



COMMUNICABLE DISEASE

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, agree to the following before being allowed to participate, in any way, in any Princeton National Rowing Association (PNRA) related program or activity:

I am aware that there are direct and indirect risks to me of exposure arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19), and any mutation or variation of SARS-CoV-2.

I, on behalf of myself and my heirs, assigns, personal representatives and next of kin, **RELEASE, INDEMNIFY, AND HOLD HARMLESS PNRA**, its officers, officials, agents, coaches, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer while participating in or observing any PNRA program or activity, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Name (PLEASE PRINT NAME LEGIBLY) Age Date

X _____
Signature (Parent/Guardian Signature if Participant is Under Age 18) Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I further release and agree to indemnify and hold harmless the Releasees from any and all liability for myself, my heirs, assigns, and next of kin, for my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)



**PRINCETON NATIONAL ROWING ASSOCIATION
MERCER JUNIOR ROWING CLUB
MERCER ROWING PROGRAM
CODE OF CONDUCT**

I. CONDUCT POLICY STATEMENT

Student-athletes, coaches and all participants in the Mercer Junior Rowing Club (MJRC) are expected to represent themselves and their team with honesty, integrity, and character whether it be academically, athletically or socially. Participation on the team is a privilege, not a right, and should be treated as such. It has many benefits and brings with it a responsibility to be positive and effective members of the team, Princeton National Rowing Association (PNRA) and the broader community.

PNRA/MJRC strives to establish and maintain an environment where student-athletes have an opportunity to learn, practice and compete free from harassment, hazing and inappropriate conduct. This Code of Conduct sets forth the basic standards by which all participants in the Mercer Rowing Programs, including but not limited to athletes, coaches, parents and volunteers, are required to maintain to participate in PNRA/MJRC rowing programs and related activities.

The Mercer Junior Rowing Club, along with the student-athletes who represent our club, are a window to the Princeton National Rowing Association and the Caspersen Rowing Center, an Olympic Training Site. Student-athletes often are in the spotlight and, fair or not, their behavior is subject to scrutiny by their peers, coaches, parents, local and national communities and by the media. The actions of one student-athlete may result in a generalization to all student-athletes and reflect on the individual, team, club and organization, whether it be positively or negatively. It is expected that all student-athletes abide by team, club and PNRA policies including those included in this Code of Conduct.

By participating in PNRA/MJRC activities and/or trips, student athletes and their parents agree to allow PNRA/MJRC Coaches and/or staff, based upon a reasonable suspicion of a violation of this Code, to search their bags and belongings for alcohol, drugs and other materials that may be in violation of this Code of Conduct.

In addition to all MJRC policies, student-athletes are responsible for following all local, state and federal laws.

Student-athletes who do not conform to this Code of Conduct may be subject to consequences for their actions that may include but are not limited to: a warning, suspension, dismissal from the team and/or reporting to the appropriate authorities.

II. CONDUCT GUIDELINES

A. Student-Athletes Are Expected To:

1. Be respectful of all others and to treat people as they would want to be treated.
2. Follow all team rules regarding: hazing, harassment, drinking, drugs, and commitment.
3. Communicate with teammates and coaches with honesty and timeliness.
4. Follow all MJRC rules.
5. Attend all practices and competitions as scheduled unless absences are approved.
6. Take accountability for their own choices and actions.
7. Give 100% in all practices and competitions. MJRC strives to be a highly competitive team, it is not purely recreational.
8. Put the team ahead of themselves. There is no "I" in team.
9. Give their best effort academically, athletically and in life.
10. Represent the team with class and honor.
11. Treat all equipment with responsibility and care.

B. Alcohol/Drug Consumption

The use of alcohol or drugs by student-athletes while involved in any team-related practices, competitions, banquets, travel or other activities (team related or non-team related) is strictly prohibited. Consequences for violating this policy may but are not limited to, the following:

1. Required chemical dependency assessment and/or treatment;
2. Suspension from the team;
3. Loss of eligibility and dismissal from the team without refund; and/or
4. Reporting to the appropriate authorities.

C. Hazing and Harassment Policy

Hazing and harassment by and against any member of the PNRA/MJRC community is prohibited at PNRA, the Caspersen Rowing Center and Mercer County Park. Hazing and harassment is prohibited whenever it occurs at the Caspersen Rowing Center, Mercer County Park or in connection with any MJRC or PNRA affiliated group or activity. Student-athletes who violate the prohibition against hazing and harassment are subject to discipline. Any potential criminal activities will be reported to the appropriate authorities.

Typically, hazing occurs in connection with initiation activities, but it is not limited to initiations. Even if an initiation activity is optional, an individual may not feel empowered to refuse participation. It is possible that a student-athlete may initially voluntarily agree to participate in an initiation activity, and that he or she may later decide within a reasonable period of time that it was an unacceptable hazing activity.

Hazing is any act that endangers the mental or physical health or safety of an individual (including, without limitation, an act intended to cause personal degradation or humiliation), or that destroys or removes public or private property, for the purpose of initiation in, admission to, affiliation with, or as a condition for continued membership in a group or organization.

Harassment or bullying is persistent and repeated pattern of committing or willfully tolerating physical and non-physical behaviors that are intended to cause fear, humiliation, or physical harm in an attempt to socially exclude, diminish, or isolate the targeted athlete(s). Harassment includes unwanted, offensive, and intrusive behaviors that are linked to discrimination – such as a bias against a particular group based on gender, race, ethnicity, religion, or sexual orientation. Bullying and harassment can be carried out at anytime: verbally, socially, physically and in cyber space.

Such activities and situations include but are not limited to:

1. Physical punishment, contact, exercise, or sleep deprivation that causes excessive fatigue and/or physical or psychological shock;
2. Forced or coerced consumption of food, drink, alcohol, tobacco, and/or illegal drugs;
3. Forced or coerced transportation of individuals;
4. Public or private acts with the intent to humiliate, ridicule, intimidate, denigrate, cause indecent exposure or ordeal;
5. Coercing or forcing illegal acts;
6. Coercing or forcing acts that are immoral or unethical;
7. Blocking an individual's academic, athletic, health or personal success;
8. Personal servitude;
9. Mental harassment;
10. Sexual harassment or misconduct;
11. Using electric or electronic devices or electronic venues (including, but not limited to, the internet, cyberspace and cellular phones) to harass or denigrate another person;
12. Deception;
13. Threat of social exclusion;
14. Conduct that is deliberately detrimental to team morale or cohesiveness;
15. Any activity that involves the use of alcohol or any controlled substance; and
16. Any activity that is not in accordance with MJRC established policies.

A person commits a hazing and/or harassment offense if the person:

1. Engages in hazing, harassment or bullying;
2. Solicits, encourages, directs, aids, or attempts to aid another in hazing, harassment and/or bullying activities;
3. Intentionally, knowingly, or recklessly permits hazing, harassment and/or bullying to occur;
4. Has firsthand knowledge of the planning of a specific hazing, harassment and/or bullying incident involving a student and fails to report the plan to the PNRA/MJRC Coaching or other appropriate official of PNRA to prevent the hazing, harassment and/or bullying;
5. Has firsthand knowledge that a specific hazing, harassment and/or bullying incident has occurred, and knowingly fails to report it to the MJRC Coaching Staff or other appropriate official of PNRA.

Individuals involved in any form of hazing or harassment will be held accountable for their actions and will be subject to disciplinary action by the PNRA staff. Disciplinary action may include:

1. Immediate suspension from the team;
2. Permanent dismissal from the team without refund; and/or
3. Reporting to the appropriate authorities.

D. Facebook, Twitter, Cellphone, and/or Internet Use

No MJRC student-athlete will use Facebook, MySpace, Twitter, email, cellular phone, other electric, electronic or internet device or venue or means to harass or bully teammates, coaches, other teams, rowing officials or other competitors. This includes, but is not limited to, blogs, pictures, or other various postings. If a student-athlete is suspected of or has committed such activities they will be subject to the following penalties:

1. Suspension from the team;
2. Loss of eligibility and dismissal from the team without refund; and/or
3. Reporting of violations to the appropriate authorities when a potential criminal act has been committed.

III. Reporting Violations of the Code of Conduct

Reporting of violations of this Code of Conduct are covered by PNRA's Whistleblower Protection Policy.

If a student-athlete, parent, staff person or volunteer chooses to report a violation of this Code of Conduct by an individual or a group, the person it should be reported to the MJRC Head Coach or alternately to PNRA's Executive Director.

When requested, every effort will be made to protect the identity of the person reporting the grievance. A grievance need not be filed for a disciplinary action to occur.

IV. Acknowledgement

I have read the above Code of Conduct. I understand that violations of this policy may affect my (my child's) ability to participate in MJRC and PNRA programs and activities.

Student-Athlete Name (Please Print)

Parent Name (Please Print)

Student-Athlete Signature

Parent Signature

Date

Date

Mercer Junior Rowing Club Team Rules

In addition to the Code of Conduct, all Mercer Rowers must adhere to the following MJRC Team Rules and Guidelines. These rules apply across all Mercer Rowing teams.

Music

- There is a limit of 95 decibels when playing music in the workout room
- All music must contain “clean” lyrics (radio version only)
- Any coach or team member may turn off music if the above are not adhered to

Equipment

- All equipment must be put away in its proper spot, including but limited to:
 - ergs, bikes, RP3s
 - foam rollers, yoga mats
 - slings
 - cox boxes
 - oars
- If you sweat, bleed, throw up on it: clean and disinfect it
- Broken equipment must be recorded on one of the white boards in the erg room or Mercer bay
- No shoes in boats → use baskets to store shoes during practice
- Water bottles must have a protective cover (e.g. sock)
 - Pick up water bottles around the boathouse

Clothes/Personal Items

- Check lost and found regularly (located in hallway between restrooms in workout room)
- Label all clothes and personal items (water bottles, etc)

Running

- Athletes must stay on sidewalks when running and run no more than 2 abreast at all times, especially on the access road
- Athletes must run in groups of at least 2 (unless doing a timed run)
- Athletes must wear reflective vests if running at dusk or in darkness

Driving & Parking

- There is a STRICT 25 mph speed limit on the access road and cars need to take extra caution driving around the corner toward the parking lot
- Athletes may only park on the right side of the road (as you go toward the boathouse). The spaces adjacent to the boathouse are for coaches only and designated bus spots are for buses only during posted times. Athletes must adhere to all parking signage.
- There is no parking on the lawn or grass.

Travel Guidelines and Expectations

Student-Athletes traveling as members of the Princeton National Rowing Association (PNRA)/Mercer Rowing Program are expected to represent themselves and our program with honesty, integrity, and character.

When Student-Athletes travel as a member of a PNRA/Mercer Rowing Team, they agree to abide by the following rules:

- Unless specified by the coach responsible for their boat, there is a 9pm curfew for all Student-Athletes. (All athletes must be in their rooms by 9pm)
- While social interaction between team members of the opposite gender is an important part of a team, it should only take place in public areas. Student-Athletes will not entertain members of the opposite gender in team arranged hotel/motel rooms.
- Torso must be covered (unisuit pulled up or shirt on) at all times before, during and after racing in a regatta.
- Sexual activity of any nature is prohibited.
- All Student-Athletes are required to stay with the team until the trailer is completely loaded and they are released by the coach responsible for their boat.
- During practice times Student-Athletes are required to stay with their team unless the responsible coach approves an alternate activity (e.g. no exploring/shopping unless approved by their coach).
- PNRA/Mercer has a zero tolerance policy for Alcohol and Drug consumption or possession, including but not limited to non-prescription drugs or paraphernalia.
- Student-Athletes agree to comply with all chaperones' directions and instruction.

I _____ have read and agree to follow the above MJRC
(print name legibly)

Team Rules and Travel Guidelines. I understand that any violation of these rules may jeopardize my participation in regattas as well as my participation in the Mercer Rowing Program.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Mercer Junior Rowing Family Commitment

The Parent(s) of student athlete _____

Parent(s) (print name) _____

We understand that our 4 hour per event family commitment for *each* spring home regatta must be fulfilled. A \$200 fee will be collected should this commitment not be met per event. If the hours are not fulfilled or fee collected it is understood that my student athlete may not be boated for the regatta or future practices and events.

Parent signature

(date)

Student athlete signature

(date)

PNRA- Swim Test

A certified Red Cross lifeguard must witness this test. This can be done at the YMCA or another venue. You must present this form to the on duty lifeguard in order to take this test. Athletes must wear street clothes (ie. sweat pants and sweat shirt) for the test. **No rower will be allowed to go onto the water without having completed a waiver and swim test.**

Requirements: 150m swim and 5 minutes of treading water

Location of Test:

Name (Please Print Clearly):

Completed (yes/no):

Name of Tester (Please Print Clearly):

Authorized Signature:

Date:



Photographic Model Release

Princeton National Rowing Association/Mercer Rowing Club is a not-for-profit organization located in West Windsor, NJ and is hereinafter referred to as PNRA/Mercer.

Photographic images taken of PNRA/Mercer rowers participating in any PNRA/Mercer related activities including Outreach and Stem to Stern are hereinafter referred to as Images.

Any individual affiliated with PNRA/Mercer is hereinafter referred to as the photographer.

I hereby give PNRA/Mercer and the photographer and their assigns my permission to license the Images and to use the images in any media for any purpose (except pornographic, defamatory, libelous, or otherwise unlawful) which may include, among others, sale, advertising, promotion, marketing, and packaging for any product or service. I agree that the images may be combined with other images, text, graphics, and cropped, altered or modified.

I agree that I have no rights to the images and all rights to the images belong to PNRA/Mercer and the photographer and the assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to PNRA/Mercer, photographer and/or assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this is irrevocable, worldwide and perpetual and will be governed by the laws of the state of New Jersey.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the or related to the use of the photograph.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of release.

PNRA/Mercer Rower Name: _____(printed)

PNRA/Mercer Rower Signature: _____

Date: _____

If the above PNRA/Mercer rower is under the age of 18, a parent or legal guardian must sign for the minor agreeing to the terms of this release.

Name of Parent/Legal Guardian: _____(printed)

Signature of Parent or Legal Guardian: _____

Date: _____

Authorization for Third Party Medical Treatment of a Minor

This form grants temporary authority to Princeton National Rowing Association and the Mercer Rowing Programs officers, board members, staff, coaches or representatives to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.



Athlete's Full Legal Name: _____

Athlete's Home Address: _____

Date of Birth: _____ Gender: ☐ Female ☐ Male

Information for Medical Treatment

Physician's Name: _____

Location of Practice: _____ Physician's Phone #: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Other Allergies: _____

Please note all conditions for which the athlete is currently receiving treatment and other significant medical information (use back of this form if necessary) _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I/We do hereby state that I/We have legal custody of the aforementioned Minor. In the case that I/We cannot be reached, I/We grant my authorization and consent for Princeton National Rowing Association and the Mercer Rowing Programs officers, board members, staff, coaches or representatives (hereafter "Designated Adult"), to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I/We authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X- ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I/We agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization will remain in effect for one (1) year from the date listed below unless revoked in writing and delivered to the Princeton National Rowing offices at 1 South Post Road, West Windsor, NJ 08550.

Signed this _____ day of _____, 20_____.

Parent/Legal Guardian Signature: _____

Printed Name: _____ Mobile Phone #: (____) _____

Parent/Legal Guardian Signature: _____

Printed Name: _____ Mobile Phone #: (____) _____

Witness Signature: _____ Printed Name: _____

■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify specific allergy below.	
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens <input type="checkbox"/> Food <input type="checkbox"/> 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. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____
