

# **REQUIRED ATHLETIC COMPETITION FORMS**

## **Parents (or guardian) must complete/sign the following forms:**

1. Parent/Guardian Agreement (Drug and Alcohol Form) - page 13
2. Permission to Participate in Interscholastic Sports - page 15
3. Sports Participation Health Record – page 17
4. Medical Examination Form – page 19
5. Emergency Medical Treatment Form - page 21
6. Parent/Guardian Agreement Regarding Performance Enhancing Drugs - page 47

## **Athletes must complete/sign the following forms:**

1. Athlete Pledge (Drug and Alcohol Form) - page 13
2. Permission to Participate in Interscholastic Sports - page 15
3. Medical Examination Form – page 19
4. Athlete Pledge Regarding Performance Enhancing Drugs - page 47

## **Your physician (M.D.) must complete/sign the following form:**

1. Medical Examination Form (must be completed after July 1 and prior to the beginning of the athletic season) – page 19

**All forms must be returned to the coach before an athlete can practice or play.**

**PARENT/GUARDIAN AGREEMENT  
(Drug and Alcohol Form)**

I/we the parent(s) or guardian(s) of \_\_\_\_\_  
have read and understand the Norwalk Public School Drug-Free Team Environment. I/we agree  
to abide by the terms as outlined therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ATHLETE PLEDGE  
(Drug and Alcohol Form)**

I \_\_\_\_\_ pledge to my coach to  
abstain from any tobacco product, any alcoholic beverage, stimulants, street drugs  
(including but not limited to marijuana, heroin, and cocaine) or any non-  
prescribed drug during the Norwalk Public Schools athletic season. I realize that  
if I choose to break this pledge I am responsible for the consequences my action  
brings. I also realize that tobacco, alcohol, and non-prescribed drug-abuse  
prevention programs have my best interest at heart. All I need to do is ask and  
help will be made available to me. In addition, I understand the Norwalk Public  
Schools policy rules and know the consequences that will result from my actions. I  
agree to abide by the terms as outlined.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**This form must be returned to the coach before the athlete can practice or play.**

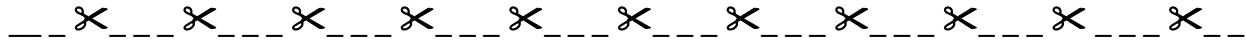
# PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC SPORTS

School Year \_\_\_\_\_ - \_\_\_\_\_

Students who participate in interscholastic sports are required to have a physical examination by a physician no earlier than July 1<sup>st</sup> of the current school year. Also, this permission form must be completed by a parent or guardian and returned to school.

**Remember, no student may participate in practice or team play until these requirements are met.**

## IMPORTANT - SAVE UPPER PORTION



## RETURN THIS BOTTOM PORTION TO COACH

I/we give our permission for (Name of Athlete) \_\_\_\_\_  
to participate in organized high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of appropriate equipment, and strict observance of rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability or even death. I/we acknowledge that I/we have read and understand this warning.

I/we have read the Athletic Handbook for Athletes and Parents and understand the rules and regulations governing Norwalk Public School high school athletics. I/we agree to abide by all terms and regulations as outlined therein.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Athlete Signature**

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

**This form must be returned to the coach before the athlete can practice or play**



# MEDICAL EXAMINATION FORM

To Be Completed By a Medical Doctor or His Designee and Returned to the School.  
This form must be received and cleared by the school nurse for the student to be eligible to practice and play.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## GENERAL EXAM

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
	Arrhythmia	
	Murmur	
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY (TANNER STAGE) 1 2 3 4 5		

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_  
 HCT/HGB \_\_\_\_\_  
 URINALYSIS \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_ Glucose \_\_\_\_\_  
 VISUAL ACUITY \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_  
 CORRECTED TO \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_  
 HEARING \_\_\_\_\_

BODY FAT (Optional) = \_\_\_\_\_ %  
 CHOLESTEROL (Optional) = \_\_\_\_\_

LAST TETANUS BOOSTER Date: \_\_\_\_\_  
 LAST MEASLES (MMR) BOOSTER Date: \_\_\_\_\_  
 OTHER IMMUNIZATIONS Date: \_\_\_\_\_

SUMMARY:

\_\_\_\_\_

## ORTHOPEDIC EXAM MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

## RECOMMENDATIONS

WEIGHT LOSS/GAIN \_\_\_\_\_ MEDICATIONS \_\_\_\_\_  
 STRENGTHENING \_\_\_\_\_ SPECIAL EQUIPMENT \_\_\_\_\_  
 STRETCHING \_\_\_\_\_ BRACING/TAPING \_\_\_\_\_  
 CONDITIONING (Endurance) \_\_\_\_\_

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 M.D.  
 SIGNATURE OF MEDICAL DOCTOR      DATE      TELEPHONE      MEDICAL DOCTOR  
 (PRINT/STAMP)

This form was developed and approved by:      Connecticut Chapter, Committee on Sports Medicine – American Academy of Pediatrics  
 Connecticut Chapter, Committee on School Health – American Academy of Pediatrics  
 The Connecticut State Medical Society Committee on the Medical Aspects of Sports

\_\_\_\_\_ Parent/Guardian      \_\_\_\_\_ Student

**This form must be returned to the coach before the athlete can practice or play.**



# **PARENT/GUARDIAN AGREEMENT REGARDING THE USE OF PERFORMANCE ENHANCING DRUGS**

We the parent(s)/guardian(s) of \_\_\_\_\_  
have read the Norwalk Public Schools Policy on anabolic steroids and the CIAC rules regarding performance enhancing drugs (pages 43 - 46). We understand the policy and rules and agree to abide by the terms as outlined.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **ATHLETE PLEDGE REGARDING THE USE OF PERFORMANCE ENHANCING DRUGS**

I \_\_\_\_\_ pledge to my coach to abstain from any anabolic steroids and other controlled substances (hormones and analogues, diuretics, and other performance enhancing substances), except as specifically prescribed by physicians for therapeutic purposes.

I realize that if I choose to break this pledge I am responsible for the consequences my action brings.

I also realize there are health consequences involved in the use of anabolic steroids that can be serious and sometimes fatal. Users may suffer chronic illnesses such as heart disease, liver ailments, urinary tract problems, sexual dysfunction, baldness, acne, and alterations in appearance. Life expectancy may be significantly shortened. Furthermore, use of anabolic steroids is illegal.

In addition, I have read and understand the Norwalk Public Schools policy and the CIAC rules (pages 43 - 46). I agree to abide by the terms as outlined.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

**This form must be returned to the coach before the athlete can practice or play.**