Influencing Student-Athletes to
Continually Strive for Excellence in
Godly Leadership & Spiritual Maturity.

We are thrilled with your desire to know more about athletics at Bay City Christian School. Here at BCCS, our mission for athletics is *"to influence each student-athlete to continually strive for excellence in spiritual maturity and godly leadership."* As an athletic program, we want to live out Paul's encouragement for Timothy in 1 Timothy 4:12 to "be an example" in our speech, conduct, love, faith, and purity while maintaining the mindset that spiritual maturity is a life-long process, as we know from James 1:2-4. We believe that athletic participation yields growth not only in one's physical capabilities but also in one's academic efforts, social interactions, and spiritual wellness.

If you plan to have your child(ren) participate in athletics at Bay City Christian School, here are checklist items that should be completed/noted:

- ☐ When the time comes, register your child(ren) through *TeamSnap*.
  - All student-athletes and families **must** be registered in *TeamSnap* for participation in athletics. *TeamSnap* is used as the main source of communication between student-athletes/families and coaches/athletic administration.
  - Directions for registering your child(ren) in *TeamSnap* can be found in section 2 of this sports packet.
- ☐ Read the concussion and cardiac arrest pamphlets and turn in the paperwork.
  - Concussion Information for Students
  - Concussion Information for Parents
  - The pamphlets are also included in this packet (section 5-7).
- ☐ Read and sign the **Athletic Participation Form** for each child.
  - After reading the concussion information, please have yourself and your child(ren) read the Athletic Participation Form which is found on Sycamore.
  - **Directions:** Log into Sycamore and go to the "Online Forms Events" tab in the lower right-hand corner. Click on the **"Athletic Participation Form"** to sign the document.
- ☐ Ensure that your child(ren) is up to date on their sports physical.
  - Physicals are required every two years for any student participating in our athletics.
  - A physical can be completed by either your own physician, at one of the special area sports clinics, and various walk-in clinics such as Bellin Fast Care (in Meijer) or the Green Bay ER & Hospital by Costco.
  - The paperwork for sports physicals must be turned in by the beginning of each particular season.
  - ***Student-athletes will not be allowed to participate with the team without an updated physical.**

- The sports physical form is included in this packet (section 8) or could also be downloaded through the following link: Sports Physical Form.

- ☐ Read our athletics philosophy and handbook (even if you are a repeat student-athlete/family).
  - Our athletics handbook describes our philosophy of athletics as well as spells out our various athletic policies.
  - Changes to the athletic handbook for the 2026-2027 school year are highlighted yellow.

In addition to these checklist items, here are some other important events and reminders to note as we prepare for the fall season:

- Summer practice sessions are offered to students throughout the summer months. Please view the summer practice schedule in the third section of this sports packet.
- Student-athletes **must** purchase shoes/soccer cleats that match our school colors (either black, red, white, gray, or a combination of those colors).
- Each student-athlete **must** wear a BCCS polo shirt on game days. Polos can be purchased from our spiritwear website. The site has periodical sales on apparel. Plan to purchase your BCCS polos a head of time so that you have them by the beginning of the season.
- There is a sports fee added to family accounts for participating in athletics.
  - The sports fee for each student on a middle school team is **$110**.
  - The sports fee for each student on a varsity team is **$145**.
- Additionally, student-athletes are charged **$45** per night for an overnight stay. This includes the hotel stay at the WACS state tournament.
- Families are asked to help with various tasks throughout the season. These responsibilities are called **Family Assignments**. More information and directions on Family Assignments can be found in the fourth section of this sports packet.

***TeamSnap ONE* Application**

As mentioned before, all student-athletes and families **must** be registered in *TeamSnap* for athletics. *TeamSnap* is used as the primary source of communication between coaches and student-athletes/parents.

TeamSnap can/will be used for:

- Accessing practice and game schedules
- Providing details for home and away games, tournaments and other athletic events
- Receiving some team announcements and reminders
- Viewing team rosters and contact information
- Providing team members with updates on ETAs after away games/tournaments
- Organizing and signing up for **Family Assignments**

If your child has participated in athletics (whether fall, winter, or spring) in a previous season at BCCS, registration is NOT necessary.

When a registration form for a particular season is announced, please follow these steps to register them:

1. Follow the registration link to register your child (when it's accessible).
2. Download the *TeamSnap ONE* app on your phone: Apple Store Google Play
3. Wait to be rostered.

*If you have registered your child on *TeamSnap ONE,* but do not see their team after a few days, please do NOT register them again as it takes the athletic administration some time to review the registration and roster you and your child onto a team.

Here are some additional features that *TeamSnap* offers:

- Syncing schedules directly to Google Calendar or iCal
- Receiving instant alerts for weekly updates, schedule changes/cancellations, etc.
- Updating team's win/loss record and adding team photos for others to access

Family Assignments

As mentioned before, each family registered for athletics is responsible for covering shifts throughout the season. Family Assignments are necessary to keep the cost of athletics affordable and provide families the opportunity to give back to the school.

How many shifts are required?	During a season, each family is responsible for *at least* **two** shifts, potentially more depending on the number of home games throughout the season.
When will I be able to sign up?	A sign-up schedule for shift slots will be released sometime before the season begins.
When the time comes, how do I sign up?	We use the *TeamSnap ONE* application to organize and manage the sign-up schedule. Signing up for shifts can be done through the application.
What happens if I don't sign up?	Once the sign-up schedule is released, families will be given two weeks to choose which shifts they would like to fill. If a family fails to sign up after the two-week period, the athletic administration will assign spots beginning with the most recent dates.
What happens if I can't make my shift?	If a family is unable to make their shift, it is the individual's responsibility to swap/find a replacement. Failure to fulfill the required number of slots will result in a $50 fee per slot according to the school's policy written in the athletic handbook.
What type of shifts are available?	During the athletic calendar year, we offer shifts for concessions, score clock (volleyball and basketball), line-judging (volleyball), and post-game clean-up.

Influencing Student-Athletes to
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2026-2027 BCCS Athletics Calendar

AUGUST 2026

3 Beginning of Mandatory Practices
10 Mandatory Athletics Meeting (for all fall student-athletes)
22 Fall BCCS Alumni Games (VB, VG)
31 First Day of School

AUGUST 2026						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER 2026

7 No School - Labor Day
11-12 WACS Fall Tip-Off Tournament (VB, VG)
TBD Fall Sports Picture Day

SEPTEMBER 2026						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER 2026

2-3 VHS Tournament (VB)
8-9 No School - Educators Conf.
9-10 Dayspring Tournament (VG)
16 Fall Sports Senior Night
23 WACS Playoff Game (VB, VG)
26 Beginning of Winter Practices (MSB, MSG)
30-31 WACS Fall State Tournament (VB, VG)

OCTOBER 2026						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 2026

2 Mandatory Athletics Meeting (for all winter student-athletes)
9 Fall Sports Awards Ceremony
9 Beginning of Winter Practices (VB, VG)
25-27 No School – Thanksgiving Break

NOVEMBER 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2026

5 WACS Winter Tip-Off Tournament (VB, VG)
21-31 No School – Winter Break
TBD Winter Sports Picture Day

DECEMBER 2026						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2027

1 No School – Winter Break
4 School Resumes
4, 5, 7, 12 GBYBL Conf. Tournament (MSB, MSG)
8 Winter BCCS Alumni Game (VB, VG)
15-16 Day Spring Tournament (VB)
18 No School - MLK Jr. Day

JANUARY 2027						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2027

15 No School - Presidents' Day
19 Winter Sports Senior Night
26 WACS Playoff Game (VB, VG)

FEBRUARY 2027						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH 2027

5-6 WACS Winter State Tournament (VB, VG)
15 Beginning of Spring Practices (VB, VG)
16 Winter Sports Awards Ceremony
29-31 No School – Spring Break

MARCH 2027						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL 2027

1-2 No School – Spring Break
23 No School - Elementary WACS Competition

APRIL 2027						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY 2027

21-22 WACS Spring State Tournament (VB, VG)
22 End of the 2026-2027 BCCS Athletics Year
28 Last Day of School

MAY 2027						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MSB = middle school boys
VB = varsity boys
MSG = middle school girls
VG = varsity girls

HEADS UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down"	• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion**.

April 2013

HEADS UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice ***one or more*** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials ***free-of-charge***, visit: **www.cdc.gov/Concussion**.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

June 2010

ATENCIÓN

CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

HOJA INFORMATIVA PARA LOS ATLETAS

¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe o una sacudida en la cabeza o el cuerpo.
- Puede alterar el funcionamiento normal del cerebro.
- Puede ocurrir durante las prácticas o la competición de cualquier deporte o durante las actividades recreativas.
- Puede ocurrir aun cuando no se haya perdido el conocimiento.
- Puede ser grave aunque se trate de un golpe leve o que provoque una sensación de zumbido en la cabeza.

Todas las conmociones cerebrales son graves. Las conmociones cerebrales pueden afectar tus actividades escolares u otras actividades (como jugar video juegos, trabajar en la computadora, estudiar, conducir o hacer ejercicio). La mayoría de las personas que sufren una conmoción cerebral se mejoran, pero es importante tomarse el tiempo necesario para que el cerebro se recupere.

¿Cuáles son los síntomas de una conmoción cerebral?

Aunque la conmoción cerebral no se pueda observar, puede que notes uno o más de los siguientes síntomas o que "no te sientas del todo bien" justo después de la lesión, a los días o las semanas siguientes.

- Dolor de cabeza o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio o mareo
- Visión borrosa o doble
- Molestia causada por la luz o el ruido
- Debilidad, confusión, aturdimiento o estado grogui
- Dificultad para prestar atención
- Problemas de memoria
- Confusión

¿Qué debo hacer si creo que he sufrido una conmoción cerebral?

- Avísale a tus entrenadores y a tus padres. Nunca ignores un golpe o una sacudida en la cabeza, aun cuando te sientas bien. También, avísale a tu entrenador enseguida si crees que has sufrido una conmoción cerebral o le puede haber pasado a uno de tus compañeros.
- Ve al médico para que te examine. Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- Tómate el tiempo suficiente para curarte. Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanarse. Cuando tu cerebro se está curando, existe una mayor probabilidad de que sufras una segunda conmoción. Las conmociones cerebrales repetidas pueden aumentar el tiempo de recuperación y dañar más el cerebro. Es importante descansar y no volver a jugar hasta que tu profesional de la salud te indique que ya no tienes más síntomas y que puedes reanudar tu actividad deportiva.

¿Cómo puedo prevenir una conmoción cerebral?

Depende del deporte que practicas, pero puedes tomar una serie de medidas para protegerte.

- Usa el equipo de deporte adecuado, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
  - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad.
  - Usarse correctamente y ajustarse bien a tu cuerpo.
  - Colocarse cada vez que juegues o practiques.
- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.

Si crees que sufriste una conmoción cerebral:
No trates de ocultarlo. Notifícaselo a alguien.
Tómate tiempo para recuperarte.

Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales ***de forma gratuita***, visite: **www.cdc.gov/Concussion**.

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES

Junio 2010

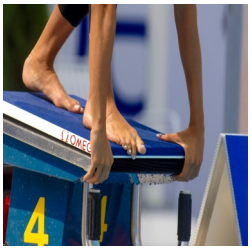
Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act






What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

Cardiac 3-Minute Drill

1. RECOGNIZE
Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives

AED

Be Prepared! Every Second Counts!

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org

WIAA Est. 1905
WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

NICK OF TIME FOUNDATION
SCA Awareness
Youth Heart Screening
CPR/AED in Schools
www.nickoftimefoundation.org

■ 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 assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION 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, 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

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

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

Address: _____ Phone: _____

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

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PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F, M or intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

❑ **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: _____

_____

_____

Note: Only this page is required for school records.

I have examined the above-named student 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 exam 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 eligiblity until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of health care professional (Print/Type) _____

SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

*** PHYSICIANS** may authorize Nurse Practitioners to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Medications _____

Other Information _____

Immunizations ❑ **Up to date (see attached documentation)** ❑ **Not up to date - specify** _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WIAA Physical Extension Form

The sole purpose of this form is to allow an extension of a student's physical during the Coronavirus pandemic **only if/when the student's local primary care physician is unable to provide a NEW physical** for the student that already has an existing physical on file with the school.

This form is to be completed by the parent of the student-athlete. While the student's physical time period will be extended, it is expected that the student does get a physical by their primary care physician as soon as possible. Under no circumstances will this extension be valid beyond the 2020-21 school year.

To participate on a school-sponsored interscholastic athletic team or squad, a student 1) whose physical examination was completed, 2) whose physical is on file with the school, and 3) whose local primary care physician is unable to provide a new physical, must submit this form to the school. This health history update questionnaire must be completed and signed by the student's parent or guardian for review by the school athletic director and/or school nurse.

Any student who does not have an existing physical on file with the school will require a physical with their primary care physician before participating in practice and competition. (ie: freshman who did not have a middle school physical or senior who did not have a physical since freshman year). This form is not to be used for those students.

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic athletic team or squad, a student whose physical examination was completed within the last two years, and whose local primary care physician is unable to provide a new physical, must submit this form to the school. This health history update questionnaire must be completed and signed by the student's parent or guardian.

Student _____ **Age**_____ **Grade** _____

Date of Last Physical Examination_____ **Sport**_____

Since the last pre-participation physical examination, has your son/daughter:

1. Had any changes in health since the last physical? Yes ___ No ___
2. Had a positive lab test for COVID-19 or been hospitalized with presumed COVID-19? Yes ___ No ___
3. Been medically advised not to participate in a sport? Yes____ No____

   If yes, describe in detail _____

_____

_____

4. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes____ No____

   If yes, explain in detail _____

_____

_____

5. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes____ No____

   If yes, describe in detail _____

_____

_____

6. Fainted or "blacked out?" Yes____ No____

   If yes, was this during or immediately after exercise? _____

_____

_____

7. Experienced chest pains, shortness of breath or "racing heart?" Yes____ No____

   If yes, explain _____

_____

8. Has there been a recent history of fatigue and unusual tiredness? Yes____ No____
9. Been hospitalized or visited the emergency room? Yes____ No____

   If yes, explain in detail _____

_____

_____

10. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes____ No____
11. Started or stopped taking any over-the-counter or prescribed medications that your primary care provider is not aware of? Yes____ No____

    If yes, name of medication(s)_____

_____

Date: _____ **Signature of parent/guardian** _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE