

Eastern High School

Joe Scheper
Athletic Director
12400 Old Shelbyville Road
Louisville, KY 40243



Athletic Office: (502) 313-4049
School: (502) 485-8243
School Fax: (502) 313-3449

2020-21 PHYSICAL PACKET Incomplete forms will delay eligibility

Name: _____

Grade: _____ Sport: _____

REQUIRED FORMS

The following forms must be completed in their entirety and submitted to the sport coach. Students must be ruled "**CLEARED TO PARTICIPATE**" by the athletic director. Coaches are not responsible for determining eligibility.

- **New KHSAA Physical Form (6 pages)**
 - physicals are valid for one calendar year from the date of examination
 - must be signed as "cleared for all sports without restriction" by a physician
- **Parent / Student-Athlete Concussion Statement**
 - concussion reference sheets are included
 - must be signed by the parent and the student
- **JCPS Parent Permission/Release Form**
 - must be notarized
- **JCPS Safety Video Signature Form**
 - must be signed by the parent and the student
 - video is available for viewing on the school website easternhs.org
- **Athletics/Extracurricular Participation Policy**
 - must be signed by the parent and the student
- **Social Media Responsibility**
 - must be signed by the parent and the student

REQUIRED FEES

Each student-athlete is required to pay the athletic fees listed below to participate. Student-athletes pay this fee one time per school year.

Athletic Participation Fees

Tryout Fee	\$5.00
Insurance Fee	\$15.00
Total	\$20.00

Fees should be paid online via MySchoolBucks.com

You may use the QR Code,
or access: <https://bit.ly/39QGUGt>



Student athletes must have all forms completed and fees paid before attending practice or competition.



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

KHSAA Form GE04
High School Parental Permission and Consent
Rev. 7/20, page 1 of 2
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*The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

ATHLETE INFORMATION (This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

School Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|------------------------------------|--------------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Esports | <input type="checkbox"/> Other _____ | | | | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone _____ Cell Phone

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and

serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution under the handbook links at <http://khsaa.org/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex at birth (F, M): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN/STATUTORILY AUTHORIZED PROVIDER REMINDERS

- 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, e-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-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ** <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

** Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Could it be a concussion?

When in doubt, take the player out.

Observe the athlete for these warning signs	Does the athlete report any of these symptoms
Appears dazed or stunned	Headache
Is confused about assignment	Neck pain
Forgets plays	Balance problems or dizziness
Is unsure of game, score or opponent	Double or fuzzy vision
Moves clumsily	Nausea or vomiting
Answers questions slowly	Hearing problems or ringing
Loses consciousness	Confusion
Shows behavior or personality changes	Drowsiness
Can't recall events prior to or after hit	Feeling sluggish
Unequal size pupils	Concentration or memory problems

Continued on reverse

Knowing the signs of concussion can prevent further injury or even death.

The facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Second impact syndrome, a rare condition in which a second concussion occurs before a first concussion has healed, causes rapid and severe brain swelling and often permanent damage.

If the athlete exhibits or reports any warning signs of concussion, follow these steps:

Remove from play

- Only allow the athlete to return to play with permission from an appropriate health care professional.

Seek medical attention

- Ensure the athlete is evaluated by an appropriate health care professional. Do not try to judge the severity of the injury yourself.

Inform parent/guardian

- Make sure the athlete's parents or guardians are informed about the injury and that the athlete should be seen by a health care professional.

Prevent further injury

- Second impact syndrome can be prevented by delaying the athlete's return to play until the athlete receives appropriate medical evaluation and approval to play.

If you suspect an athlete has a concussion, the Headache & Concussion Center is here to help. As the only center of its kind in the area, our physicians have extensive training and specialized diagnostic tools to properly treat concussions. For more information, call the center at (502) **899-6782** or visit **NortonHealthcare.com/HeadacheandConcussion**.





Parent/Guardian Student-Athlete Concussion Statement 2.0

___ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic director, athletic trainer and team doctor.

___ I have read and understand the Norton Sports Health Concussion Fact Sheet. After reading the sheet, I am aware of the following information:

Parent/Guardian Initial Each Line

___ A concussion is a brain injury, which I am responsible for reporting to my coach, trainer, or athletic director.

___ A concussion can affect my (child's) ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

___ If I suspect a teammate or other student has a concussion, I am responsible for reporting the injury to my coach, team physician, trainer or athletic director.

___ I (My child) will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

___ Following a concussion, the brain needs time to heal. You (your child) are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

___ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student

Date

Printed name of Student

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Student Name: _____

School: _____

Sports: _____

**JEFFERSON COUNTY PUBLIC SCHOOLS
SPORTS SAFETY VIDEO FORM
Combination Form (Parent and Student)**

_____ We certify that we have viewed the JCPS Sports Safety Video in its entirety and understand the contents thereof.

_____ We certify that we will abide by all of the recommendations of the JCPS video.

The part of the video that I thought was most helpful was:

Parent Name (Print)

Student Name (Print)

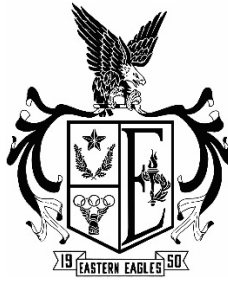
School

Grade

Date

Parent Signature

Student Signature



**Eastern High School
12400 Old Shelbyville Road
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Athletics/Extracurricular Participation

Students participating in extracurricular activities may be removed from such activities by the coach or sponsor of the activity, the athletic director, or an administrator due to unsatisfactory behavior, grades, or attendance.

A student suspended for offenses including alcohol, drugs, assault, or weapons will not be permitted to participate as a member of any Eastern High School extracurricular athletic team, competitive team, or performance group during the semester of the offense and the following semester or be permitted to attend a school dance during the semester of the offense and the following semester. Students in an alternative school will not be allowed to participate during their enrollment at the alternative school. Upon enrollment to Eastern High School from an alternative school, students will not be permitted to participate as a member of any Eastern High School extracurricular athletic team, competitive team, or performance group during the semester of their enrollment and the following semester or be permitted to attend a school dance during the semester of their enrollment in Eastern High School and the following semester. Students transferring or newly enrolling at Eastern High School will be subject to this requirement and violation(s) from the student's most recent semester at the previous high school will result in the same non-participation limits.*

*A student removed under this policy may appeal to be reinstated to activities after 45 school-in-session days for students beginning when a student returns to Eastern High School from suspension. An appeal can be submitted if the student has not had any behavior referrals or incidents and has no outstanding detentions (excluding tardies). Should the student be reinstated, the student shall still be required to meet all eligibility requirements for the athletic team, competitive team, or performance group.

Athlete Name

Parent Name

Athlete Signature

Parent Signature

Date

Date



Eastern High School
12400 Old Shelbyville Road
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502-485-8243

STUDENT-ATHLETE SOCIAL MEDIA RESPONSIBILITY

Eastern High School student-athletes are representatives of themselves, their family, their team, their high school, and their community. With that in mind, our student-athletes are expected to exercise good judgment in their use of social media, conducting themselves in a responsible and respectful manner.

- It is impermissible for student-athletes to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use), or items that could be interpreted as demeaning or inflammatory.
- Student-athletes are required to abide by all team policies, school policies, and KHSAA rules when utilizing social media.
- It is not permissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members.
- Student-athletes are required to follow all respective social media rules.

Best Practices and Reminders

- Think twice before posting. If you wouldn't want your coach, parents, administrators, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts including fans, children, local authorities, parents, faculty, administrators, etc.
- The internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates.

Failing to exercise responsible use of social media may result in disciplinary action, including temporary or permanent suspension from the team. By signing below, the athlete and parent agree to abide by these rules.

Athlete Name

Parent Name

Athlete Signature

Sport

Parent Signature

Date

Date