

**Catonsville High School
Fall 2009 Sports Check-In,
Tryout Times/Locations and Schedules**

All students must attend check-in on August 14, 2009 and be cleared by the Athletic Director and Athletic Trainer before they will be allowed to participate in any tryout. Prospective athletes will be required to present the completed Athletic Permit Form and Physical Evaluation Form in person. DO NOT DELIVER, EMAIL, MAIL, OR FAX ANY FORMS TO CHS DURING THE SUMMER. If an unforeseen occurrence prevents attendance at the August 14th check-in, the student may miss all or some of the tryouts. Contact Mr. Lane, Athletic Director, in case of emergency.

Required Documentation:

- 1. BCPS Athletic Permit (1 page)**
- 2. Physical Evaluation Form (2 pages)**

CHECK-IN SCHEDULE (CHS Gymnasium)-August 14th

7:45am	Football (seniors only)
8:15am	Football (juniors only)
8:45am	Football (sophomores only)
9:15am	Football (freshman only)
10:00am	Golf & Cross Country (boys and girls)
10:30am	Soccer (boys)
11:00am	Soccer (girls)
11:30am	Field Hockey & Volleyball
12:00pm	Cheerleading & Badminton

TRYOUT SCHEDULE-August 15th

<u>Sport</u>	<u>Time:</u>	<u>Site:</u>
Badminton	8:30-10	Gym
Cheerleading	9:00-12:00	TBA (meet in gym)
Cross Country (B & G)	8:00	Hilltop parking lot
Field Hockey	9:00-11:00 & 2:00-4:00	Field Hockey Field
Football	8:00-2:00	Stadium
Golf	11:00	Gym parking lot
Soccer (Boys)	8-10 & 6-8	Stadium
Soccer (Girls)	8:30-10:30 & 6-8	Track
Volleyball	10:00-12:00 & 1:00-3:00	Gym

Parent Permit Forms and Physical Evaluation Forms will be available in the main office throughout the summer.

BALTIMORE COUNTY PUBLIC SCHOOLS ATHLETIC PERMIT BLANK

Name _____ High School _____

Home Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Grade _____

Parent/Guardian's Name _____ Home Phone _____ Work Phone _____

Parent/Guardian's Name _____ Home Phone _____ Work Phone _____

In an Emergency, If Parents Cannot Be Contacted:

Notify _____ Phone _____

Family Doctor _____ Doctor's Phone _____

Preferred Hospital _____ Known Allergies _____

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted. ___Yes ___No. We give our consent for coaches, trainers, and team physicians to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached.
___Yes ___No.

In order to participate in interscholastic athletics, the student must have accident insurance coverage.

___ Student is covered by school insurance ___ Blue Cross/Blue Shield _____
policy number
____ Other commercial insurance _____
company and policy number

To the Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in _____
name of sport

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to and from such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within ten (10) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Baltimore County school athletics as approved by the County Superintendent and legislative committee.

By evidence of the signatures below, you are testifying that you

- have read and understand the Athletic Permit Blank
- have read and understand the eligibility standards and policies contained in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools
- legally reside in the attendance area of the above listed high school as defined by section A in the Student-Parent Guide to Interscholastic Athletics in Baltimore County Public Schools

Failure to complete, sign, and return this form to your student's coach will result in his/her exclusion from participation in the Interscholastic Athletic Program of the Baltimore County Public Schools.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



Preparticipation Physical Evaluation

HISTORY

This page to be completed by student and parent / guardians

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal physician _____
 In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.
 Circle questions you don't know the answers to.

- | | Yes | No | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?
Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you cough, wheeze, or have trouble breathing during or after activity?
Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized overnight?
Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 10. 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"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?
Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden death before age 50?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bone, or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i>
<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip
<input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh
<input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Knee
<input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf
<input type="checkbox"/> Upper arm <input type="checkbox"/> Finger <input type="checkbox"/> Ankle
<input type="checkbox"/> Foot | <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"/> | 13. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion?
Have you ever been knocked out, become unconscious, or lost your memory?
Have you ever had a seizure?
Do you have frequent or severe headaches?
Have you ever had numbness or tingling in your arms, hands, legs, or feet?
Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever become ill from exercising in the heat? | <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: _____

We hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Pre-Participation Physical Evaluation

PHYSICAL EXAMINATION

DATE OF EXAM _____

This page to be completed by physician / nurse practitioner/physician assistant

Name _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____

Vision R 20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDING	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for (Sport(s)): _____ Reason: _____

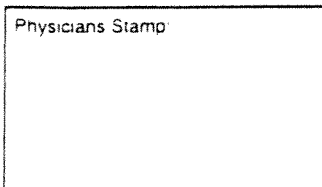
Recommendation: _____

Name of physician / **nurse practitioner /physician assistant (print/type) _____ Date: _____

Address: _____ Telephone: _____

Signature of physician /nurse practitioner/physician assistant _____

MD/nurse practitioner/physician assistant



PARTICIPATON PHYSICAL EVALUATION (MONOGRAPH). KANSAS CITY, MO: AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE, AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE, 1992, 1996.

Endorsed by the MPSSAA