

LAKESIDE HIGH SCHOOL ATHLETIC PARTICIPATION FORM ALL HIGHLIGHTED AREAS ON 4 PAGES MUST BE COMPLETED PRIOR TO STUDENT PARTICIPATION IN ATHLETICS



CONTACT INFORMATION					
Student Name: School Year:					
Home Address:City:					
Name of Parent/Guardian(s):					
Address (if different from above):City:					
Mother: (Home Phone): () (Cell): ()					
Father: (Home Phone): () (Cell): ()					
IN CASE OF EMERGENCY, CONTACT:					
Name: Relationship:					
(Home) ()					
Personal Physician: Phone:					
Initial: Dekalb County School System (DCSS) and Lakeside High School is not always able to provide transportation for students to off-campus extracurricular school activities. In cases when transportation is not provided by DCSS, as in the use of a school bus or charter bus, it is the responsibility of the student's parents/guardian to secure their student's attendance at such activities. DCSS, its officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off-campus activity when such transportation is provided by parents, student, staff or any other party.					
Initial: I hereby give my consent to all photographs, audio recordings, academic work and/or video recordings taken of me or my minor child by DCSS / Lakeside High staff or their designee. I understand that any such photographs, audio recordings, academic work and/or video recordings become the property of the local school or district and may be used by the school, district or others within their consent, for educational, instructional or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.					
ATHLETIC CODE OF CONDUCT					
Initial: Dekalb County School System and Lakeside High School athletic programs are a great source of pride to our communities. Involvement in athletics helps students develop a better sense of responsibility, cooperation; self-discipline, self-confidence, and sportsmanship that will help serve them long after graduation. The lessons and values learned by participating on athletic teams last a lifetime.					
All athletes are expected to abide by the highest standards of fair play and sportsmanship while on the court or field. We also have high expectations regarding behavior when the students are not engaged in athletic competitions. Students participating in Georgia High School Association extracurricular athletic activities act as representatives of Dekalb County School System and Lakeside High School. All students are expected to conduct themselves in such a manner as to meet the highest standards of the school system at all times.					
The Athletic Code of Conduct is designed to establish high expectations and standards for all students participating in Georgia High School sanctioned athletic activities. The Code of Conduct also provides consistent consequences when violations occur. The consequences listed on the Code of Conduct are minimum standards. The schools can set consequences over and above those listed on the Code of Conduct.					
I have read the Dekalb County Athletics Handbook and I understand the potential consequences that go along with violating the Athletic Code of Conduct.					
PERMISSION TO TREAT					
Initial: I give my permission for the coaches, certified athletic trainers and/or their designees to					
administer treatment for illness, injury or rehabilitation, In the event of an emergency and I cannot be reached, I grant permission to the school personnel, coaches and/or certified athletic trainers to activate the Emergency Action Plan.					

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

DATE OF EXAM: SPORT(S):								
NAME: DATE OF BIRTH:								
MALE FEMALE AGE G	RADE		SCHOOL:					
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:								
Do you have any allergies? ☐ Yes ☐ No If y	es, plea	ase iden	tify specific allergy below:					
□ Medicines □ Pollens □ Food □ Stinging Insects □								
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No			
Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?					
2. Do you have any ongoing medical conditions? If so, please			27. Have you ever used an inhaler or taken asthma medicine?					
identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other:			28. Is there anyone in your family who has asthma?					
other.			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?					
3. Have you ever spent the night in the hospital?			30. Do you have groin pain or a painful bulge or hernia in the groin					
4. Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	area? 31. Have you had infectious mononucleosis (mono) within the last					
5. Have you ever passed out or nearly passed out DURING or	163	140	month?					
AFTER exercise?			32. Do you have any rashes, pressure sores, or other skin					
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			problems? 33. Have you had a herpes or MRSA skin infection?					
7. Does your heart ever race or skip beats (irregular beats)			34. Have you ever had a head injury or concussion?					
during exercise? 8. Has a doctor ever told you that you have any heart			35. Have you ever had a hit or blow to the head that caused					
problems? If so, check all that apply:			confusion, prolonged headache, or memory problems? 36. Do you have a history of seizure disorder?					
pressure			37. Do you have headaches with exercise?					
infection			38. Have you ever had numbness, tingling, or weakness in your					
9. Has a doctor ever ordered a test for your heart? (For			arms or legs after being hit or falling? 39. Have you ever been unable to move your arms or legs after					
example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than			being hit or falling?					
expected during exercise?			40. Have you ever become ill while exercising in the heat? 41. Do you get frequent muscle cramps when exercising?					
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or					
12. Do you get more tired or short of breath more quickly than your friends during exercise?			disease? 43. Have you had any problems with your eyes or vision?					
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?					
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before			45. Do you wear glasses or contact lenses?					
age 50 (including drowning, unexplained car accident, or			46. Do you wear protective eyewear, such as goggles or a face shield?					
sudden infant death syndrome)?			47. Do you worry about your weight?					
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right			48. Are you trying to or has anyone recommended that you gain or					
ventricular cardiomyopathy, long QT syndrome, short QT			lose weight? 49. Are you on a special diet or do you avoid certain types of					
syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			foods?					
15. Does anyone in your family have a heart problem,			50. Have you ever had an eating disorder? 51. Do you have any concerns that you would like to discuss with a					
pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting,			doctor?					
unexplained seizures, or near drowning?			FEMALES ONLY	Yes	No			
BONE AND JOINT QUESTIONS	Yes	No	52. Have you ever had a menstrual period? 53. How old were you when you had your first menstrual period?					
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			54. How many periods have you had in the last 12 months?					
18. Have you ever had any broken or fractured bones or			Explain "YES" answers here					
dislocated joints?								
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?								
20. Have you ever had a stress fracture?			<u></u>					
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down								
syndrome or dwarfism)								
22. Do you regularly use a brace, orthotics, or other assistive								
device? 23. Do you have a bone, muscle, or joint injury that bothers			·					
you?								
24. Do any of your joints become painful, swollen, feel warm, or look red?								
25. Do you have any history of juvenile arthritis or connective								
tissue disease?]					

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

PHYSICAL EXAMINATION FORM /CLEARANC	CE FORM
NAME:	DATE OF BIRTH:
PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed, or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? • During the past 30 days, did you use chewing tobacco, snuff, or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance • Have you ever taken any supplements to help you gain or lose weight • Do you wear a seatbelt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (questions 5-	or improve your performance?
EXAMINATION	
Height	ale
BP / (/) Pulse Vision	R20/ L20/ Corrected 🗆 Y 🗆 N
MEDICAL	NORMAL ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm sphyperlaxity,myopia, MVP,aortic insufficiency) Eyes/ears/nose/throat • Pupils equal • Hearing	oan >height,
Lymph nodes	
Heart a • Murmurs (auscultation standing, supine, +/-Valsalva) • Location of point of maximal in	npulse (PMI)
Pulses • Simultaneous femoral and radial pulses	
Lungs	
Abdomen	
Genitourinary(males only)b	
Skin • HSV,lesions suggestive of MRSA, tinea corporis	
Neurologic c MUSCULOSKELETAL	
Neck	
Back	
Shoulder/arm	
Elbow/forearm	
Wrist/hand/fingers	
Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	
Functional • Duck-walk, single leg hop	
A Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or ex B Consider GU exam if in private setting. Having third party present is recommended. C Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant c Cleared for all sports without restriction	
□ Cleared for all sports without restriction with recommen	dations for further evaluation or treatment for
□ Not Cleared□ Pending further evaluation□ For Reason	•
Recommendations	
I have examined the above-named student and completed the participatic contraindications to practice and participate in the sport(s) as outlined about made available to the school at the request of the parent. If conditions are rescind the clearance until the problem is resolved and the potential consequents/guardians).	ove. A copy of the physical exam is on record in my office and can be se after the athlete has been cleared for participation, the physician may
PHYSICIAN NAME (PRINT/TYPE):	PHONE:
ADDRESS: CITY	/ STATEZIP

EXAM DATE :

SIGNATURE OF PHYSICIAN _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING

- Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will
 engage, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY
 FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although
 serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.
- Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.
- By signing this permission form, you acknowledge that you have read and understand this warning.
- PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for (1) Compete in athletics at Lakeside High School of the Dekalb County School System in Georgia High School Association approved sports; (2) To accompany any school team of which the student is a member on any of local or out of town trips; (3) and I hereby verify that information included on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.							
The student is domiciled at the above address located in the High School District.							
Has student attended this Dekalb County school for at least one full school year? Yes No							
This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.							
Insurance Information							
Please INITIAL ONE of the following statements regarding insurance coverage for your son/daughter for the school year.							
My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in all interscholastic athletics (including, but not limited to, varsity and sub-varsity football).							
Company providing insurance Name of insured Policy#							
I wish to purchase the Benefit Plan provided for the Dekalb County School System. (A signed copy of this Benefit Plan must be stapled to this form.)							
MEDICAL ALITHOPIZATION							
I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child,, may compete in high school athletics in Dekalb County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child,, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.							
PLEASE SIGN HERE:							
THIS SIGNATURE CONSENTS TO TRANSPORTATION LIABILITY, MEDIA RELEASE, CODE OF CONDUCT, PERMISSION TO TREAT, ATHLETIC PARTICIPATION, VERIFICATION OF INSURANCE COVERAGE AND MEDICAL AUTHORIZATION. THIS SIGNATURE ALSO REPRESENTS THAT ALL INFORMATION PROVIDED IN THIS ATHLETIC PARTICIPATION FORM IS ACCURATE AND COMPLETE.							
SIGNATURE OF ATHLETE SIGNATURE OF PARENT/GUARDIAN DATE							