

Athletic Registration

Dear Uni High Student-Athletes and Parents,

In order to completely register to play a sport at Uni High, the athlete or parent will need to pay the \$180 athletic fee per sport and turn in all the following forms which must be properly completed:

- (1) Uni High Athletic Participation Agreement Form
- (2) Uni High Return to Play Protocol Form
- (3) Athletic Parent Release for Injury Screen Form
- (4) IHSA/IESA Physical Form

No athlete will be permitted to participate in any practice or contest until they have been properly registered. There will be no exceptions. Athletes getting a physical during the summer should submit all forms and fees by May 11, 2017, and submit the IHSA physical form upon completion of the physical. For the 2017-2018 school year, Uni High will offer the following athletic programs:

Fall:

1. High School Boys Soccer – Starts August 9, 2017 through October 28, 2017
2. High School Girls Swimming – Starts August 14, 2017 through November 18, 2017
3. High School Girls Volleyball – Starts August 9, 2017 through October 26, 2017
4. Subfreshman Boys and Girls Cross Country – Starts August 9, 2017 through October 14, 2017
5. High School Boys and Girls Cross Country – Starts August 9, 2017 through November 4, 2017
6. Subfreshman Girls Basketball – Starts August 28, 2017 through November 22, 2017

Winter:

1. Subfreshman Boys Basketball – Starts October, 16, 2017 through January 25, 2018
2. High School Girls Basketball – Starts October 30, 2017 through February 9, 2018
3. High School Boys Basketball – Starts November 6, 2017 through February 18, 2018

Spring:

1. High School Boys and Girls Track – Starts January 14, 2018 through May 19, 2018
2. Subfreshman Boys and Girls Track – Starts February 28, 2018 through May 12, 2018
3. High School Girls Soccer – Starts February 26, 2018 through May 19, 2018
4. High School Boys Tennis – Starts February 26, 2018 through May 26, 2018

Any changes to these schedules will be listed on the Uni Athletics web site (il.8to18.com/Uni/) and communicated through student email. The parent meeting for fall sports will be held on Wednesday, August 16, 2017, at 6:30 p.m. at Kenny Gym.

If you have any questions regarding registration or our athletic program, please call me at (217) 300-0524 or email me at tbick2@illinois.edu.

Sincerely,

Tim Bicknell
Uni High Athletic Director

Athletic Participation Agreement

Student: _____

Sport(s): _____

In consideration of the University of Illinois Laboratory High School permitting me to participate in the above sport or activity, I agree to the following:

1. I will abide by the Uni High Athletic Code and behave in a sportsmanlike manner.
2. I will be responsible for meeting all academic requirements as described in the Athletic Code.
3. I will follow the coach's instructions, playing techniques, training schedule, and safety rules for the above sport or activity.
4. I have received and read the current University High School Drug and Alcohol Policy for Athletes in the Uni High Student Handbook. I understand that failure to comply with the policy may result in suspension or removal from the team.
5. I am aware that participating in the above sport or activity may involve many risks of injury. A serious injury may result in physical impairment or even death. University Laboratory High School does not assume financial responsibility for accidents incurred in athletics. I hereby assume all the risks associated with participation and agree to hold the University of Illinois, its employees, agents, coaches, administrators, 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 connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature: _____ Date: _____

[To Be Completed By the Parent/Guardian]

I, _____, am the parent(s)/ guardian(s) of the above named student. I have read the above Athletic Participation Agreement and understand its terms. I understand that all sports can involve many risks of injury. University Laboratory High School does not assume financial responsibility for accidents incurred in athletics. In consideration of the University of Illinois Laboratory High School permitting my child/ward to participate in the above sport or activity, I agree to hold the University of Illinois, its employees, agents, coaches, administrators, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demand of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in any University of Illinois Laboratory High School sport/activity.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Athletic Code

I. General Information

- 1) The following must be on file in the athletic office prior to an athlete's participation in a practice or event:
 - a) Uni High Athletic Participation Agreement Form
 - b) IHSA Acknowledgement and Consent Form
 - c) Athletico Parent Release for Injury Screen Form
 - d) IHSA/IESA Physical Form

- 2) To be eligible to participate in Uni High athletic events, a student-athlete must meet the following academic requirements:
 - a) The athletic director conducts weekly academic grade checks on Thursday evenings. If a student-athlete is earning either two (2) Ds or one (1) F for his/her cumulative semester grade in any class at the time of the grade check, he/she will be academically ineligible to wear a uniform and participate in all athletic events for one week. The week of ineligibility is defined as the following Monday through Sunday after a Thursday evening weekly grade check. If a student-athlete becomes academically ineligible, the athletic director will contact the student, parents, and coaches as soon as possible. Academically ineligible student-athletes are still allowed to attend and participate in team practices during the week of ineligibility.
 - b) Any student-athlete that is academically ineligible for four weeks during a specific sport season will be removed from the team.

- 3) Petitioning out of physical education from the first day of practice until the final day of competition may occur when the student-athlete
 - a) Is enrolled in enough classes to be in classes 300 minutes per day.
 - b) Has received a passing grade in P.E. during the school year.
 - c) Has no unexcused absences in P.E. for the school year.
 - d) Has paid the athletic fee and has completed all necessary forms and turned them into the Uni High athletic director.
 - e) Fully participates as a member of an IHSA sanctioned sport by attending all practices and competitions unless excused by the coach.
 - f) Completes all P.E. physical fitness testing.
 - g) Attends all junior/senior health classes scheduled by the P.E. department.

ATHLETICO



PHYSICAL THERAPY

Uni High has contracted with Athletico to provide athletic training services for Uni High athletes at selected home contests. If you would like your athlete to receive free services, fill out the form below.

PARENT RELEASE FOR INURY SCREEN:

I hereby authorize the medical staff of Athletico athletic trainers, physical therapists, as well as clinic locations and school administration to provide primary and emergency medical care for my son/daughter while he/she is enrolled at University Laboratory High School.

If need be, I understand and recognize that Athletico offers complimentary orthopedic screens for University Laboratory High School. I understand and recognize that this is a voluntary evaluation to assess a sustained injury. If I pursue this examination, I realize that my son/daughter will be evaluated by a physical therapist or athletic trainer and not a physician. In allowing Athletico to provide my son/daughter with a complimentary examination, I hereby waive, release and discharge any and all claims against Athletico for legal liability for performing an evaluation.

Student Name _____ Sport/Season _____

Address _____ Date _____

Parent/Guardian Contact Numbers: (H) _____ (W) _____ (C) _____

Insurance Provider _____ Policy # _____

Parent/Guardian Name _____ Signature _____



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP _____ / _____	Pulse _____	Vision R 20/ _____	L 20/ _____
		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____

No _____

Limited _____

Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Name _____

Physician's Assistant Signature* _____

PA's Name _____

Advanced Nurse Practitioner's Signature* _____

ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.