CH LACROSSE — SKIING — SOCCER — SOFTBALL — SWIN Name of Examiner (print/type): Signature of Examiner: (DETACH HERE IF NEE EMERGENCY INFORMATION: COMP Student: Grade:	m/her as belief a communication of the communicatio	OSS COUNTRY - F NG - TENNIS - TR CCOMPANY-STUDE Y PARENT OF	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE Date: (Check One):	DO PA
ulses: Simultaneous femoral and radial pulses ungs bedomen enitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis eurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend his BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CHACROSSE — SKIING — SOCCER — SOFTBALL — SWIN Name of Examiner (print/type): Signature of Examiner: CDETACH HERE IF NEE EMERGENCY INFORMATION: COMP Student: Grade: EMERGENCY (1):	m/her as be HEER – CRC MMING/DIVII EDED TO AG Doctor:	OSS COUNTRY - F NG - TENNIS - TR CCOMPANY STUDE Y PARENT OF	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities N OOTBALL – GOLF – GYMNASTICS – ACK & FIELD – VOLLEYBALL – WRE Date: (Check One): □ MD □ ENT-ATHLETE) Phone: (Cell #: (DO PA D
ulses: Simultaneous femoral and radial pulses ungs bdomen ienitourinary (males only) kin: HSV: Lesions suggestive of MRSA, tinea corporis eurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend hir BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHACROSSE - SKIING - SOCCER - SOFTBALL - SWIN Name of Examiner (print/type): Signature of Examiner: (DETACH HERE IF NEE EMERGENCY INFORMATION: COMP Student: Grade: EMERGENCY (1): HEMERGENCY (2):	m/her as bei HEER – CRC MMING/DIVII EDED TO AG Doctor: Home #: (_ Home #: (_	DSS COUNTRY - F NG - TENNIS - TR CCOMPANY-STUDE Y PARENT or)	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities Nootball - GOLF - GYMNASTICS - ACK & FIELD - VOLLEYBALL - WRE Date: (Check One): MD ENT-ATHLETE) - Fhone: (Cell #: (DO PA D
Pulses: Simultaneous femoral and radial pulses Lengs Abdomen Senitourinary (males only) Selin: HSV: Lesions suggestive of MRSA, tinea corporis Ideurologic RECOMMENDATIONS: I certify that I have examined the above student and recommend his BASEBALL — BASKETBALL — BOWLING — COMPETITIVE CHACROSSE — SKIING — SOCCER — SOFTBALL — SWIN Name of Examiner (print/type): Signature of Examiner: CDETACH HERE IF NEE EMERGENCY INFORMATION: COMP	m/her as bei HEER – CRC MMING/DIVII EDED TO AG Doctor: Home #: (_ Home #: (_	DSS COUNTRY - F NG - TENNIS - TR CCOMPANY-STUDE Y PARENT or)	Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes Functional Duck Walk te in supervised athletic activities Nootball - GOLF - GYMNASTICS - ACK & FIELD - VOLLEYBALL - WRE Date: (Check One): MD ENT-ATHLETE) - Fhone: (Cell #: (DO PA D



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:									
Student Name:LAST		FIRST					M	IIDDLE II	AITIA
Student Address:									
STREET		CITY					Z	IP.	
Gender: M D F Age: Dar	te 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):									
•									
Email Address: Parent/Guardian/18-Year-Ol	lu:								
								.	
at participation in such athletics is purely warsonal injury associated with participation it tions, or causes of action against the MHSAA,	oluntary; that such activitles in such activities, which risk l its members, officers, represen	Involve physical exertion at I/we assume; and that I/we a tatives, committee members,	understand, app nd contact and gree to, and her employees, age	reciate that th eby wa ents, att	and ackere is in ive any a orneys, i	herent and all insurer:	t risk c claims s, volu	, suits, nteers,	and
at participation in such athletics is purely warsonal injury associated with participation it tions, or causes of action against the MHSAA, illiates based on any injury to me, my child, or a ild's participation in an MHSAA-sponsored spower understand that I am/we are expected to address over student to engage in interscholastic athletitermining eligibility for interscholastic athletics.	in such activities, which risk is members, officers, represent any person, whether because of ort. here firmly to all established athese and for the disclosure to the My child has my permission to	letics, I/we do hereby agree, involve physical exertion at /we assume; and that I/we a tatives, committee members, inherent risk, accident, negliletic policies of my school dis MHSAA of information otherwaccompany the team as a me	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, iring or a we herely A and Hi	herent and all insurers rising i	t risk o claims s, volu n any v	, suits, nteers, way froi	and m m
at participation in such athletics is purely warsonal injury associated with participation in tions, or causes of action against the MHSAA, illiates based on any injury to me, my child, or a ild's participation in an MHSAA-sponsored spower understand that I am/we are expected to address to student to engage in interscholastic athletic	in such activities, which risk is members, officers, represent any person, whether because of ort. here firmly to all established athese and for the disclosure to the My child has my permission to	letics, I/we do hereby agree, involve physical exertion at /we assume; and that I/we a tatives, committee members, inherent risk, accident, negliletic policies of my school dis MHSAA of information otherwaccompany the team as a me	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, iring or a we herely A and Hi	herent and all insurers rising i	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m
at participation in such athletics is purely versonal injury associated with participation in tions, or causes of action against the MHSAA, filiates based on any injury to me, my child, or a sild's participation in an MHSAA-sponsored spower understand that I am/we are expected to addrove student to engage in interscholastic athletistermining eligibility for interscholastic athletics.	in such activities, which risk is members, officers, represent any person, whether because of ort. There firmly to all established at hick and for the disclosure to the many permission to	letics, I/we do hereby agree, involve physical exertion at /we assume; and that I/we a tatives, committee members, inherent risk, accident, negliletic policies of my school dis MHSAA of information otherwaccompany the team as a me	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, i ring or a we herel A and Hintrips.	herent and all insurera rising in by give IPAA fo	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m or th
at participation in such athletics is purely warsonal injury associated with participation it tions, or causes of action against the MHSAA, iliates based on any injury to me, my child, or a ilid's participation in an MHSAA-sponsored spower understand that I am/we are expected to address over student to engage in interscholastic athletic termining eligibility for interscholastic athletics. Signature of STUDENT:	in such activities, which risk is members, officers, representany person, whether because of ort. There firmly to all established at hics and for the disclosure to the many permission to the stable of the stable	letics, I/we do hereby agree, involve physical exertion at /we assume; and that I/we a tatives, committee members, inherent risk, accident, negliletic policies of my school dis MHSAA of information otherwaccompany the team as a me	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, i ring or a we herel A and Hintrips.	herent and all insurer rising i by give IPAA fo Date:	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m
at participation in such athletics is purely versonal injury associated with participation it tions, or causes of action against the MHSAA, illiates based on any injury to me, my child, or a ild's participation in an MHSAA-sponsored spower understand that I am/we are expected to address over student to engage in interscholastic athletic termining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA	in such activities, which risk is members, officers, representant person, whether because of ort. There firmly to all established at hics and for the disclosure to the many permission to the stable of the stable	letics, I/we do hereby agree, involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglialetic policies of my school dis MHSAA of information otherwaccompany the team as a member of the second of	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, i ring or a we herel A and Hintrips.	herent and all insurer rising i by give IPAA fo	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m
at participation in such athletics is purely versonal injury associated with participation in tions, or causes of action against the MHSAA, filiates based on any injury to me, my child, or a ild's participation in an MHSAA-sponsored spower understand that I am/we are expected to add sove student to engage in interscholastic athletistermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA ur son/daughter will comply with the spectrum of th	in such activities, which risk is members, officers, representant person, whether because of ort. There firmly to all established at hics and for the disclosure to the My child has my permission to the security. AN or 18-YEAR-OLD: INSURAL ecific insurance regulations	letics, I/we do hereby agree, involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglialetic policies of my school dis MHSAA of information otherwaccompany the team as a member of the second of	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by	reciate that the eby wa ents, att vise, du SAA. I/ y FERF	and ackere is in ive any a orneys, i ring or a we herel A and Hintrips.	herent and all insurer rising i by give IPAA fo	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m or th
at participation in such athletics is purely wersonal injury associated with participation attions, or causes of action against the MHSAA, fillates based on any injury to me, my child, or a lid's participation in an MHSAA-sponsored spower understand that I am/we are expected to addition attention to engage in interscholastic athletic attermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA Signature of PARENT or GUARDIA Sur son/daughter will comply with the specific athletic attention at the specific athletic athletic at the specific athletic athletics.	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to include the image. AN or 18-YEAR-OLD: INSURAL SECTION OF THE INSURANCE SECTION OF THE INSURAL SECTION OF THE INSURAL SECTION OF THE INSURAL	letics, I/we do hereby agree, Involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglialetic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district.	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th eby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a orneys, i ring or a we here! A and Hin trips.	herent and all insurer rising i by give IPAA fo	t risk of claims s, volu n any v my co or the p	, suits, nteers, way froi	and n m
at participation in such athletics is purely wersonal injury associated with participation of citions, or causes of action against the MHSAA, filiates based on any injury to me, my child, or a hild's participation in an MHSAA-sponsored spower understand that I am/we are expected to addrove student to engage in interscholastic athletic etermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA ur son/daughter will comply with the specific student-athlete has health insurance: YES, Family Insurance Co:	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to insurance regulations. INSURAL SECTION OF THE SECTION OF T	letics, I/we do hereby agree, Involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglicatic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district. Insurance ID #:	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th eby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a orneys, i ring or a we here! A and Hintrips.	herent and all insurers rising in by give IPAA for Date:	t risk o	, suits, nteers, way from nsent fo purpose	and m m
at participation in such athletics is purely versonal injury associated with participation in tions, or causes of action against the MHSAA, filiates based on any injury to me, my child, or a sild's participation in an MHSAA-sponsored spower understand that I am/we are expected to adhove student to engage in interscholastic athletic attermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA ur son/daughter will comply with the specifies student-athlete has health insurance: YES, Family Insurance Co: dditionally, I hereby state that, to the besides and solve student and the state of	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to insurance regulations. INSURAL Exific insurance regulations. YES NO	letics, I/we do hereby agree, involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglical letic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district. Insurance ID #:were to the medical history.	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th teby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a corneys, it ring or a we here! A and Hin trips.	herented and all insurers rising in the control of	t risk o	, suits, nteers, way from sent fourpose	and m m
participation in such athletics is purely wersonal injury associated with participation in the participation in an anild's participation in an MHSAA-sponsored spower understand that I am/we are expected to addition to engage in interscholastic athletic etermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA Signature of PARENT or GUARDIA Support of the student athlete has health insurance: YES, Family Insurance Co:	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to insurance regulations. INSURAL Existing Types INO The YES INO St of my knowledge, my ansurance results of my knowledge, my ansurance results of my knowledge, my ansurance results.	letics, I/we do hereby agree, Involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglial letic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district. Insurance ID #:wers to the medical history.	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th eby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a corneys, i ring or a we here! A and Hin trips.	herented and all insurers rising in payed payed payed payed payed payed are conducted payed paye	t risk o	, suits, nteers, way from sent fourpose	and m m
participation in such athletics is purely wersonal injury associated with participation of citions, or causes of action against the MHSAA, filiates based on any injury to me, my child, or a nild's participation in an MHSAA-sponsored spowe understand that I am/we are expected to additionate to engage in interscholastic athletic etermining eligibility for interscholastic athletics. Signature of STUDENT: Signature of PARENT or GUARDIA WES, Family Insurance Co: dditionally, I hereby state that, to the best signature of PARENT or GUARDIA	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to insurance regulations. INSURAL Existing Types INO The YES INO St of my knowledge, my ansurance results of my knowledge, my ansurance results of my knowledge, my ansurance results.	letics, I/we do hereby agree, Involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglial letic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district. Insurance ID #:_ wers to the medical history accompany students.	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th eby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a corneys, it ring or a we here! A and Hintrips.	herented and all insurers rising in the property of the proper	claims s, volu n any my co or the p	, suits, nteers, way from the suits of the s	and m m
Signature of PARENT or GUARDIA For son/daughter will comply with the specific student-athlete has health insurance: YES, Family Insurance Co: dditionally, I hereby state that, to the besegon signature of PARENT or GUARDIA	in such activities, which risk is its members, officers, representany person, whether because of ort. There firmly to all established athese and for the disclosure to the My child has my permission to insurance regulations. INSURAL PES INO TO YES INO St of my knowledge, my ansurance in the my knowledge in t	letics, I/we do hereby agree, Involve physical exertion at I/we assume; and that I/we a tatives, committee members, inherent risk, accident, neglial letic policies of my school dis MHSAA of information otherwaccompany the team as a member of the school district. Insurance ID #:_ wers to the medical history accompany students.	understand, app nd contact and gree to, and her employees, age gence, or otherw trict and the MH vise protected by ember on its out-	reciate that th eby wa ents, att vise, du SAA. I/ y FERF -of-town	and ackere is in ive any a corneys, it ring or a we here! A and Hintrips.	herented and all insurers rising in the property of the proper	claims s, volu n any my co or the p	, suits, nteers, way from the suits of the s	and m m

Date: __

Signature of PARENT or GUARDIAN or 18-YEAR-OLD: