ROYAL OAK

ATHLETICS

REGISTRATION PACKET

Included in the packet:

MHSAA Physical (after April 15th of the previous school year)

Athletic Contract

Pay to Participate Fee Expectations

• This packet must only be handed into the ROHS Athletic Office once per school year, however, you must still register and pay the PTP fee each season you plan to participate
### Physical Examination & Medical Clearances

**Completed by MD, DO, PA or NP**

<table>
<thead>
<tr>
<th>MEDICAL HISTORY:</th>
<th>Completed by Parent/Guardian or 13-Year-Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Doctor:</td>
<td>Doctor's Phone:</td>
</tr>
<tr>
<td>Date of Exam:</td>
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</tbody>
</table>

**General Questions**

- Has a doctor ever denied or restricted your participation in sports for any reason? **Yes/No**
- Do you have any ongoing medical conditions? If so, please identify below:
  - Asthma
  - Allergies
  - Diabetes
  - Infections
  - Other: ________
- Have you ever spent the night in a hospital or have you ever had surgery? **Yes/No**

**Heart Health Questions**

- Have you ever passed out or nearly passed out during or after exercise? **Yes/No**
- Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? **Yes/No**
- Does your heart ever race or skip beats (irregular beats) during exercise? **Yes/No**
- Has a doctor ever told you that you have any heart problems? Check all that apply:
  - High blood pressure
  - Heart murmur
  - Heart infection
  - High cholesterol
  - Kawasaki disease
  - Other: ________
- Does a doctor order a test for your heart? (example: ECG, EKG, echocardiogram) **Yes/No**
- Do you get lightheaded or feel more short of breath than expected during exercise? **Yes/No**
- Do you have a history of seizure disorder or had an unexplained seizure? **Yes/No**
- Do you get more tired or feel short of breath more quickly than your friends during exercise? **Yes/No**

**Neck, Back, Hip, or Shoulder Questions**

- Has anyone in your family had unexplained slumping, unexplained seizures or near drowning? **Yes/No**
- Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? **Yes/No**
- Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? **Yes/No**
- Does anyone in your family have hypertrrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or other cardiomyopathic or connective tissue disease? **Yes/No**

**Bone and Joint Questions**

- Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? **Yes/No**
- Have you ever had any broken or fractured bones, dislocated joints or stress fractures? **Yes/No**
- Have you ever had an injury that required xrays, MRI, CT scan, injections, therapy, a brace, cast or crutches? **Yes/No**
- Do you regularly use a brace, orthotics or other assistive devices? **Yes/No**
- Do you have a bone, muscle or joint injury that bothers you? **Yes/No**
- Do any of your joints become painful, swollen, feel warm or look red? **Yes/No**
- Have you ever had any history of juvenile arthritis or connective tissue disease? **Yes/No**
- Have you ever had an x-ray for neck instability or atlantoaxial instability? (Syringomyelia or spine fusion) **Yes/No**

**Physician Examination and Medical Clearance**

- Examination: **Height:** __________ **Weight:** __________
- Male (☐) Female (☐) BP: __________/_________
- Pulse: __________ Vision: R 20/________ L 20/________ Corrected: (☐) Y (☐) N

**Medical Questions**

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance: Marfan stigmata (hyposcoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperextensibility, MVP, aortic insufficiency)</td>
<td></td>
<td>Neck</td>
<td></td>
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<tr>
<td>Eyes/Ears/Nose/Throat: Purple Equal</td>
<td></td>
<td>Back</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lymph nodes</td>
<td></td>
<td>Shoulder/Anterior</td>
<td></td>
<td></td>
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<tr>
<td>Heart: Murmurs (auscultation standing, supine, +/- Valvular) Location of point of maximal impulse (PML)</td>
<td></td>
<td>Elbow/Forearm</td>
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<tr>
<td>Pulses: Simultaneous femoral and radial pulses</td>
<td></td>
<td>Wrist/Hand/Fingers</td>
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<tr>
<td>Lungs:</td>
<td></td>
<td>Hip/Thigh</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Abdomen:</td>
<td></td>
<td>Knee</td>
<td></td>
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<tr>
<td>Genitourinary: (males only)</td>
<td></td>
<td>Log/Ankle</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skin:</td>
<td></td>
<td>7/500 toes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CNS:</td>
<td></td>
<td>Functional Buck Walk</td>
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</tbody>
</table>

**Recommendations:**

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below:

- Baseball
- Basketball
- Bowling
- Competitive Cheer
- Cross Country
- Football
- Golf
- Gymnastics
- Ice Hockey
- Lacrosse
- Skiing
- Soccer
- Softball
- Swimming/Diving
- Tennis
- Track Field
- Varsity Basketball
- Wrestling

**Name of Examiner:** (print/type): __________

**Signature of Examiner:** __________

**Date:** __________

**Check One:** MD (☐) DO (☐) PA (☐) NP (☐)

**Emergency Information:** Completed by Parent/Guardian or 13-Year-Old

- Student: __________ Grade: __________
- Doctor: __________ Phone: __________

**IN EMERGENCY (1):** Home #: __________

**IN EMERGENCY (2):** Home #: __________

**Drug Reactions:** __________

**Current Medications:** __________

**Allergies:** __________

**Form A: Aug-20-17**
PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

There are FOUR (4) signatures on this page to be completed by student, parent/guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: ___________________________  LAST  FIRST  MIDDLE INITIAL

Student Address: ____________________________________________________________

STREET  CITY  ZIP

Gender:  □ M □ F  Age: ______  Date of Birth: ________________________  Place of Birth (City/State): ____________________________

School: ____________________________  Circle Grade:  6  7  8  9  10  11  12

Father/Guardian Name: ______________________________________________________

Phone (home): ____________________________  (work): ____________________________  (cell): ____________________________

Mother/Guardian Name: ______________________________________________________

Phone (home): ____________________________  (work): ____________________________  (cell): ____________________________

Email Address: Parent/Guardian/18-Year-Old: _______________________________________

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Furthermore, I/we hereby agree, understand, appreciate, and acknowledge that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure of the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1️⃣ Signature of STUDENT: ________________________________________________ Date: ____________________________

2️⃣ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________________________

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance:  □ YES  □ NO

If YES, Family Insurance Co: ____________________________ Insurance ID #: ____________________________

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3️⃣ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________________________

MEDICAL TREATMENT CONSENT, COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, ____________________________, an 18-year-old, or the parent or guardian of ____________________________, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4️⃣ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: ____________________________ Date: ____________________________
ROYAL OAK ATHLETIC CONTRACT

Participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school. Participation in interscholastic athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey safety rules, report physical problems to their coaches, follow a proper conditioning program, and inspect their equipment daily. It is the parent’s responsibility to provide the proper medical coverage to pay for an emergency or medical treatment required due to an injury. The School District of the City of Royal Oak does not provide any type of supplemental insurance for student-athletes.

CONSENT FOR TRANSPORTATION
This is to certify that _______________________________ has my permission to make all trips to games, contests and tournaments during the current school year with the School District of the City of Royal Oak athletic teams. I understand that transportation will be by bus when possible. Squad size and type of contests may necessitate transportation by van or car driven by a licensed driver.

EQUIPMENT – FINANCIAL RESPONSIBILITY
Athletes in the School District of the City of Royal Oak are responsible for athletic equipment issued to them by the athletic department. This equipment is to be worn only for practice or competition in the sport for which it was issued. It is not to be worn at other times. This equipment represents a large expenditure of money by the athletic department and is to be returned to the coach within one week of completion of the sport season. If equipment is stolen, lost, or not returned, the athlete will be held responsible for the replacement cost of the equipment.

PAY TO PARTICIPATE AGREEMENT
I understand that the payment of the Pay to Participate fee does not guarantee playing time for the student athlete, and does not provide any control over conditions of the team or the Athletic Department. I also understand that paying the fee does not in any way alter the Board of Education Policy, the district’s Co-Curricular Code of Conduct, individual team rules or the Michigan High School Athletic Association Regulations.

I also understand that there will be no refunds of the Pay to Participate fee unless the student athlete suffers a season ending injury prior to the midpoint of the season, preventing the student athlete from participating in one-half of the regularly scheduled contests. In this instance, a physician’s letter must accompany the request for the refund.

It is understood that a student athlete will not be allowed to participate, including practice, unless all signatures are affixed below and the fee has been paid in full. The fees are as follows:

- $150 for the first sport, $100 for the second sport and no charge for the third sport for each high school athlete. There is a $250 annual student cap.
- $40 for the first sport, $25 for the second sport and no charge for the third sport for reduced meal eligible high school students.
- $100 for the first sport, $50 for the second sport and the third and fourth sport is free for each middle school athlete.
- $25 for the first sport, $12 for the second sport for each reduced meal eligible middle school athlete.
- There is an annual family cap of $700.

Payments can be made via:

- Credit Card (Visa and Mastercard) online through PaySchools (Link is available on the District Website).
- Checks made payable to Royal Oak Schools.

ATHLETIC CODE OF CONDUCT—CAN BE VIEWED ON ATHLETIC WEBSITE, WWW.ROYALOAKATHLETICS.ORG
This application to compete in interscholastic Athletics is entirely voluntary on my part and is made with the understanding that I have not violated the eligibility rules of the Michigan High School Athletic Association, and that I will follow all rules and regulations set down by my coach and the athletic department.

As a representative of my school, I will conduct myself in an exemplary manner at all times. Athletes and cheerleaders are expected to be outstanding citizens and to demonstrate good judgment and to show respect for themselves, their teammates, coaches, school personnel, officials, and members of the opposing team. I understand the violation of the previously mentioned rules and regulations or conduct unbecoming a team member may lead to disciplinary action.

We have read and understand the above statements and the athletic code of conduct and by our signatures indicate our willingness to abide by them.

- Student Signature ___________________________ Date ________________

- Parent Signature ___________________________ Date ________________

Rev. 1/1/15
The ROHS Pay to Participate Annual fee structure is as follows:

- $150 full pay for your first sport
- $100 for your second sport
- Free for your third sport (Hockey and Bowling not included)

If you receive reduced lunch, the fee is as follows:

- $40 for your first sport
- $25 for your second sport
- Free for your third sport (Hockey and Bowling not included)

If you receive free lunch, the fee is waived regardless of how many sports you play.

Please bring a check with you to registration written out to “Royal Oak Schools” or pay on-line via credit card by visiting www.royaloakathletics.org, click on “Registration”, then Pay to “Participate Fee”