

Routing

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Revised March 2013

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VIRGINIA HIGH SCHOOL LEAGUE, INC.  
1642 State Farm Blvd., Charlottesville, Va. 22911



## Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year \_\_\_\_\_

### PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male \_\_\_\_\_

Female \_\_\_\_\_

PRINT CLEARLY

Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.  
must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Providing false information will result in ineligibility for one year.**



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

## PART II - - MEDICAL HISTORY- Explain "Yes" answers below

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**This form must be completed and signed, prior to the physical examination, for review by examining practitioner.**

**Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.**

GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/> *	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (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 <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b> 50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN "YES" ANSWERS BELOW:</b>  # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ *List medications and nutritional supplements you are currently taking here:		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>			
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>			
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)	<input type="checkbox"/>	<input type="checkbox"/>			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			

**PART III – PHYSICAL EXAMINATION**(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30<sup>th</sup> of the current school year)\*\*

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

<b>Date of EXAMINATION:</b>					
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		

Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

**Medical Practitioner to School Staff (please indicate any instructions or recommendations here)**Emergency medications required on-site ☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ Other: \_\_\_\_\_**Comments:**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- ☐ **CLEARED WITHOUT RESTRICTIONS**
- ☐ **CLEARED WITH FOLLOWING NOTATION:** \_\_\_\_\_
- ☐ Cleared **AFTER** documented further evaluation or treatment for: \_\_\_\_\_
- ☐ Cleared for **Limited participation** (check and explain “reason” for all that apply): “*Limited Until Date*” when appropriate
- ☐ Not cleared for (specific sports) \_\_\_\_\_ Until Date: \_\_\_\_\_
- Reason(s): \_\_\_\_\_

- ☐ **NOT CLEARED FOR PARTICIPATION Reason** \_\_\_\_\_

*By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.*Physician Signature: \_\_\_\_\_ (†MD, DO, LNP, PA) . Date\*\* \_\_\_\_\_  
Circle one

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<sup>†</sup> Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted

## PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

## PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc. \_\_\_\_\_

Is the student currently prescribed an inhaler or Epi-Pen? \_\_\_\_\_ List the emergency medication: \_\_\_\_\_

Is student presently taking any other medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Date of last Tdap or Td (tetanus) shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening time phone number (where to reach you in emergency) \_\_\_\_\_

Cell phone \_\_\_\_\_

☀▶▶ Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

I certify all the above information is correct \_\_\_\_\_

☀▶▶

Parent/Guardian Signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

### STUDENT INFORMATION

Last:		First:		Middle:		Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:			ID No.:	Teacher or Counselor:			Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.								

### PARENT/GUARDIAN CONTACT INFORMATION

Any parent, step parent, or guardian with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

Last:		First:		Middle:		Telephone	
						Home:	
Number:		Street:		Apt.#:		Work:	
						Other:	
City:		State:		Zip:			
Relationship:		<input type="checkbox"/> Resides with	Language:		E-mail:		

Last:		First:		Middle:		Telephone	
						Home:	
Number:		Street:		Apt.#:		Work:	
						Other:	
City:		State:		Zip:			
Relationship:		<input type="checkbox"/> Resides with	Language:		E-mail:		

Last:		First:		Middle:		Telephone	
						Home:	
Number:		Street:		Apt.#:		Work:	
						Other:	
City:		State:		Zip:			
Relationship:		<input type="checkbox"/> Resides with	Language:		E-mail:		

Last:		First:		Middle:		Telephone	
						Home:	
Number:		Street:		Apt.#:		Work:	
						Other:	
City:		State:		Zip:			
Relationship:		<input type="checkbox"/> Resides with	Language:		E-mail:		

### OTHER CONTACT INFORMATION

Please list four persons we may call if the parent(s) or guardian(s) cannot be reached. These people have your permission to make decisions concerning your child in the event of an emergency and to pick your child up from school.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Please remember to sign page 2.



## EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

### STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):	

**BEFORE AND AFTER SCHOOL CARE** (complete if applicable). This person has your permission to pick up your child from school.

Name of Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SIBLINGS ATTENDING THE SAME SCHOOL** (complete if applicable).

Name(s): \_\_\_\_\_

### CURRENT HEALTH CONDITIONS

Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. **See below for medical alert information currently on file.**

- |   |   |
|---|---|
| <input type="checkbox"/> allergies (be specific)<br><input type="checkbox"/> foods _____<br><input type="checkbox"/> medicines _____<br><input type="checkbox"/> bee sting or insect bite _____<br><input type="checkbox"/> other _____                     | <input type="checkbox"/> hemophilia<br><input type="checkbox"/> physical disability (be specific) _____<br><input type="checkbox"/> respiratory (be specific) _____   |
| <input type="checkbox"/> asthma<br><input type="checkbox"/> cancer<br><input type="checkbox"/> diabetes<br><input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s)<br><input type="checkbox"/> heart problems (be specific) _____ | <input type="checkbox"/> seizures<br><input type="checkbox"/> vision problems (be specific) _____<br><input type="checkbox"/> glasses <input type="checkbox"/> contacts<br><input type="checkbox"/> other (be specific) _____ |

List all medications and dosages your child receives on a continual basis:

### MEDICAL ALERT INFORMATION ON FILE

This space reserved for system printing of Health Information

### PHYSICIAN INFORMATION

My child's medical care is provided by: \_\_\_\_\_ (name of doctor, clinic, or HMO) \_\_\_\_\_ (telephone)

My child's medical coverage is provided by: \_\_\_\_\_ (health insurance company, assistance program, HMO, etc.) \_\_\_\_\_ (telephone)

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**PARENTAL AUTHORIZATION  
AND  
ACKNOWLEDGMENT OF RISK  
(WEIGHT ROOM USE )**

My child, who attends West Potomac High School, wishes to participate in the use of the weight room facilities at West Potomac High School (hereafter, the School), after school hours. I understand the School will allow this participation as long as my child and I agree to the following conditions:

- use of the weight room and its equipment is completely voluntary;
- there is no academic consideration, nor monetary compensation, for student participation;
- all weight room rules and the instructions of the facility supervisor will be followed at all times
- parents are responsible for transporting their own child to and from the high school;
- FCPS does not provide insurance coverage, of any kind, for students; and,
- parents are responsible for, and must provide, accident/hospitalization/medical insurance for their child.

**WARNING:** Though safety is highly emphasized, participation in the weight room activities at the School will expose my child to the risk of injury, and possibly even death. Students will be given a general orientation of the weight room and basic instructions on proper use of equipment but students who participate do so at their own risk.

I give my permission for my child to participate in all weight room activities of the School.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Student Printed Name

\_\_\_\_\_

Parent/Guardian Printed Name

**OR...**

I give my permission for my child to participate in weight room activities of the School, except for

\_\_\_\_\_.

(write-in any activities in which you do not wish your child to participate.)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Student Printed Name

\_\_\_\_\_

Parent/Guardian Printed Name

## **FCPS Athletic Training Program Communicable Disease Information Sheet**

The very nature of sports lends itself to an increased risk of athletes contracting communicable disease, particularly skin infection. Transmission of disease and skin infection can be minimized when athletes take part in diligent and proper hygiene practices. Skin infections include, but are not limited to, ringworm (fungal infection), staph, impetigo (bacterial infections), herpes (viral infections), and conjunctivitis (pink eye). Most skin infections are treatable by a healthcare professional, although there are some forms of skin infections that are not curable.

Following the guidelines below will reduce the potential for contracting a communicable disease:

- All athletes should shower with soap and water immediately following practices or competitions.
- Athletes should not share clothes, towels, soap, razors.
- All clothes worn during practice and competition should be washed daily.
- All towels should be washed daily.
- Athletes should carefully and thoroughly inspect all areas of their bodies for lesions or signs of skin disorders twice daily. This includes the entire scalp area.
- Lesions that are identified during self-inspection are to be brought to the immediate attention of the coach and the school's certified athletic trainer.
- Athletes should bring any questionable lesions on fellow wrestlers to the immediate attention of their coaches and their schools' certified athletic trainers.
- Athletes with skin infections must follow the direction of the certified athletic trainer regarding participation in practices and competition.

**Complete the portion below and return it to the certified athletic training staff at your school.**

---

*The undersigned understand and accept the risk of the skin infections associated with participation in sports. We agree to follow the guidelines outlined above.*

---

Printed name of student athlete

---

Signature of student athlete

---

Printed name of parent or guardian

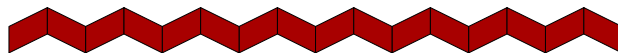
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Signature of parent or guardian

Date \_\_\_\_\_



# Off-Campus Running



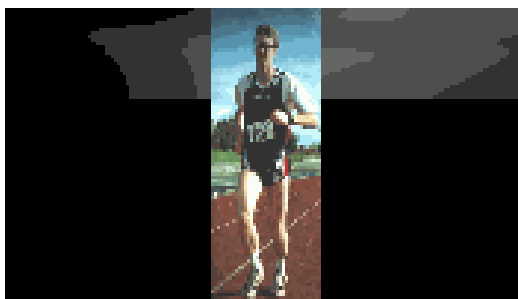
**Training Course Design and Planning.** Training courses for student-athlete runners should be carefully planned, utilizing the following guidelines:

- Use on-campus courses whenever possible.
- Use parks, recreational areas, and trails as a back up to campus courses.
- When the most prudent design includes running on public side roads, look for wide shoulders, paralleling sidewalks, and bike trails.
- Review public side road courses for blind spots, a low occurrence of crossings, and a low volume of traffic.
- Design courses so that less experienced runners will have a shortened safe return route.

**Administrative Approval.** All off-campus training courses must be approved on an annual basis following the prescribed procedure below:

- Each training course request will be submitted through the director of student activities to the principal on an annual basis, prior to the commencement of a conditioning program.
- Approved course maps must be on file in the office of the director of student activities showing each route, with key traffic crossings highlighted. When crossings exist at key intersections, the coach must be present with the team at time of crossing.
- Directors of student activities must have firsthand knowledge of each training course, and individually inspect each course for safety features.
- Once the course is approved, strict compliance is required to ensure the safety of each participant.

**Guidelines for Athletes Training Off-Campus.** These guidelines will be reviewed with all student participants prior to the start of off-campus conditioning programs.



**Continued**

# Off-Campus Running

## (Continued)

Each student-athlete should return a signed copy of these guidelines to their coach, and receive a copy to keep. (The following should be printed on school letterhead.)

- Run single file facing traffic when there are no sidewalks.
- Stop, look, and listen when crossing key intersections.
- Cross with traffic lights.
- Do not cut diagonally across intersections/streets.
- Cross entire streets - don't get stranded in median strip.
- Always run with a partner.
- Do not run on private property.
- Do not carry walkman, frisbees, tennis balls, or any other distractions.
- Follow approved specified course.
- Check-in with the coach at the end of the day's run.
- Run defensively and anticipate problems – **Do Not Challenge Vehicles.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**POTENTIALLY HAZARDOUS ACTIVITIES/SPECIAL EVENT  
RELEASE AND INDEMNIFICATION (INDIVIDUAL FORM)**

**Gaylord National Resort and Conference Center (21-GA3)**

\_\_\_\_\_  
(Hotel Name and Unit Number)

In consideration of value received and the right to conduct West Potomac High School rowing activities on the Gaylord National Resort and Conference Center ("Hotel") premises, I, \_\_\_\_\_, for myself, my heirs and assigns, do hereby release and forever discharge the Hotel, the Hotel Owner and Marriott International, Inc., and each of their parent companies, subsidiaries and affiliates, and all of their respective officers, directors, shareholders, agents, employees, successors and assigns (collectively, the "Marriott Parties") from all manners of action, causes of action, suits, debts, damages, claims and liability of any type or kind whatsoever, including attorney's fees, arising from or in connection with the above-described activity or use of the Hotel's property on or about 1 February – 31 May 2017.

Furthermore, I, \_\_\_\_\_, agree to indemnify, defend and hold harmless the Marriott Parties from and against all liability, claims, suits, demands, damages, judgments, costs and expenses (including reasonable attorney's fees) to which any of the Marriott Parties may be subject by reason of any claim for, any injury to or death of any person or persons, or for damage to property or otherwise arising from or in connection with the above-described activity.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THE ACTIVITY DESCRIBED ABOVE, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY DESCRIBED ABOVE.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

## **West Potomac Crew Boosters Volunteer/Fundraising Policy 2016-2017 Season**

The West Potomac Crew Boosters (WPCB) Team is truly a team in every sense of the word. The dedication and hard work of the student athletes, coaching staff, and parents/supporters form the three pillars essential for the Team's success. Just as it is with any team or organization, the strength of the team depends upon all members fulfilling their roles to the best of their ability. Because the WPCB Team is not funded by Fairfax County Public Schools, fundraising and parent volunteering are absolute necessities for the Team to operate. To keep the cost of participation for the students at affordable levels, WPCB depends upon every parent/family to actively participate in a volunteer capacity, performing duties required for the team to compete.

As a WPCB parent/family volunteer, you perform important duties in support of the team while getting to know the athletes, coaches, and the other parents/family members. Many of our parents/family members have found this aspect of volunteer participation to be especially rewarding, in addition to the satisfaction that comes from contributing to the success of an outstanding program for student athletes.

The volunteer opportunities are broad and diverse, offering each parent/family member a wide choice of volunteer roles that suit their individual talents, skills, and availability. While it is expected and desired that parents/family members actively participate in a volunteer role, circumstances may prevent some from being able to do so. Missed volunteer opportunities can be fulfilled by performing additional, pre-approved volunteer shifts. Families will be required to pay an additional \$150 for each volunteer duty missed. This policy ensures everyone has a personal investment and promotes an atmosphere of mutual effort and respect.

There is no sporting event in High School as exciting as watching a group of outstanding young men and women expending every ounce of energy, in synchronous harmony, as they power down the race course to the finish line. It is a thing of beauty!

The WPCB Team looks forward to welcoming you to the program.

If you have questions please visit the West Potomac Crew website ([wpcrow.org](http://wpcrow.org)) and/or contact a WPCB Board Member for additional information.

# West Potomac Crew Boosters Volunteer/Fundraising Policy

## 2016-2017 Season

### **RETURNING** Athletes and Families

1. Student Athletes must participate in Tag Days \_\_\_\_\_ (Rower)
2. Student Athletes must participate in Erg-a-thon on-line fundraiser \_\_\_\_\_ (Rower)  
(This fundraiser requires rowers to raise \$150 or pay difference)
3. Each family (athlete and adult) must participate in **TWO** wreath sale shifts  
\_\_\_\_\_ (Parent) \_\_\_\_\_ (Rower)
4. Parent from each family must volunteer for a VASRA duty at **ONE** regatta \_\_\_\_\_ (Parent)  
*Sign up will be sent out in February*
5. Parent from each family must staff a hospitality tent shift at **ONE** regatta \_\_\_\_\_ (Parent)  
*Descriptions posted at wpcrow.org*
6. Parent from each family must select and perform the duties of **ONE** Coordinator position  
*Descriptions posted on wpcrow.org* \_\_\_\_\_ (Parent)
7. Each family (athlete and adult) must participate in **ONE** Operational Support Day  
(site set up, site tear down, dock maintenance, etc.) or additional fundraising activity as  
coordinated with VP Ways and Means. \_\_\_\_\_ (Parent) \_\_\_\_\_ (Rower)
8. Missed volunteer duties can be fulfilled by performing additional, pre-approved volunteer  
shifts, however, any family not fulfilling all requirements of the WPCB Volunteer Policy by June  
1st will be assessed a \$150 fine for **each** requirement left unfulfilled.  
\_\_\_\_\_ (Parent) \_\_\_\_\_ (Rower)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

*Tracking of volunteer participation will be done by the Member- At - Large.*

\*Board members are exempt from items 3-8

## West Potomac Crew Boosters Volunteer/Fundraising Policy 2016-2017 Season

### **NEW** Athletes and Families

1. New Student Athletes must participate in Spring Tag Day. \_\_\_\_\_(Rower)
2. Student Athletes must participate in Erg-a-thon on-line fundraiser \_\_\_\_\_(Rower)  
(This fundraiser requires rowers to raise \$150 or pay difference)
3. If participating in Winter Conditioning, each family (athlete and adult) must participate in **TWO**  
wreath sale/decorating shifts \_\_\_\_\_(Parent) \_\_\_\_\_(Rower)
4. Parent from each family must volunteer for a VASRA duty at **ONE** regatta \_\_\_\_\_(Parent)  
*Sign up will be sent out in February*
5. Parent from each family must staff a hospitality tent shift at **ONE** regatta \_\_\_\_\_(Parent)  
*Descriptions posted at wpcrow.org*
6. Parent from each family must select one Volunteer Coordinator to assist \_\_\_\_\_(Parent)  
*Descriptions posted at wpcrow.org*
7. Each family (athlete and adult) must participate in **ONE** Operational Support Day  
(site set up, site tear down, dock maintenance, etc.) or additional fundraising activity as  
coordinated with VP Ways and Means. \_\_\_\_\_(Parent) \_\_\_\_\_(Rower)
8. Missed volunteer duties can be fulfilled by performing additional, pre-approved volunteer  
shifts, however, any family not fulfilling all requirements of the WPCB Volunteer Policy by June  
1st will be assessed a \$150 fine for each requirement left unfulfilled.  
\_\_\_\_\_ (Parent) \_\_\_\_\_ (Rower)

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Athlete Signature\_\_\_\_\_ Date\_\_\_\_\_

*Tracking of volunteer participation will be done by the Member- At - Large.*

\*Board members are exempt from items 3-8

# **West Potomac Crew Boosters Volunteer/Fundraising Policy 2016-2017 Season**

## **Coordinators Reporting to VP Ways and Means** Jennifer Forsythe [Fundraising@wpcrew.org](mailto:Fundraising@wpcrew.org)

- (2) Wreath Sales - Hollin Hills Site Coordinators
- (1) Wreath Sales - Sandburg Site Coordinator Supervisor
- (4) Wreath Sales – Sandburg Site Weekly Coordinators
- (1) Wreath Sales - Decorating Coordinator
- (1) Wreath Sales - Volunteer Coordinator (scheduling)
- (2) Tag Day Coordinator
- (1) Amazon/CFC Coordinator
- (1) Restaurant Nights Coordinator
- (1) Mum Sales Coordinator
- (3) Erg-A-Thon Coordinators

## **Coordinators Reporting to Member-at-Large** Carolyn White [Volunteers@wpcrew.org](mailto:Volunteers@wpcrew.org)

- (2) Hospitality Tent Volunteer Coordinators
- (2) Chuck Wagon Transport (Occoquan, Mathews, others as determined)
- (1) Hospitality Supply Cleaning and Maintenance (tarps, coolers, tables)
- (1) End of Season Picnic Coordinator
- (1) Hospitality Tent Maintenance

## **Coordinators Reporting to Treasurer** Chris Calogero [Treasurer@wpcrew.org](mailto:Treasurer@wpcrew.org)

- (2) Finance Audit Committee

## **Coordinators Reporting to Secretary** Jeff Brodie [Secretary@wpcrew.org](mailto:Secretary@wpcrew.org)

- (1) VASRA Rep and Volunteer Coordinator
- (1) Recruiting/Novice Family Liaison Coordinator
- (1) PTSA Liaison
- (1) WABC Liaison

## **Coordinators Reporting to VP Admin** Jeff Hammer [VPAdmin@wpcrew.org](mailto:VPAdmin@wpcrew.org)

- (1) Stotesbury Coordinator (Paperwork)
- (2) Stotesbury Hospitality Tent Coordinator
- (1) AP Testing Coordinator for Stotesbury
- (1) Spirit Wear/Uniform Coordinator
- (1) VASRA Trophy Coordinator
- (1) VASRA Trophy Coordinator Assistant
- (1) Weekly Boat dinner Coordinator

# **West Potomac Crew Boosters Volunteer/Fundraising Policy**

## **2016-2017 Season**

### **Coordinators Reporting to VP Operations** Jeff Burcham [VPOperations@wpcrow.org](mailto:VPOperations@wpcrow.org)

Operations Committee consists of the following:

- (1) Shell Coordinator
- (3) Shell Trailer Towing
- (1) Dock Towing Coordinator
- (1) Launch Coordinator
- (1) Motor Coordinator
- (1) Fuel Coordinator
- (1) Site Coordinator
- (1) Assistant Site Coordinator
- (1) Fitness Equipment Coordinator
- (1) Assistant Fitness Coordinator
- (1) Fitness/Trainer Coordinator

### **Coordinators Reporting to Social Secretary** Sheri Lapan [social@wpcrow.org](mailto:social@wpcrow.org)

- (1) Website Coordinator
- (1) Website Assistant
- (2) Parent Welcome dinner hosts (Men's and Women's)
- (2) Photographer
- (1) Publicity
- (1) Social Media Coordinator