

OFFICE USE ONLY

- Received _____
- Approved _____
- Entered _____
- Fee Paid _____
- TranWaiver Required
 - Returned _____
 - Sent Previous _____
 - Returned _____
 - Sent C.C.S.D _____

CHEYENNE HIGH SCHOOL STUDENT/ATHLETE Registration Form – 2008-2009

Please PRINT neatly in ink!

All Sections must be completed in their entirety!

SECTION 1

STUDENT #:

FIRST NAME:

LAST NAME:

PLEASE PRINT

PLEASE PRINT

CHECK SPORTS INTERESTED IN PARTICIPATING IN:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> BASEBALL
<input type="checkbox"/> BASKETBALL
<input type="checkbox"/> BOWLING
<input type="checkbox"/> CHEER | <input type="checkbox"/> CROSS COUNTRY
<input type="checkbox"/> FOOTBALL
<input type="checkbox"/> GOLF
<input type="checkbox"/> SOCCER | <input type="checkbox"/> SOFTBALL
<input type="checkbox"/> SWIMMING/DIVING
<input type="checkbox"/> TENNIS
<input type="checkbox"/> TRACK | <input type="checkbox"/> VOLLEYBALL
<input type="checkbox"/> WRESTLING
<input type="checkbox"/> DANCE |
|--|---|--|---|

Student's Name: _____
 Male Female Grade: 9th 10th 11th 12th Age: ____ DOB: _____
 Father's Name: _____
 Mother's Name: _____
 Lives with: Both parents Father only Mother only
 Other (please list) : _____
 Home Phone: _____ Work Phone: _____
 Residence Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

Health Insurance Information

Health Insurance Company: _____
 Insurance Company Address: _____
 Policy Holder: _____ Policy #: _____
 Relationship to Student: _____

Emergency Information

Contact information

	Home Phone	Business Phone	Cell Phone
Father	_____	_____	_____
Mother	_____	_____	_____
Emergency Contact Person(s):	_____		

Permission to Treat

In the event that the above named student should need emergency medical treatment or attention while under the care of athletic or school personnel, necessary treatment may be secured. The school shall not be held responsible for any debts incurred.

Emergency Transportation Approval

This is to certify that I/we, the parents of the above named student give full permission to Cheyenne High School coaches, trainers or administrators, at practice or at actual athletic events, in or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment. I/We understand that every effort will be made to contact parents immediately, but should there be difficulty, I/we will not hold Cheyenne High School or any Cheyenne High School representative(s) responsible for any costs or liabilities associated with such actions.

EMERGENCY TRANSPORTATION BY SCHOOL IS PERMITTED YES NO
 Please indicate in the space below if your child has any allergies or needs special attention. Also, if a certain hospital and/or doctor is preferred in case of an emergency.

Your **signature at the end of this packet** indicates you have read, understand, and agree with all the information on this page and in the "Guidelines and Expectations of Parent and Athletes". In addition that, to the best of your knowledge, the information is complete and accurate.

For Office Use Only

1st Semester GPA _____	Credits Earned _____	First Date of Enrollment _____
2nd Semester GPA _____	Credits Earned _____	Date entered 9th Grade _____
Zone Variance _____		Reason _____

FORM D – NIAA PRE-PARTICIPATION PHYSICAL EVALUATION

SECTION 4

Please be advised that **only** the following licensed health care providers are authorized to perform a medical examination by the statutes, rules or regulations governing the practice of the licensed activity: Medical Doctors , Doctors of Osteopathic Medicine, Advanced Practitioner's of Nursing (APN's), Physicians Assistants.

PHYSICAL EXAMINATION DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____

Cleared after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ **Reason:** _____

Recommendations: _____

NAME OF PHYSICIAN (*print/type*): _____ Phone: _____

Address: _____

Street
City
State
Zip Code

Signature of Health Practitioner **Date**

**EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

- | | YES | NO | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a. Have you passed out or been dizzy during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Have you had chest pain (or pressure) with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Have you had excessive unexplained shortness of breath or fatigue with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Is there any history in your family of hypertrophic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Has a physician denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. a. Have you had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Have you been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. Have you had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Have you had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. Have you become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you missing an eye, kidney, testicle or ovary? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. a. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If yes, check appropriate item and explain below. | | | | |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh | | | | |
| <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf | | | | |
| <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger(s) <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot <input type="checkbox"/> Toe(s) | | | | |
| 13. Are you actively trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. Would you like to talk to someone about stress, anger, depression or other issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Record the dates of your most recent immunizations (shots) for: | | | | |
| Tetanus _____ Measles _____ Hepatitis B _____ | | | | |
| Chickenpox _____ | | | | |

FEMALES ONLY

16. When was your first menstrual period? _____
- When was your most recent menstrual period? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods in the last year? _____

EXPLAIN "YES" ANSWERS HERE: _____

Your signature at the end of this packet indicates you have read, understand, and agree with all the information on this page and in the "Guidelines and Expectations of Parent and Athletes". In addition, that to the best of your knowledge, the information is complete and accurate.

**PARENT/LEGAL GUARDIAN AND STUDENT
ACKNOWLEDGEMENT**

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA requires participants and parents to agree to the following:

1. We have read the NIAA Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the Policy as written.
2. We realize that a Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.
3. ***We understand that we are encouraged to notify our school's athletic administrator / director if our son / daughter violates this Policy and / or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator / director.***
4. ***We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school athletic activities.***
5. ***We further acknowledge that once our son / daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he / she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son / daughter is currently participating on a high school athletic team.***
6. ***We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.***
7. ***We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.***
8. ***We understand that the use of steroids and other performance enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.***

NEVADA LAW

NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession:
 - a. On any street or highway;
 - b. In any place open to the public; and
 - c. In any private business establishment which is in effect open to the public.
5. **This term does not include:**
 - a. Possession for an established religious purpose;
 - b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older;
 - c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
 - d. Possession in private clubs or private establishments; or
 - e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

[1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987. 482)

You must acknowledge that this packet must be signed by **both** parent / legal guardian and the student before the student will be cleared for athletic competition at their high school. Your **signature at the end of this packet** indicates you have read, understand, and agree with all the information on this page and in the "Guidelines and Expectations of Parent and Athletes".

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS**

As a student and/or parent/legal guardian I/we are aware that playing or practicing to play/participate in any sport can be dangerous in nature involving **MANY RISKS OF INJURY**. I/We understand that the dangers and risks of participating in sports includes, but is not limited to, death, serious neck and spinal injuries which may result in partial paralysis, brain damage, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to all internal organs, and serious injury or impairment of other aspects of my body, general health and well-being. I/We understand that the dangers and risks may result not only in serious Injury, but in a serious Impairment of future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of participating in sports, I/we recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc. and do agree to obey such instructions.

In consideration of the Clark County School District permitting this student to try out for the Cheyenne High School teams indicated and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I/we hereby assume all the risks associated with participation and agree to hold the Clark County School District, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connections with participation in any activities related to the Cheyenne High School athletic teams. The terms hereof shall serve as a release and assumption of risk for heirs, estate, executor, administrator, assignees and for all members of the family.

Your signature below indicates that you acknowledge that football, soccer, wrestling, baseball, softball and pole vaulting are violent contact sports that involve even greater risk of injury than other sports. It also indicates that you have read and understand the risks as detailed in this agreement.

I **give permission** **do not give permission**, as the student/athlete and/or parent/guardian of this student for the Clark County School district to release the name, photograph and/or audio/video/film reproduction for publication, broadcast or posting to the CCSD.net website as described in the *"Guidelines and Expectations of Parents and Athletes"*.

I have read and understand the rules and regulations set forth in the Parent-Athlete Handbook and attest that to the best of my knowledge and ability I have conformed to all rules and regulations of the Nevada Interscholastic Activities Association, the Clark County School District and Cheyenne High School. The signatures below also indicate that I have read and understand the following items in the Parent-Athlete Handbook:

Page #

- #1. 4-8 Information, Guidelines and Expectations of parents and athletes
- #2. 9 Insurance requirements (Family or school purchased) ImPact Concussion Management
- #3. 10 NIAA and CCSD residency and custody rules and regulations
- #4. 11 Media release information
- #5. 12-14 Parental Approval Form and Information
- #6. 16-18 CCSD Application and information Guidelines including transfers and penalties associated with infractions
- #7. 18-20 NIAA Alcohol, Tobacco, Drug Penalties Policy

Page numbers correspond to the pages in the Parent-Athlete Handbook.

Your signature on this page indicates you have read, understand and agree with all of the information contained within this packet and the booklet entitled "Guidelines and Expectations of Parents and Athletes". Also, that to the best of your knowledge, the information contained within this document is complete and accurate.

Student Signature

Parent/Guardian Signature

Date: _____

Date: _____