

MONTEZUMA-CORTEZ HIGH SCHOOL AGREEMENT TO ABIDE RULES & REGULATIONS 2023-2024

Please fill out, sign pages 9-17 and return to the M-CHS Activity/Athletic Office to get your ORANGE CARD

STUDENT NAME (print): _____ DOB: _____ Grade: 9 10 11 12

Circle your school: M-CHS Dolores Mancos Dove Creek Homeschool name: _____

MY STUDENT ATHLETE WILL BE PARTICIPATING IN THE FOLLOWING SPORTS AND/OR ACTIVITIES:

SCHOOL USE ONLY:

PARTICIPATION: Marching Band Concert Band Jazz Band Choir # _____ \$ _____ # _____

FALL (circle sport): XCountry Football Golf-B Soccer-B Softball Volleyball # _____ \$ _____ # _____

WINTER (circle sport): Basketball-B Basketball-G Cheer Dance Wrestling # _____ \$ _____ # _____

SPRING (circle sport): Baseball Golf-G Soccer-G Track&Field # _____ \$ _____ # _____

ACKNOWLEDGEMENT:

I understand and consent to the responsibilities outlined in the School's Parent/Student Activity/Athletic Handbook. I also understand and agree that I shall be held accountable for the behavior and consequences of the policies outlined in the Parent/Student Activity/Athletic Handbook at Montezuma-Cortez High School and at all school sponsored and school related activities, including school sponsored travel and for any school related misconduct, regardless of time or location. I understand that any student, who violates the rules, regulations, and policies, shall be subject to disciplinary action, up to and including referral for criminal prosecution for violation of law.

I acknowledge that I have read, understand, and accept the Student Handbook and that I will abide by the rules and regulations contained within. **This includes paying participation fees prior to my student's first day of practice.**

I also understand that there will be an additional Handbook Amendments regarding COVID-19 REGULATIONS from our local, school, CHSAA, and state regulations and THIS HANDBOOK IS SUBJECT TO CHANGE AT ANY TIME.

Student Signature Parent Signature Date

Student contact # _____ Parent contact phone #: _____

Mailing Address: _____
CITY, STATE & ZIP

INSURANCE COVERAGE:

I understand my student cannot practice/participate in athletics unless he/she is covered by insurance.

_____ I have adequate accident and medical insurance to cover an injury which he/she may incur while taking part in the interscholastic athletic program.

Name of medical insurance company is: _____
(Attach a copy of insurance policy)

_____ I want to buy school insurance for my student (SEE PAGE 12). Please attach a copy of the receipt for insurance.

Parent/Guardian Signature _____ Date _____



Add **www.studentinsurance-kk.com** to your school's website

Adding a link to your school's website may make it easier for parents to enroll their students in your endorsed student insurance plan. Our website, www.studentinsurance-kk.com, provides easy online enrollment. You can choose from simply adding a simple text link or something more descriptive

Suggested samples for adding [www.StudentInsurance-KK.com](http://www.studentinsurance-kk.com) to your school/district website:

As you select a listing from the samples below, please set up your choice with a hyperlink to <http://www.studentinsurance-kk.com>

1. Simple Text Options (with hyperlink)

- example a.* **Enroll in Student Insurance Here**
example b. **Quote/Buy Student Insurance Online**

2. Descriptive Text Options (with hyperlinks)

example a. **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 2 hyperlink options (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance Group to make reliable coverage available to parents. If you don't have other insurance, this plan may be a resource to consider. Additionally, even if you have other coverage, this plan can help fill expensive "gaps" caused by deductible and co-pays. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

example b. **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 1 hyperlink option (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance to make reliable coverage available to parents. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

If you do not have the ability to add links to your website, simply pass this sheet along to the technology team responsible for your school/district website. You may encourage individual schools to add this to their own sites as well. If you need additional assistance, please send an email to info@studentinsurance-kk.com.

M-CHS Athletic Trainer

M-CHS Athletic Trainer: Mitch Taffe
970-565-3722 ext. 2138 or ext. 2122
~MORE INFORMATION TO COME~

School Based Health Center (On-Site) 970-564-4855

CHSAA COMPETITORS BROCHURE - PARENT & STUDENT INFORMATION

Participation in educational athletics and activities is a privilege that is earned in the classroom as well as on the playing field, court and stage. The CHSAA encourages all students to engage and explore in sports and activities of their choosing to enhance and enrich their high school experience. Parents are also encouraged to contribute to this experience through their positive support and encouragement. Please remember that with that participation comes the accountability of earning the privilege to take part.

CHSAA requires that all information provided regarding any aspect of the eligibility of a student must be true, correct, accurate, complete and/or not false; penalty for providing false information is ineligibility and/or contest forfeitures. A student's participation in high school activities is dependent on his/her eligibility. Protect that eligibility. Read the following summary of Colorado High School Activities Association rules that govern a student's participation. Students and parents alike need to review these rules and ask questions of their coaches/directors, athletic director and school administrators. (Bylaw 1800.54)

Please review the following information and acknowledge your understanding of the CHSAA Bylaws by signing at the end and submitting to your School's Athletic Director. (Bylaw 1710.1 & 1710.2))

The CHSAA

The Colorado High School Activities Association has been the governing body of high school athletics and activities (esports, speech, student council and music) in the state since 1921. CHSAA's Code of Ethics is integral to its Mission and Vision. The student's school is a voluntary member of the CHSAA and has agreed to follow its rules. Both your school and the Association believe in equal competition among schools and the close relationship between academics and activities.

I. Discrimination (300)

A student-participant will not participate in or condone unfair discriminatory practices against a fellow participant due to age, gender, race, ethnicity, religion, sexual orientation, or disability, nor shall the student be discriminated against under the same criteria.

II. Hazing & Bullying (1710.2)

The Colorado High School Activities Association, in conjunction with its member school, prohibits bullying, hazing, intimidation or threats. Hazing includes humiliation tactics, forced social isolation, verbal or emotional abuse, forced or excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I understand that hazing of any type is not permitted in any CHSAA sanctioned activity. I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support staff, coach or administrator in my school.

The CHSAA Rules of Participation

Academic (1710)

A school must select one of three options listed in our bylaws for determining the eligibility of all its students. The schools have the right to impose stricter standards.

Make-up Work (1740)

Each student must be academically eligible in accordance with the above section at the time of participation and during the previous semester. Make-up work shall not be permitted after the close of the semester for the purpose of becoming eligible. (Cases involving special circumstances should be referred to your principal.)

If eligibility has been lost from a previous semester, students may regain their athletic eligibility per the "Fall/Winter/Spring Regain Dates" Table in the Bylaws. Students who need to regain from the previous semester, and are not eligible on that regain date are not eligible to participate in a game or scrimmage for the remainder of that particular season.

Summer school credits accepted by the school may be used to replace credits in subjects failed during previous semesters as long as the course is completed by the Monday of Week 9.

Dropping a class may make you ineligible. If you play while ineligible, you may cause your team to forfeit any contests in which you played.

Citizenship (1700)

The school principal must approve the student to be a representative of the school's standards of citizenship, conduct and sportsmanship.

Conduct - Ejections (2200)

If a student is ejected from a contest for unsportsmanlike conduct, he/she will be ineligible for the next scheduled match or contest played at that level including qualifying and state contests. The student may not participate in any contests at any other level during this period. For the season, the student will be permitted to compete in one fewer contest than the maximum allowed each participant in the sport.

A second ejection during the season shall result in a 2 contest suspension. A third ejection will result in a review of the student's future eligibility by the CHSAA Commissioner.

If a student is ejected in the final contest of a season, he/she is ineligible for the first contest of the next sport in which he/she competes and completes the season. Players leaving the bench during a fight shall be ejected and Ineligible for the next contest.

CHSAA BYLAWS - PARENT & STUDENT INFORMATION

Outside Competition (2100.2)

As a member of any high school team, a student may practice or compete in that sport during that sport season in a non-school event with prior written permission of the principal.

Members of high school teams may compete in non-school events in that sport without written permission on the day following the completion of the season for the level (freshman, sophomore, junior varsity, varsity) of the team on which they are competing. NOTE: A student becomes subject to the outside competition rule on or after the first date of formal practice, when he or she reports out for practice and is in contention for a berth on the team.

- Sports Specialized Training (1850)

A student who attends or transfer to a specialized sports training facility or competes with a program sponsored by a specialized sports training facility is ineligible for concurrent varsity interscholastic competition at a CHSAA member school in the sport sponsored by that facility. A "specialized sports training facility" is a non-school program or organization intended to develop elite athletes through extended practice, training, competition, and travel programs. These facilities provide specialized sports competitive teams or rosters composed of high school athletes from diverse locations and residences, with the purpose of maximizing their sports training and competition opportunities. Specialized sports training facilities are not eligible to be members of the CHSAA and operate outside of the recognized programs of CHSAA member schools. The facility's practice, training, competition, and/or travel programs exceed the opportunities of education-based CHSAA member school programs. These facilities do not typically offer a high school academic curriculum, but enroll their athletes in on-line school curricula. (Please see the bylaws for specific examples)

Undergraduate (1710) A student may not be a graduate of any high school and participate in high school athletics.

Recruiting (1900) Any recruiting based on athletic ability or interest is prohibited.

Age (1770.1)

A student's 19th birthday must fall on or after August 1 of the current school year. Exceptions to this rule, based on educational handicaps, may be requested, provided the student's original class has not graduated.

Semesters (1770.2)

Upon entering high school, a student's eligibility will continue only until his/her original class graduates. Once entering ninth grade, a student has eight consecutive semesters of eligibility. NOTE: If a student drops out of school or misses competition due to an injury, he/she will not receive additional eligibility.

Seasons (1770.6) A student is allowed a maximum of 4 seasons in any sport.

Physical Exam (1780)

A student may not practice or compete (music, student council and speech participants are exempt) without a physical exam that is:

- Signed by an MD, DO, chiropractor who is school physical certified (DC, SPC), nurse practitioner or physician's assistant licensed by the State of Colorado.
- Current within the last 12 months.
- On file with the principal or athletic director prior to first practice.

Practice (2310)

A total of 3 different days of practice is required before participating in any interscholastic game or scrimmage (except football which needs 9 days). OTHER EXCEPTIONS: (A) Golf, skiing, softball and tennis players. (B) Participants in state playoff games completed on or after the first day of formal practice.

** No contact between a coach and player is allowed on Sundays during the school year unless it is for a social, academic or service related activity that is strictly voluntary. A student cannot be required to practice or compete outside of the season as a condition of making the team.

Transfer Rule (1800)

The CHSAA supports school choice in academic pursuits and encourages its student participants to enhance their academic achievement. In concert with this approach, the Association's philosophy addresses the establishment of a fair playing field for all student athletes. A student entering high school for the first time shall be eligible for all interscholastic athletic competition.

- Varsity Eligibility (1800.1)

A student who establishes his/her eligibility at a member school and subsequently transfers, will be ineligible for varsity competition for 365 days from the date of their last participation (in an interscholastic practice, scrimmage, contest or foundation game), in the sports they participated in during the last 365 days.

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for 365 days from the date of the transfer in any sports(s) they participated in during the last 365 days.

- Athletic Transfer (1800.4)

Any transfer substantially motivated by athletic considerations will cause the student to be ineligible for varsity competition for 365 days from the date of last participation (in an interscholastic practice, scrimmage, contest or foundation game) in any sports(s) they participated in during the last 365 days. This includes transferring with a club coach or previous coach. Student-athlete will be subvarsity only in the sport associated with the club coach transfer.

- Return to Original School (1800.43)

A student who participates in a sport (practice, scrimmage, contest, foundation games) at School A and subsequently transfer to School B and participates in any sport at School B, will be sub-varsity eligible only upon their return to School A in any sports they have participated in during the last 365 days at either School A or School B. NOTE: Participation is defined as an interscholastic practice, contest, scrimmage, or foundation game.

General Transfer Information

It is the parent's and student's responsibility to know the CHSAA Transfer Rule and how it affects the student's eligibility. The CHSAA Commissioner may grant exceptions to this rule in unusual cases. Only schools may submit a waiver. If a waiver of the transfer rule is requested, **the student is not eligible until the waiver is approved by the CHSAA Commissioner.**

Any waiver submitted that contains legal guardian references must have the appropriate court signed legal documentation of that guardianship before the waiver will be considered. Parents should review all situations with the school administration.

Awards (2010)

Individuals participating in any interscholastic athletic/activity sponsored and/or approved by the Association shall not accept cash or merchandise awards. Awards must be symbolic in nature with no functional or intrinsic value with a cost of no more than \$100.00.

Amateur (2000)

If a student participates in a CHSAA approved sport, other than CHSAA competition, his/her amateur status is determined by the rules of the amateur governing body of that sport. Amateur status of Colorado high school athletes applies only to sports sanctioned by the CHSAA.

Checklist for Student Eligibility: If a student cannot check any of the below items, he/she needs to contact the school's athletic director.

- | | |
|---|---|
| <input type="checkbox"/> Enrolled in at least 5 full credit classes (2.5 Academic Units). | <input type="checkbox"/> Has not been in high school longer than 8 consecutive semesters. |
| <input type="checkbox"/> Will abide by the rules as outlined and/or defined by the school's academic plan. | <input type="checkbox"/> Will not play more than 4 seasons in any sport. |
| <input type="checkbox"/> Physical exam within the last calendar year. | <input type="checkbox"/> Will not compete or practice in any non-school events in my sport once reporting out for the team, without the permission of my principal. |
| <input type="checkbox"/> Parent permit form on file at the school. | <input type="checkbox"/> Has complied with all other school, district, and local eligibility requirements. |
| <input type="checkbox"/> Have not changed schools during the current school year without a corresponding move by parents. | |
| <input type="checkbox"/> Will not or have not turned 19 before August 1. | |

Agreement & Understanding by Parent & Student

I have read and understand the CHSAA Eligibility Rules as documented here as well as specifically read in the CHSAA Bylaws. I understand and acknowledge the inherent risks of participating in Athletics & Activities, and by signing this acknowledgement, I affirm my responsibility to prevent and report bullying and hazing. I also understand that any violation of this could result in school or team consequences that could include dismissal from the activity or further disciplinary consequences and/or referral to law enforcement.

The CHSAA retains athletic trainers for all Championship events. By signing below, you agree to allow CHSAA's on-site athletic trainer to administer medical attention as needed and to communicate follow-up care to your student-athlete, school coaches, school athletic trainers and/or parents.

The CHSAA reserves the right to reproduce and use for promotions any pictures taken during CHSAA playoff games. By participating in CHSAA events, you consent to the photographing and grant CHSAA an unrestricted, perpetual, non-exclusive and sublicensable license, to take, use, display, perform, or distribute for any lawful and commercial purpose.

Parent Name _____ Date: _____

By printing your name, you are agreeing to the terms and conditions listed above.

Student Participant Name _____ Date: _____

By printing your name, you are agreeing to the terms and conditions listed above

School Name: participating at Montezuma-Cortez High School 2023-2024

pages 11&12 CHSAA approved by S.Williamson 7.24.2023

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

PHYSICAL FORMS
fill out pages 13-16

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^aConsider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: _____

Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

☐ Medically eligible for certain sports _____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or 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 as having 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 whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (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 questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____