

SOUTHERN VALLEY SCHOOLS PHYSICAL FORM

Health examination for an athlete must be submitted to the activities director once each year prior to permitting an athlete to practice or compete in any athletic activity sponsored by the Nebraska School Activities Association certifying that the athlete has been examined and is physically fit for athletic participation for the current school year. The requirement that a physical must be taken once each year means the examination must be given during the school year in which the student participates or during the summer vacation which precedes the school year in which the student participates. A physical examination given May 1 or after will be considered a part of the summer vacation.

The examiner giving the physical must certify that he/she is qualified to conduct all phases of the required examination and complete all portions of the Health Examination Form.

Name of Student _____ Grade _____

Birthdate _____ Height _____ Weight _____ Blood Pressure _____

Significant Past Illness or Injury _____

Eyes _____ R 20/_____; L 20/_____; Ears _____ Hearing R_____/15; L_____/15

Respiratory _____

Cardiovascular _____

Liver _____ Spleen _____ Hernia _____

Musculoskeletal _____ Skin _____

Neurological _____ Genitalia _____

Laboratory: Urinalysis _____ Other: _____

Comments: _____

Completed Immunizations: Polio (Date) _____ Tetanus (Date) _____

MMR#1 _____ #2 _____ HEP B #1 _____ #2 _____ #3 _____

"I certify that I am qualified to conduct all phases of the health examination of the above named student. I further certify that I have on this date examined the student and, on the basis of the examination, requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT."

BASEBALL	FOOTBALL	SOFTBALL	TRACK	BASKETBALL	VOLLEYBALL
CROSS COUNTRY	GOLF	SKIING	SWIMMING	HOCKEY	GYMNASTICS
SOCCER	TENNIS	WRESTLING _____	(Desired Weight)		

OTHERS _____

Date of Examination _____ Examiner's Signature _____

Examiner's Address _____

Telephone Number. _____

(Edited March, 2004)

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA")
Student and Parent Consent Form

School Year: 200__-200__ School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ___ day of _____, _____.

Name of Student [Print Name] _____ Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production
Basketball	Swimming	Track	Speech
Cross County	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

DATED this ___ day of _____, _____.

Parent/Guardian Signature _____ Parent/Guardian Signature