





# Traverse City Area Public Schools Preparticipation Physical Evaluation

(To be completed by parent/guardian and student)

## PERMIT TO PARTICIPATE

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

I hereby give my consent for the above named student to **engage** in interscholastic athletics as offered by Traverse City Area Public Schools and **for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. I understand the possibility that serious injury may result from participating in athletic activities.** I agree not to hold Traverse City Area Public Schools liable for any such injuries incurred. **My son/daughter has my permission** to accompany **their team** as a member on its out-of-town trips. Recognizing that as a result of participation in interscholastic athletic contests and practice sessions, the possibility of injury exists. Medical information withheld, incomplete, or incorrect relieves Traverse City Area Public Schools from all medical-legal liability and may disqualify your son/daughter from participation on any Traverse City team.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

This application for the privilege to compete in interscholastic athletics is entirely voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificates for merchandise in any amount, nor an emblematic award or merchandise worth more than the amount allowed by the MHSAA for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the MHSAA, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER OF LIABILITY (FOR SPORTS PHYSICAL EXAMINATION GIVEN AT SCHOOL)

I hereby give my consent for the above named student to undergo a physical examination to determine his/her fitness to engage in competitive sports. I understand that the physician, who is performing this exam without compensation, is not performing a complete physical examination. I understand as provided by Michigan Law (MCL 691.1501 sec. 2) that the physician is not liable for civil damages as a result of acts or omissions which may occur in performing the examination, except acts or omissions amounting to gross negligence or willful and wanton misconduct of which are outside the scope of the license held by the physician.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

## Traverse City Area Public Schools Preparticipation Physical Examination

(To be Completed by Medical Professional)

Name \_\_\_\_\_ Sex **M** **F** Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Vision R20/\_\_\_\_ L20/\_\_\_\_ Corrected: **Y** **N** Flexibility \_\_\_\_\_ Exercise Sheet \_\_\_\_\_

ENT		Normal	Findings	Initials	ABDOMEN		Normal	Findings	Initials
Eyes/Ears					Abdomen				
Nose/Throat					Genitalia (males)				
Lymph Nodes					Skin				
General Appearance					<b>MUSCULOSKELETAL</b>				
<b>LUNGS</b>					Spine				
Marfan's Stigmata	Yes	No			Shoulder/Arm				
<b>HEART</b>					Hip/Knee				
Rhythm	Regular	Irregular			Chronic Conditions:				
Murmur	Yes	No							

I certify that I have examined the above student and have found him/her medically

**Eligible** **Not Eligible** to compete in supervised athletic activities.

Follow-up needed for eligibility: \_\_\_\_\_

Follow-up information given/School Nurse: \_\_\_\_\_

Signature of Health Care Provider/Physician \_\_\_\_\_ Date \_\_\_\_\_