The South Carolina Independent School Association 2026-27 Agreement for Participation

ATHLETIC PARTICIPATION POLICIES AND CODE OF CONDUCT

I. STATEMENT OF PHILOSOPHY

The primary purpose of the school is education. Participation in interscholastic athletics is considered a **privilege**, not a right. This privilege is extended only to students who meet the eligibility requirements established by the **South Carolina Independent School Association (SCISA)** and the policies of the school. Athletic programs are designed to support the educational mission of the school by promoting character development, teamwork, discipline, and sportsmanship.

II. CODE OF CONDUCT

All spectators, coaches, and student-athletes are expected to support their school and team in a **positive, respectful, and sportsmanlike manner**. The athletic environment is an extension of the classroom where lessons in responsibility, respect, and fair competition are reinforced. The **safety and well-being of students, coaches, officials, and spectators** is of the highest priority. All athletic events shall be conducted in accordance with the policies, rules, and regulations of the **South Carolina Independent School Association (SCISA)**. Participants, coaches, and spectators must conduct themselves at all times in a **reasonable and sportsmanlike manner**.

A. Violations of the Code of Conduct

A participant, coach, or spectator will be considered in violation of this Code of Conduct if he or she engages in any of the following behaviors:

Derogatory Remarks Making degrading or disrespectful remarks toward any spectator, official, coach, or athlete during or after a contest, whether on or off the playing surface. School officials, coaches, and players shall not publicly criticize other schools, coaches, players, or officials through media or social media platforms.

Disputing Officials Arguing with an official or displaying gestures or conduct indicating disagreement, disrespect, or disdain for an official's decision.

Profanity or Abusive Language Using foul, abusive, inappropriate, or profane language at any time.

Entering the Playing Area Entering the playing field, court, or competition area to protest, question, or object to a call or play.

Physical Contact or Aggression Hitting, shoving, grabbing, striking, or attempting to strike any official, coach, athlete, or spectator.

Ejection from a Contest Being ejected or removed from any athletic contest.

Confronting Officials After a Contest Detaining, following, pursuing, or confronting an official after a contest to question or express dissatisfaction with a ruling or game outcome.

Use of Prohibited Substances Possessing, using, or displaying alcohol, tobacco products, or any unauthorized drug at an athletic event.

B. Disciplinary Action

Violations of the Code of Conduct may result in **disciplinary action**, including but not limited to: Fines, Suspension from participation or attendance, Probation, or Additional penalties as determined by SCISA. The school will be notified of any disciplinary action taken by SCISA and is responsible for enforcing such action.

III. WARNING OF INHERENT RISKS OF ATHLETIC PARTICIPATION

Participation in athletic activities involves **inherent risks of injury**. Injuries may range from minor to severe and may include permanent disability or death. While serious injuries are uncommon in properly supervised programs, it is impossible to eliminate all risks associated with athletic participation. Student-athletes share responsibility for reducing the risk of injury by:

- Following all safety rules and instructions
- Promptly reporting injuries or physical concerns
- Adhering to safe playing techniques
- Inspecting personal equipment and reporting any damage or defects

Participation in athletics and attendance at public events, including sporting events, may also involve possible **exposure to infectious diseases**, including but not limited to: MRSA, Influenza, COVID-19.

IV. GUARDIANSHIP REQUIREMENT

To be eligible for athletic participation, a student must reside with his or her **parent(s) or legal guardian(s)**. Additional guardianship eligibility requirements are outlined in the **SCISA Blue Book**, which should be consulted for complete details.

V. STUDENT ATHLETIC ELIGIBILITY RULES

A. Eight-Semester Rule: A student is granted **eight (8) consecutive semesters of athletic eligibility** beginning with the student's first enrollment in the **ninth (9th) grade**.

B. Academic Eligibility Requirements

Students must meet the following academic standards to maintain athletic eligibility:

B. Academic Eligibility Requirements

Grades 9–12 - Students must pass either:

- **Four (4) one-unit core courses**, or **Five (5) one-unit courses** each grading period or semester.

Students Below Grade 9

Students must pass **four (4) academic subjects** each grading period or semester.

Senior Students

A senior who has met or is meeting all graduation requirements must pass **four (4) one-credit courses** each marking period or semester.

Beginning-of-Year Eligibility

To be eligible at the start of the school year, a student must have earned: **Four (4) core units**, or **Five (5) total units of credit**. Courses or credits obtained through the **Home School method during the school year** may not be used to determine athletic eligibility.

Previous Year Academic Requirement

Any student who failed to earn credit for **at least fifty percent (50%) of all courses taken during the previous school year** will be ineligible for athletic participation until the **successful completion of the first semester of the current school year**.

Practice Restrictions

A student who is **academically ineligible** may **not participate in team practices** until academic eligibility has been restored.

VI. GRADE-LEVEL PARTICIPATION REQUIREMENTS

A. Varsity Teams: Eligible students may participate on varsity teams as follows:

Sport Eligible Grades

Soccer, Football, Lacrosse (Grades 8–12) Baseball, Basketball, Softball (Grades 7–12) All Other Varsity Sports (Grades 6–12)

B. Junior Varsity Teams: Eligible students may participate in junior varsity athletics as follows:

Sport Eligible Grades

Track, XC, Swimming, Volleyball, Golf, Tennis (Grades 5–10) / Basketball, Baseball, Softball, Soccer, Wrestling (Grades 6–10)

VII. B-TEAM PARTICIPATION REQUIREMENTS

Grade Level Requirements: Eligible students may participate on B-Team athletic teams according to the following grade restrictions: B-Team Sports (except football) Grades 5-8 / B-Team Football Grades 5-7.

For student safety, coaches and parents should carefully evaluate the **skill level, physical maturity, and competitiveness** of students below the sixth (6th) grade prior to permitting participation on any B-Team.

VIII. AGE ELIGIBILITY REQUIREMENTS

The following age requirements apply to all athletic participation. **No exceptions will be granted to these age standards.**

General Eligibility: A student is **ineligible** to participate in athletics if the student's **nineteenth (19th) birthday occurs before July 1, 2026**.

Junior Varsity Athletics: To participate in junior varsity athletics, a student **must not have reached his or her sixteenth (16th) birthday prior to July 1, 2026**.

B-Team Athletics: To participate in B-Team athletics, a student **must not have reached his or her fifteenth (15th) birthday prior to July 1, 2026**.

B-Team Football Exception: To participate in B-Team football, a student **must not have reached his or her fourteenth (14th) birthday prior to July 1, 2026**.

IX. TRANSFER ELIGIBILITY RULES

A. **Member School to Member School Transfer**: **Sixty (60) Day Rule**

A student transferring from one SCISA member school to another after: Attending at least one class during the school year; or Participating in team practice on or after the first official practice date; shall be required to wait **sixty (60) calendar days** before becoming eligible to participate in any athletic contest, including games or scrimmages. This waiting period **may be waived in the event of a bona fide change in residence**.

B. **Non-Member School to Member School Transfer**

A student transferring from a **non-member school** to a SCISA member school must complete **ten (10) days of practice** before becoming eligible to participate in a game. Approval of the transfer must be obtained in accordance with SCISA procedures.

C. **Transfer Procedure**

Students transferring schools must complete the following requirements: Submit a **completed Transfer Form;** Provide a **written statement explaining the reason for the transfer.**

D. **Deadlines for Non-Member to Member Transfers**

Transfer eligibility deadlines are as follows: **Fall Sports:** Student must be enrolled and attending classes **by September 11 / Winter Sports:** Student must be enrolled **by January 8** or by the **end of the student's first semester**.

E. Second Semester Transfers

All **second-semester transfers**, whether **member-to-member** or **non-member-to-member**, are subject to the **Sixty (60) Day Rule**. Exception: Bona fide change in residence.

F. Additional Transfer Regulations

The following additional policies apply to transfer students:

- A transfer student must attend classes for **at least thirty (30) days prior to the start of playoffs** in order to be eligible to participate in postseason competition.
- An academically eligible transfer student must have been eligible to represent his or her **previous school under all applicable school, student, and athletic policies** at the time of transfer.
- If the student was not eligible, the student must wait **ninety (90) calendar days** before becoming eligible. The SCISA committee reserves the right to **extend this waiting period** if circumstances warrant.
- A student who transfers **before the start of the school year**, and who has **not attended a class or practiced with a team on or after the first official practice date**, may be declared immediately eligible if all eligibility requirements are satisfied.
- The waiting period for transfer eligibility shall **begin on the first day the student attends class** at the new school.

X. MEDICAL INSURANCE COVERAGE

Parents and guardians should understand the school's medical insurance policy regarding athletic participation. The **South Carolina Independent School Association (SCISA)** requires each member school to participate in the **SCISA Catastrophic Insurance Plan**, which provides coverage in the event of a catastrophic athletic injury.vThis policy is intended to supplement, not replace, a family's primary medical insurance coverage.

XI. RECRUITING

Students must not transfer schools as a result of **recruiting or undue influence** related to athletic participation. All recruiting policies and definitions are governed by the **SCISA Blue Book**, which should be consulted for complete guidelines and enforcement procedures.

XII. ALL-STAR PARTICIPATION AND MEDICAL AUTHORIZATION

If selected, parents or guardians grant permission for their child to participate in **SCISA All-Star Games**. By granting this permission, the parent or guardian acknowledges and agrees that: The **South Carolina Independent School Association (SCISA)**, the host school, and their respective agents, members, employees, and affiliated organizations **shall not be held liable** for any accident or injury occurring during participation. The parent or guardian authorizes **emergency medical treatment** for the student-athlete if necessary. The parent or guardian accepts **financial responsibility for any medical expenses** incurred as a result of such treatment.

XIII. PARENT AND STUDENT ACKNOWLEDGMENT ATHLETIC PARTICIPATION CONSENT AND LIABILITY AGREEMENT

I, the undersigned parent or legal guardian, grant permission for the student named below to participate in interscholastic athletics governed by the **South Carolina Independent School Association (SCISA)** and the policies of the school listed below. By signing this document, both the student and parent/guardian acknowledge that they have **read, understand, and agree to comply with** the following:

- The **SCISA Statement of Philosophy**
- The **Athletic Code of Conduct**
- The **Summary of Student Eligibility Rules**
- All **school and SCISA athletic policies and regulations**

Participation in athletics involves **inherent risks of injury**, including the possibility of serious injury, permanent disability, or death. By granting permission for participation, the parent/guardian and student acknowledge these risks and voluntarily accept them. The parent/guardian further acknowledges and agrees to the following:

- **Eligibility Verification** The South Carolina Independent School Association (SCISA) and the school may review the student's academic and school records for the purpose of verifying athletic eligibility.
- **Transfer Rule Acknowledgment** The student named below may only participate in athletics for the school listed on this form. Any transfer to another school after this form has been filed may subject the student to the **SCISA Sixty (60) Day Rule** or other eligibility restrictions.
- **Medical Authorization** In the event of an injury or medical emergency, the parent/guardian authorizes school officials, coaches, athletic trainers, or other authorized personnel to obtain **necessary emergency medical treatment** for the student.
- **Financial Responsibility for Medical Care** The parent/guardian accepts full responsibility for **all medical expenses** incurred as a result of treatment for injuries sustained while participating in athletic activities or events governed by SCISA.
- **Release of Liability** The parent/guardian and student agree **not to hold the South Carolina Independent School Association (SCISA), the participating school, host schools, or any of their agents, members, employees, or affiliated organizations liable** for accidents or injuries that may occur during athletic participation, except where prohibited by law.

This document shall be considered a **binding agreement** between the parent/guardian, the student, the school, and the South Carolina Independent School Association.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

School Name: _____ Sport(s): _____

School Year: _____

PARENT / GUARDIAN CONSENT

I certify that I am the **parent or legal guardian** of the student named above and that I have read, understand, and agree to the terms outlined in this Athletic Participation Consent and Liability Agreement.

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Signature: _____ Cell # _____

STUDENT ACKNOWLEDGMENT

I acknowledge that I have read and understand the **Athletic Code of Conduct and eligibility requirements**, and I agree to abide by all rules and policies of the school and the South Carolina Independent School Association.

Student Name (Printed): _____ Date: _____

Student Signature: _____

The South Carolina Independent School Association

Student / Parent Concussion Awareness Form

Information for Student-Athletes and Parents / Legal Guardians (Keep This Page)

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document.

***What is a concussion*?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

***How do I know if I have a concussion*?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/ queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

***What should I do if I think a student-athlete has sustained a concussion*?** If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

***What are the warning signs that a more significant head injury may have occurred*?** If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion? Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion? Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

Student-Athlete & Parent/Legal Custodian Concussion Statement

If there is anything on this sheet that you do not understand, please ask a coach/staff member to explain or read it to you.

Student-Athlete Name: _____

Parent/Legal Custodian Names _____

___ Yes. We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.

Student-Athlete Check/Initials		Parent/Legal Custodian initials/checks
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

SCISA CONCUSSION POLICY: In accordance with South Carolina/Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management).

1) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

2) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

3) It is mandatory that every coach in each SCISA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com every year

4) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

Student's Signature _____ Parent/Legal Custodian Signature _____

Date: _____ Date _____

The South Carolina Independent School Association Warning of Inherent Risk

Participation in interscholastic athletics is a privilege. Student-athletes and parents/guardians must acknowledge the risks associated with athletic participation and agree to the responsibilities outlined below before participating in any practice, tryout, conditioning session, or contest.

1. Warning of Inherent Risk

Participation in interscholastic athletics involves inherent risks of injury. Even with proper coaching, equipment, and supervision, injuries may occur. These risks may include, but are not limited to:

- minor injuries such as sprains, strains, and bruises
- serious injuries including fractures, ligament damage, and internal injuries
- head injuries or concussions
- catastrophic injuries such as paralysis
- in rare cases, permanent disability or death

No amount of instruction, supervision, or protective equipment can completely eliminate the risk of injury associated with athletic participation. By choosing to participate, the student-athlete and parent/guardian acknowledge and accept these inherent risks.

2. Student-Athlete Responsibilities

By signing this form, the student-athlete agrees to:

1. Follow all rules, policies, and instructions of the school, coaches, athletic trainers, and the Association.
2. Participate in a safe and responsible manner and respect the safety of teammates and opponents.
3. **Immediately report all injuries, illnesses, or symptoms** (including concussion symptoms) to a coach, athletic trainer, or school official.
4. **Report any unsafe conditions or defective equipment** to a coach or school official and discontinue use until corrected.
5. Use athletic equipment properly and maintain equipment issued by the school.
6. Follow all return-to-play requirements following injury or illness.
7. Maintain good sportsmanship and conduct consistent with school and Association policies.

Failure to follow safety rules or to report injuries or unsafe equipment may increase the risk of injury to the student-athlete and others.

3. Parent/Guardian Responsibilities

By signing this form, the parent/guardian acknowledges and agrees to:

1. Understand that athletic participation involves inherent risks.
2. Encourage the student-athlete to report injuries, symptoms, or equipment concerns immediately.
3. Monitor the student-athlete for signs or symptoms of injury, illness, or concussion and seek appropriate medical attention when necessary.
4. Ensure that the student-athlete follows all medical instructions and return-to-play requirements.
5. Provide accurate medical history information and notify the school of any relevant health conditions.
6. Maintain medical insurance coverage for the student-athlete or accept financial responsibility for medical expenses resulting from participation.

4. Assumption of Risk

The student-athlete and parent/guardian understand that participation in interscholastic athletics is voluntary and involves inherent risks. By signing this document, the student-athlete and parent/guardian **voluntarily assume all risks associated with participation in interscholastic athletics**, including those arising from the ordinary conduct of athletic activities.

5. Release and Waiver of Liability

To the fullest extent permitted by law, the student-athlete and parent/guardian release and hold harmless: SCISA, its member schools; school districts or governing bodies, coaches, athletic directors, officials, employees, volunteers, and agents, from claims or liabilities arising from participation in interscholastic athletics, except where prohibited by law.

6. Medical Authorization

In the event of injury, illness, or emergency during athletic participation, the parent/guardian authorizes school personnel, coaches, or medical staff to: provide emergency care; arrange transportation to a medical facility if necessary; communicate relevant medical information to healthcare providers, Reasonable efforts will be made to contact the parent/guardian prior to treatment when possible.

7. Acknowledgment and Consent

By signing below, we acknowledge that: We have read and understand this **Warning of Inherent Risk and Participation Agreement**. We understand the risks associated with athletic participation. We agree to the responsibilities described above. We voluntarily consent to the student-athlete's participation in interscholastic athletics.

_____	_____	_____
Parent / Legal Guardian Signature	Student's Signature	Date

Preparticipation Physical Evaluation - Physical Form

Last Name	First Name	Middle Initial	Date of Birth

Examination				
Height:	Weight:			
BP: / (/)	Pulse:	Vision: R 20/	L 20/	Corrected ___ Yes ___ No

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 / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - 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		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

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

Preparticipation Physical Evaluation

___ 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. If conditions arise after the athlete had 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

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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: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

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): _____

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 Heath 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 ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
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 (*including drowning or unexplained car accident*)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QTsyndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Does anyone in your family had a pacemaker or 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 game or practice?		
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 ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, or weakness in your arms or leg, 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 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?		
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?		
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 a "Yes" answer 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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