

FORM CHECKLIST SHEET

- _____ Academic Rule (Player Keeps)
- _____ AHSAA Preparticipation Physical Evaluation (2 Pages)
- _____ Athletics Permission Form
- _____ Drug & Alcohol Policy and Drug Testing Consent
- _____ Field Trip/Emergency Information
- _____ Medical Form - MUST BE NOTARIZED
- _____ Transportation Release
- _____ Concussion Information Form

- _____ Star Sportsmanship Certificate
- _____ **Freshmen also need a copy of their birth certificate**

In order to participate, you must have all forms completed and turned in by conditioning date. Physical evaluations are good for one year.

If you have taken part in other sports at HHS this year, then we can transfer most of these forms over. Please contact the teacher representative or the appropriate Boys/Girls Coordinator.

HHS BOYS/GIRLS SOCCER TEAM ACADEMIC RULE

Requirements

(a) Students entering the 10th, 11th and 12th grades must have passed during the last two semesters in attendance and summer school, if applicable, at least six new Carnegie units with a minimum composite numerical average of 70 in those six units.

1. Four core curriculum courses must be included in those units passed and averaged (English, mathematics, science and social studies are core curriculum courses. Any combination of these courses is accepted).
2. Any student that accumulates more than four units of core courses per year may earn less than the required four core courses during the next school year and be eligible as long as the student remains on track for graduation with his/her class.

(b) Students entering the 8th and 9th grades must have passed during the last two semesters in attendance and summer school, if applicable, at least five new subjects with a minimum composite numerical average of 70 in those five subjects.

(c) Students entering the 7th grade for the first time are eligible.

Note: A new unit is one that has not been previously passed. A semester is half of a school year as defined by the local school system.

Guidelines

1. Eligibility may be determined before the start of each new school year or at the beginning of the second semester. A student that is academically eligible at the beginning of the school year remains eligible for the remainder of that school year so far as grades are concerned. A student that regains eligibility at the beginning of the second semester remains eligible for the remainder of the semester so far as grades are concerned.
2. Students declared ineligible at the beginning of a school year may regain their eligibility at the end of the first semester (or trimester) by meeting the academic requirements listed above during their last two semesters (or three trimesters or two trimesters and one semester) in attendance and summer school, if applicable. The regained eligibility of any student may be determined any time after the end of the first semester (or trimester), but all course requirements used to determine the eligibility must be completed no later than the fifth day of the second semester (or second trimester).

A student that regains eligibility at the end of the first trimester may not participate in interscholastic athletics until 88 days of the school year have been completed.

3. Only one unit (or subject) of physical education per year may be counted.
4. A maximum of two units (or subjects) earned in an approved summer school may be counted. If a unit (or subject) is repeated in summer school, the higher numerical grade for that unit (or subject) may be used to compute the composite grade average.
5. An accredited correspondence course may be accepted by a school system but must be completed before Sept. 1
6. For eligibility purposes, no special recitation, extra work, make-up work, tests, review, etc., may not be given for the purpose of making a student eligible.
7. To be eligible, all students (including repeaters and hold-backs) must be enrolled in a specified number of new units at the school they represent.
 - (a) 9th, 10th and the 11th graders must be carrying at least six new units (three per semester on a 4x4 block schedule).
 - (b) 12th graders that are on track for graduation with more than the required number of units earned must be carrying at least four new units for the school year (two units per semester on a 4x4 block schedule).
 - (c) 7th and 8th graders must be carrying at least five new subjects.
8. The eligibility of a student that has attended another school during the preceding year must be established by a transcript from that school before the student is permitted to participate at the new school.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

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

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year from the date of the exam.**

Physical Examination

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for: Collision Contact Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

**To Be Filed
In The
Principal's Office**

**HUNTSVILLE CITY SCHOOLS
HUNTSVILLE, AL
ATHLETICS PERMISSION FORM**

**See Policy #105-1
Page 2, Section D.
Insurance**

I hereby give my permission for my child _____ to participate in Soccer athletics at Huntsville High School during the _____ year. I also give my permission for the adult representative to sign for emergency medical treatment my son/daughter may need while participating in this sport, including out-of-town trips.

I fully understand that neither Huntsville High School nor the Huntsville City School System furnishes an accident and/or disability insurance for athletes; however, we feel a responsibility to make available to you information on the best, most inexpensive insurance you can purchase. Each athlete must take out this insurance, or the parents must sign that they will assume responsibility for all medical bills.

By signing this document, I hereby release the Huntsville City School System and all its employees from any liabilities whatsoever and waive any claims for compensation in case of injury to my son/daughter.

PLEASE MARK PREFERENCE DESIRED IN BLANK SPACE

1. Regular school insurance, to be purchased by parents, will cover all sports and school accidents, except football.
2. Special school insurance, to be purchased by parents, will cover football.
3. Parents will assume responsibility for all medical bills.

Signature of Parent Date

Doctor's Name

Emergency numbers where parents can be reached:

Doctor's Phone Number

Home

Work

Cell

Alternate Contact

List any medication your child is allergic to:

Insurance Holder: _____

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Insurance Address: _____

Phone Number: _____

**IN CASE OF EMERGENCIES
COACHES SHOULD HAVE A COPY OF THIS INFORMATION
AVAILABLE AT ALL TIMES**

Huntsville High School Soccer Drug and Alcohol Policy

Experience and research has proven that even small amounts of narcotics or alcohol can impair judgment and physical responses which can create unsafe conditions for students. These substances also cause adverse effect on athletic performance. Drug using athletes are a threat to themselves, other students and co-participants. HHS Soccer has a policy that all student-athletes must remain substance free.

I All student-athletes are prohibited from using, possessing or distributing controlled substances. Improperly used medications and mood/mind altering substances are also prohibited.

II All student-athletes are prohibited from possessing, drinking or being impaired by alcohol.

III After school hour use of drugs, alcohol or any other prohibited substances is prohibited. Student-athletes should realize that these regulations prohibit all illicit drug use during and away from school.

First Violation: The student-athlete will be suspended from the team for at least 25% of the remaining season. He/she must test negative on a drug test before reinstatement to the team and must run 50 miles in the presence of the Head Coach.

Second Violation: The student-athlete will be dismissed from the team for the remainder of the season. He/she may try-out the next year if he/she (1) test negative for all prohibited substances before the tryout and (2) has had no other alcohol/drug incidents since being dismissed from the team.

***** I have read and understand the HHS Soccer policy on drug and alcohol use. I understand that use or possession of prohibited substances will affect participation in the Soccer program.**

Parent: _____ Date: _____

Student: _____ Date: _____

HHS SOCCER DRUG TESTING PROGRAM

All test results will be confidential. Urinalysis will be used and collection will be on site (HHS). All specimens will be confirmed by gas-chromatography/mass spectrometry (gc/ms). Parents will be notified on all positive results by teacher liaison. HHS Soccer may conduct unannounced testing. Positive results will have the same penalties as listed above for first and second violations.

*****I give my consent for my son/daughter, _____, to give urine samples to participate in the drug testing program. I understand that positive results will affect my son/daughter's participation in the Soccer program at HHS.**

Parent: _____ Date: _____

Student: _____ Date: _____

Huntsville City Schools
Out of County/Overnight Student Trips Medical Release Form

Student's Name: _____ Date of Birth: _____
 Street Address: _____ City: _____

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Address: _____	Address: _____
Home Phone #: _____	Home Phone #: _____
Phone # @ Work: _____	Phone # @ Work: _____
Employer: _____	Employer: _____
Cell Ph. # or Pager: _____	Cell Ph. # or Pager: _____
Health Insurance: _____	Effective Date: _____
Contract Number: _____	Group Number: _____

If unable to reach parent/guardian, please notify:

Name: _____ Relationship _____
 Home Ph. #: _____ Cell Ph. # or Pager: _____

Student's General Health Information:	
1.	List your child's <i>daily</i> medications: (doses and times of administration)
	(1) _____
	(2) _____
	(3) _____
	(4) _____
2.	List any <i>Emergency and PRN</i> medications OTC or prescribed for your child and the circumstances under which they are to be given.
	(1) _____
	(2) _____
	(3) _____
A completed and signed <i>School Medication Prescriber/Parent Authorization Form 107-11P Appendix A</i> is required for each medication –prescription or over-the-counter (OTC). On file at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	List student's health conditions requiring procedures or medication; i.e. Asthma, Environmental, Seasonal Food allergies (Be specific), Diabetes, Seizures, etc.
	(1) _____
	(2) _____
	(3) _____
4.	An Individual Health Care Plan (IHP) is on file at school <input type="checkbox"/> Yes <input type="checkbox"/> No
	IHP is for: _____
5.	Does your child wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Date of your child's last Tetanus Booster shot: _____
7.	List any health history that may be helpful if your child becomes ill.

Family Physician: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____

Authorization to Treat/Administer Medication:

I hereby authorize medical and/or surgical treatment of: _____ In an emergency, I give permission for decisions to the certified teacher in charge and/or Huntsville City Schools representative.

 Signature of Parent/Guardian Date:

 Signature of Notary Date:

State _____ County _____ Date Commission Expires: _____

* Parent is responsible for updating this form
 *Signature of Parent on this form acknowledges their financial responsibility for medial and dental care when required for their child.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Concussion Information Form
(Required by AHSAA starting with the 2011-12 school year.)

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 cannot 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:
<ul style="list-style-type: none"> • 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

(Continued on Page 2)

AHSAA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AHSAA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AHSAA Concussion Policy in effect since 2009.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

_____ Student Athlete Name Printed	_____ Student Athlete Signature	_____ Date
_____ Parent Name Printed	_____ Parent Signature	_____ Date

HHS SOCCER

STAR SPORTSMANSHIP INSTRUCTIONS

1. Go to: <http://www.starsportsmanship.com>
2. Click on Student Sign In
3. Enter our school code: STAR01251 then Click OK
4. It will then verify your school name - If it says Huntsville High School - Click OK, if not, Click Back and re-enter the school code
5. You are then asked to select your grade - Click OK
6. If this is your first time into the system you will need to register - Click on REGISTER and enter that information
7. If you have already registered - you will see your name on the list. Click your name.
8. Complete your test and print your certificate
9. Turn in your certificate to Mrs. Brennan

**HHS ATHLETIC DEPARTMENT
TRANSPORTATION RELEASE**

I hereby give my son/daughter _____,
(print name)

a member of the HHS BOYS/GIRLS SOCCER TEAM permission to
(team/activity)

Please check all that apply:

_____ Travel only on authorized school vehicles.

_____ Leave from athletic practices or contests with another athlete's parents.

_____ Leave from athletic practices or contests in order to be picked up by a
family member or other responsible adult at a designated meeting point.

_____ Use their own personal vehicle as transportation to and from athletic
practices or contests.

I understand that the ability of coaches and other school officials to properly supervise students may be impaired when students are not under their direct control. I agree that coaches should not be held accountable when students who are authorized to use alternative means of transportation do so.

Parent's Signature

Date