# WOLCOTT PUBLIC SCHOOLS
## ATHLETIC DEPARTMENT
## WOLCOTT HIGH SCHOOL

Name _____ Grade _____ Home Phone _____
Last First Middle

Address _____ Town _____

Parent's Name _____

Parent's Place of Employment **and** Telephone Number:

Father _____

Mother _____ Phone

Medical Coverage _____ Phone

## Pre-Participation Physical Evaluation and Parental Release Form

Explain "yes" answers:

1. Have you ever been hospitalized? _____
   Have you ever had surgery? _____
   Are you presently under a doctor's care? _____
2. Are you presently taking any medications or pills? _____
3. Do you have any allergies (medicine, bees or other stinging insects)? _____
4. Have you ever passed out during or after exercise? _____
   Have you ever been dizzy during or after exercise? _____
   Have you ever had chest pain during or after exercise? _____
   Have you ever had high blood pressure? _____
   Have you ever been told that you have a heart murmur? _____
   Have you ever had racing of your heart or skipped heartbeats? _____
   Has anyone in your family died of heart problems or a sudden death before age 50? _____
   Has anyone in your family had Marfan's syndrome? _____
5. Do you have any skin problems (itching, rashes, acne)? _____
6. Have you ever had a head injury? _____
   Have you ever been knocked out or unconscious? _____
   Have you ever had a seizure or a pinched nerve? _____
7. Have you ever had heat cramps, heat illness or muscle cramps? _____
8. Do you have trouble breathing or do you cough during or after activity? _____
9. Do you use any special equipment (pads, braces, neck rolls, eye guards, etc.)? _____
10. Do you have any problems with your eyes or vision? _____
    Do you wear glasses, contacts or protective eyewear? _____
11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of other injuries of any bones or joints? _____

| | | | | |
|---|---|---|---|---|
| Head | Shoulder | Thigh | Calf | Elbow |
| Knee | Foot | Forearm | Shin/calf | Back |
| Wrist | Ankle | Hip | Hand | |

12. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? _____
13. **Have you had a medical problem or injury since your last evaluation?** _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.
Date: _____
Signature of athlete: _____
Signatureof parent/guardian: _____

### PARENT CONSENT, ACKNOWLEDGEMENT AND RELEASE FORM

A. I/we hereby give consent for my son/daughter to participate in the following interschool sports not marked out:
B. (Please circle)
   Boys' Sports: Baseball, Basketball, Cheerleading, Cross-Country, Football, Golf, Soccer, Swimming, Tennis, Track.
   Girls' Sports: Basketball, Cheerleading, Cross Country, Soccer, Swimming, Tennis, Track, Volleyball.
C. I/we understand that participation may necessitate an early dismissal from classes.
D. I/we know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my school, the schools involved and the (state association) of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the (state association) because of any accident or mishap involving the athletic participating of my son/daughter.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Date: _____
Parent/Guardian Signature: _____