

**LACROSSE**  
  
**2018**

Website:  
[uticalax.org](http://uticalax.org)

Remind Texts:  
"@uhslax" to 81010

Dear LAX Families,

This packet includes all of the need paperwork for your child to participate in the 2018 lacrosse season. This paperwork must be turned in prior to your child participating in any off-season conditioning, practices, or games. This packet can also be downloaded from the web site.

**Medical History & Physical Exam**  
(This may already be on file with UHS Athletic Director)

**Student Athlete Emergency Form**

**Travel Form**

**Code of Conduct Form**

**Concussion Awareness Form**

**2018 Contact Information**



**MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old**

Student Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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, linea 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 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: 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.

1 Signature of STUDENT: Date:
2 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.

3 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.

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

UTICA COMMUNITY SCHOOLS  
STUDENT ATHLETIC EMERGENCY INFORMATION CARD

NAME \_\_\_\_\_ SPORT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

Please list two (2) emergency contacts (relatives or neighbors):

1. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does this athlete have Asthma? \_\_\_\_\_ Inhaler type \_\_\_\_\_

Previous injuries or illness that could be of concern if a medical emergency arises:

\_\_\_\_\_

List all injuries that resulted in loss of playing time or practice: \_\_\_\_\_

\_\_\_\_\_

HEALTH INSURANCE CO. NAME \_\_\_\_\_ GROUP NO. \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_ SERVICE CODE \_\_\_\_\_

In the event of a serious accident or illness, I request that a representative of the School System contact me. If I cannot be reached, I request that contact be made with our family doctor and his instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the School System to transport my child to a hospital for emergency care. The hospital, their agents, or licensed physician, may administer such emergency medical treatment as they deem necessary under the circumstance.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



**UTICA COMMUNITY SCHOOLS**

**PARENT PERMISSION FOR AN ATHLETIC TRIP BY AUTOMOBILE**

**(To be signed by Parent regardless of Student's age)**

I hereby give my son/daughter \_\_\_\_\_ [Student's name], a member of the \_\_\_\_\_ [Level/Team] permission to be driven to and from athletic contests with an adult (at least 18 years old) such as a relative or another athlete's parent as coordinated by the Utica Community Schools District's Athletic Department or my son/daughter's coach(es). In giving my permission, I understand that my son/daughter will be transported by privately-owned automobiles driven by an adult. I understand that under the current interpretation of Michigan No-Fault Insurance law, my automobile insurance may apply to my son/daughter in case of injury while riding in another person's automobile. I understand that the driver and/or owner of the private automobile is responsible for any liability driving to or from athletic trips just as he/she would be at any other time in the operation of the automobile.

In consideration for the participation of my son/daughter on the team above, I hereby agree to indemnify and hold harmless the Utica Community Schools, its employees and agents, Board of Education and Board members, from any and all claims that my son/daughter may make arising from or related to his/her transportation to and from athletic contests referred to above. This indemnification shall be construed broadly in favor of the District. This agreement shall remain in effect as long as the Student is enrolled in the District or until rescinded in writing by the Parent.

\_\_\_\_\_  
[Parent signature regardless of Student's age]                      [date]

**TO BE SIGNED BY STUDENT IF 18 YEARS OLD OR OLDER**

I hereby give my consent to be driven to and from athletic contests with an adult (at least 18 years old) such as a relative or another athlete's parent as coordinated by the Utica Community Schools Athletic Department or my coach(es). In giving my permission, I understand that I will be transported by privately-owned automobiles driven by an adult. I understand that under the current interpretation of Michigan No-Fault Insurance law, any automobile insurance I may have may apply in case of injury while riding in another person's automobile. I understand that the driver and/or owner of the private automobiles responsible for any liability driving to or from athletic trips just as he/she would be at any other time in the operation of the automobile.

In consideration of my participation on the team above, I hereby release and agree to hold harmless and indemnify the Utica Community Schools, its employees and agents, Board of Education and Board members, from any and all claims that I may have arising from or related to being transported by privately-owned automobiles to and from athletic contest referred to above. This release and indemnification shall be construed broadly in favor of the District. This agreement shall remain in effect as long as the Student is enrolled in the District or until rescinded in writing by the Student.

\_\_\_\_\_  
[Student Signature if 18 years old or older]                      [date]

Please sign and return Pledge to your coach  
before the season begins.

**PLEDGE**

I have read the Student Athlete's Code of Conduct booklet and the Player's Contract and I understand it's contents. I pledge to NOT violate either the rules of the Code of Conduct or the Players Contract. A copy of this contract must be on file with my coach. I understand the consequences of violating the terms of this contract.

\_\_\_\_\_  
*Athlete's Signature*

\_\_\_\_\_  
*Parental Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Sport*

**Remember:** Participation in extracurricular competitive interscholastic athletics is a student's privilege, not a right, that can be removed at anytime for failure to meet the standards and requirements of particular teams, school or school district to which the student belongs.

**Informed Consent:** By its nature, participation in inter-scholastic athletics includes risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

Participants have the responsibility to help reduce the chance of injury. Players must obey all rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.



# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by \_\_\_\_\_

Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

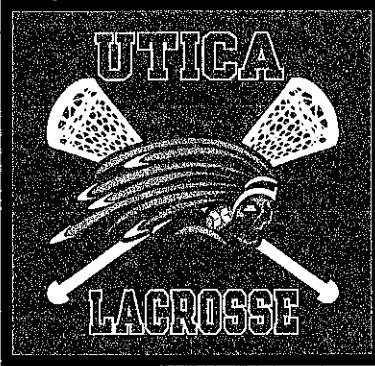
\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



Website:  
uticalax.org

Remind Texts:  
"@uhslax" to 81010

Dear Parents,

Please help us create our 2018 contact database by completing the information below. Please print as clearly as possible.

Player's Name: \_\_\_\_\_ first & last

Mom's Name: \_\_\_\_\_ first & last

Dad's Name: \_\_\_\_\_ first & last

School(s): \_\_\_\_\_

Grade: \_\_\_\_\_

Phone Numbers you would like us to have...

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Other: \_\_\_\_\_

Email Addresses you would like us to use...

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Other: \_\_\_\_\_