2018 FHHS Viking Football Contract Night
Wednesday, April 11, 5:30 p.m.

Please plan to attend FHHS Viking Football Contract Night on Wednesday, April 11th beginning at 5:30p.m. in the FHHS Commons. Contract Night is a mandatory event for all students planning to play Viking football in 2018. Players and their families are invited to meet the coaches and hear them speak about the upcoming season, get their physical, take the impact test, turn in their contract and other materials necessary to register for football.

A calendar of events, including game schedules, practice times and other events, is already available and posted on the FHHS Vikings website at: www.fhhsvikings.com. Click on the link for Calendar.

This packet contains various forms that MUST be completed for participation in Viking Football and is being provided in advance to make Contract Night run as smoothly as possible. Please complete appropriate forms and bring everything with you to Contract Night. Players with other sport conflicts on Contract Night should talk to Coach Muench to arrange payments and return their completed paperwork.

Each player must have the following forms on file in order to play football: Player Information sheet, Player Contract, Parent Activities Form, Drug Testing Consent Form, District Activities Form, Trainer Emergency Contact form, Impact Testing Consent, Private Transportation Form and a current Physical.

FHSD Activities Form: (all players) This form is required and is your “permission slip” to play football.

Drug Testing Consent Form: (new players only)
This form is required only once in a student’s high school career. Incoming freshmen and new players should complete this form. Any questions regarding the drug testing program or form should be directed to the Activities Office at 636-851-4765 or to a member of the coaching staff on Contract Night.

Trainer Emergency Contact Form (all players - every year)

Impact Testing Consent Form: (Incoming freshmen, 2018-2019 juniors and new players should complete this form.) This form is required every two years in a student's high school career.

Private Transportation Form: (all players – every year)

Parent Permission Form: (all players - every year)

Physicals: (all players - every year) A copy of the physical form is included in this packet. Players who already have a new physical (after February 1, 2018) may turn them in on Contract Night. Physicals given after February 1, 2018 will be good for 2018 spring sports and for the 2018-2019 school year. Physical forms must be completely filled out -- including the back page -- and the doctor’s signature must be dated. These items are often overlooked. All players must have a physical in order to participate in either Viking camp or team camp. Returning players’ physicals are valid through June 30; therefore, new physicals are not required in order to attend either camp. All physicals for the 2018 season must be on file by July 1.

Physicals Available on Contract Night: Physicians will be present to perform sports physicals on Contract Night. Physicals are complimentary for 12tH Man Members. Membership in the 12tH Man is $75.00.

12tH Man Booster Club Membership: Membership dues for each family member is $75.00. The 2018 Membership entitles your family to 1 free physical on contract night; to not have to work concession stand for any game during the football season; and to vote at all 12tH Man meetings, plus a 12tH Man T-shirt and car window decal. Membership funds are used to pay another school organization to work the concession stand for all home games, with the football program keeping the profits from concession sales.
Volunteers: We will need family members to volunteer from time to time. Specifically, we need individuals to step up and help out with the following events:

- Team Camp send-off
- Viking Camp
- Jr. Viking Camp
- Blue and Gold Day
- Gateway Jr. Football & Concessions
- Mouse Races

Signup sheets and additional information will be available at the Volunteer table at Contract Night.

Fundraisers: Several fundraisers will take place during the year, including:

- Mouse Races, April 21st, 2018
- Gold Cards

More information about fundraisers will be given on Contract Night.

Viking Football Camp: Viking Football Camp is May 29th – June 1st & June 4th – 7th from 5:00 p.m. to 9:00 p.m. plus Sat. June 3 from 9am - noon. TIMES SUBJECT TO CHANGE WITH THE NEW HEAD COACH. The cost is $75 per player and includes a camp T-shirt, shorts and drinks each day. Players planning to attend should complete the registration form. Players should wear cleats, shorts, t-shirt, helmet and shoulder pads. Girdle - optional. Check payable to FHFB.

Team Football Camp: TBA

*** You can combine payments for 12tH Man Membership & Viking Camp on one check.

Field Trip/Out of Town/Overnight Paperwork: (All players going to Team Camp)

Mouse Races: The Second Annual mouse races will be held on Saturday, April 21st at the New Melle Rec Center. Registration is $20 per person. More information about registration and sponsorship has been posted on www.fhhsvikings.com under 12tH Man and will be available at the 12tH Man table on Contract Night.

Viking Merchandise: Merchandise from the Viking Wagon will be available for purchase.

Payments: Please plan to pay by either cash or check; checks are preferred. Please include the player's name in the comment section of the check. We have no way of accepting credit cards for camps. Be prepared to write checks, made out to Francis Howell Football Boosters or FHFB as appropriate:

- Camp fees (checks not cashed until May 16)
- 12tH Man Membership (checks not cashed until May 16)
- Merchandise purchases
- Mouse Race registration or sponsorship

For questions about Contract Night or any of the forms prior to April 10th please e-mail your class representative, or one of the officers through the 12tH Man link on the Viking football website: www.fhhsvikings.com.

We look forward to an outstanding 2018 football season!

12tH Man
12th Man
CONTRACT NIGHT CHECKLIST
(To be turned in at check-in table)

Player Name

Player Information sheet

Contract

12th Man Membership  $ 75.00 - 1 person, $150.00 for 2  $ __________

Viking Camp Registration Form  $75.  $ __________

Total Payment Due  $ __________

Cash or Checks payable to “FHFB”

Check Number  __________
Football Player
2018 - 2019
Information Form

Player Name: ___________________________

Player Cell #: ( ) ______________________

Address: ___________________________________________________________

Grade in 2018 - 2019 School Year  9  10  11  12

Subdivision: Home

Phone: _____________________________________________________________

Email Address: _____________________________________________________

Alternate E-mail: ___________________________________________________

Father’s Name: ___________________________  Home Phone: _______________________

Work Phone: ____________________________  Cell Phone: _______________________

Address: (if different from above) __________________________________________

Mother’s Name: ___________________________  Home Phone: _______________________

Work Phone: ____________________________  Cell Phone: _______________________

Address: (if different from above) __________________________________________

Emergency Contact Name: ___________________________  Phone: _____________

(If different from parents)

Volunteer Opportunities:

There will be several times throughout the season when we will need help from the parents. Several are listed below. We will have sign-up sheets at Contract Night. Please consider helping with one or more of these events.

Mouse Races (4/21)  Fundraisers
Viking Camp (5/29 - 6/7)  Blue & Gold Day (8/18)  Homecoming Festival (Sep 26)
Viking Store (home games)  Gateway Tournament Concessions (Nov)
Jr. Viking Camp (7/23 - 7/27)  Banquet (12/9)
The Right Way, The Viking Way

FHHS Football Player Contract

Superior performance is driven by a culture of integrity, openness, and trust; led by coaches and owned by all. All FHHS Viking football players are expected to demonstrate qualities of integrity, honesty and respect. These values are important to the educational environment and are expected to be exhibited at all times, on campus and throughout the community.

As a FHHS Football Player, I will strive to raise the bar on accountability by committing myself to the FHHS Viking core values, and will demonstrate our unity and commitment to each other, our school, and our community. I will help to foster an environment of uncompromising integrity and personal accountability.

_________________________________________________  ______________________________
Student Signature                                                                 Student ID Number

_________________________________________________
Parent Signature                                                                               Date
Viking Football Camp Registration

When: May 29th – June 1st and June 4th - 7th

Where: FHHS Game Field

Time: 5:00 – 9:00 p.m. TIMES MAY CHANGE

Cost: $75 per athlete, checks payable to FH Football Boosters (FHFB)

Included: Drinks each day and Viking T-shirt / shorts (handed out at end of camp)

Registration

Name: ________________________________

Address: ________________________________

City & Zip: ________________________________

Phone: ________________________________

Alternate/Emergency Phone: ________________________________

Grade Level 2016 - 2017: __________

T-shirt size (circle): S M L XL XXL XXXL

Shorts size (circle): S M L XL XXL XXXL

Shirts and shorts are adult sizes

***ADDITIONAL CAMP / PRACTICE JULY 23rd - 27th @ 6pm. SAME TIME, SAME LOCATION THERE IS NO COST FOR THE JULY CAMP – IT IS INTENDED TO BE MANDATORY FOR ALL PLAYERS PLANNING ON PLAYING IN THE FALL
Francis Howell High School
MSHSSAA Eligibility Checklist

Student Name ___________________________ Grade _____  ID #__________
Sport __________________

The section below will be completed by activities office staff only

1.  PPE (pre participation physical evaluation) _____________________
   Must be on the 4 page MSHSAA form

2. Passed six classes last semester (3 credits) ____________________
   a. GPA – 1.5 or higher    Yes    No

3. Currently enrolled in six classes (3 credits) _____________________

4. Is the athlete a transfer student?    Yes No
   If Yes – transfer form submitted ______________________

5. Francis Howell School District Activities Form (4 in 1)   ______________________
   (form is located in the back of the Activities handbook)

6. Athletic trainer emergency contact form
   (one per school year)

7. Drug Testing
   (only one form is required for all four years of high school)

8. Activities Handbook Acknowledgement
   (one for each year – form is located in the back of the handbook)

9. Fines

10. Private Transportation Agreement form

Athletes participating in the following sports: baseball, basketball, cheerleading,
football, lacrosse, soccer, softball, track (pole vaulters & high jumpers), volleyball and
wrestling, must also complete the following. Test will be given to freshmen, juniors
and any new participants to the above sports.

11. Impact Testing Consent form _________________________

12. Impact Testing Completed _________________________

After the entire form is completed, the athlete is eligible to participate in try-outs
**PRE-PARTICIPATION 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 a copy of this form in the chart for their records.)

Date of Exam: ___________________________    Date of Birth: ___________________________

Name: ___________________________    Age: ______    Grade: ______    School: ______

Sex: ______    Do you have any allergies: Yes ☐ No ☐ If yes, please identify specific allergy below:

☐ Medicines: ☐ Pollens: ☐ Food: ☐ Stinging Insects: ☐

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
</tr>
<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>27. Have you ever used an inhaler or taken asthma medicine?</td>
<td></td>
</tr>
<tr>
<td>28. Is there anyone in your family who has asthma?</td>
<td></td>
</tr>
<tr>
<td>29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?</td>
<td></td>
</tr>
<tr>
<td>30. Do you have groin pain or a painful bulge or hemi in the groin area?</td>
<td></td>
</tr>
<tr>
<td>31. Have you had infectious mononucleosis (mono) within the last month?</td>
<td></td>
</tr>
<tr>
<td>32. Do you have any rashes, pressure sores, or other skin problems?</td>
<td></td>
</tr>
<tr>
<td>33. Have you had a herpes or MRSA skin infection?</td>
<td></td>
</tr>
<tr>
<td>34. Have you ever had a head injury or concussion?</td>
<td></td>
</tr>
<tr>
<td>35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?</td>
<td></td>
</tr>
<tr>
<td>36. Do you have a history of seizure disorder?</td>
<td></td>
</tr>
<tr>
<td>37. Do you have headaches with exercise?</td>
<td></td>
</tr>
<tr>
<td>38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>39. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>40. Have you ever become ill while exercising in the heat?</td>
<td></td>
</tr>
<tr>
<td>41. Do you get frequent muscle cramps when exercising?</td>
<td></td>
</tr>
<tr>
<td>42. Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
</tr>
<tr>
<td>43. Have you had any problems with your eyes or vision?</td>
<td></td>
</tr>
<tr>
<td>44. Have you had any eye injuries?</td>
<td></td>
</tr>
<tr>
<td>45. Do you wear glasses or contact lenses?</td>
<td></td>
</tr>
<tr>
<td>46. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
</tr>
<tr>
<td>47. Do you worry about your weight?</td>
<td></td>
</tr>
<tr>
<td>48. Are you trying to or have anyone recommended that you gain or lose weight?</td>
<td></td>
</tr>
<tr>
<td>49. Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
</tr>
<tr>
<td>50. Have you ever had an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>51. Do you have any concerns that you would like to discuss with the doctor?</td>
<td></td>
</tr>
</tbody>
</table>

**FEMALES ONLY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Have you ever had a menstrual period?</td>
<td></td>
</tr>
<tr>
<td>53. How old were you when you had your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>54. How many periods have you had in the last 12 months?</td>
<td></td>
</tr>
<tr>
<td>55. How many periods have you had in the last 12 months?</td>
<td></td>
</tr>
</tbody>
</table>

**HEART HEALTH QUESTIONS ABOUT YOU**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease ☐ Other:</td>
<td></td>
</tr>
<tr>
<td>9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)</td>
<td></td>
</tr>
<tr>
<td>10. Do you get light-headed or feel more short of breath than expected during exercise?</td>
<td></td>
</tr>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td></td>
</tr>
<tr>
<td>12. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have hypertrrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorph ventricular tachycardia?</td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
</tr>
<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
</tr>
</tbody>
</table>

**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had a stress fracture?</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
</tr>
<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
</tr>
<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
</tr>
</tbody>
</table>

**Explain “Yes” answers below. Circle questions you do not know the answer to.**

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

[ ]

**Explain “No” 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(s) or Guardian: ___________________________    Date: ___________________________
PRE-PARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name: ___________________________ Date of Birth: ___________________________

Physician Reminders:

1. 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 supplements?
   - 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?

2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).

EXAMINATION

Height: ___________________________ Weight: ___________________________

BP: ___________________________ / ___________________________ (_________________/_________________)
Pulse: ___________________________

Vision: R 20/ ___________________________ L 20/ ___________________________

Corrected: ___________________________ [ ] Yes [ ] No

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*
- Murmurs (auscultation standing, supine, +/- Valsalva)
- Location of point of maximal pulse (PMI)

Pulses
- Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)**

Skin
- HSV, lesions suggestive of MRSA, tinea corporis

Neurologic***

MUSCULOSKELETAL

NORMAL ABNORMAL FINDINGS

Neck
Back
Shoulder/arm
Elbow/forearm
Hip/thigh
Knee
Leg/ankle
Foot/toes

Functional
- Duck-walk, single leg hop

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended.
***Consider 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 (please list):
  Reason:

Recommendations:

I have examined the above-named student and completed the pre-participation 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 (type/print): ___________________________ Date: ___________________________
Address: ___________________________ Phone: ___________________________

Signature of Physician (MD/DO/ARNP/Chiropractor*):

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled “How to Maintain and Protect Your High School Eligibility,” which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete: __________________________ Date: __________

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA-SPONSORED SPORT WITHOUT THE STUDENT’S AND PARENT’S/GUARDIAN’S SIGNATURE.

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.
If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA’s use of the herein named student’s name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete’s performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

<table>
<thead>
<tr>
<th>Name of Insurance Company:</th>
<th>Policy Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Parent(s) or Guardian:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

<table>
<thead>
<tr>
<th>Signature of Athlete:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Parent(s) or Guardian:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Parent(s)/Guardian(s)</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Relationship to Athlete</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Relationship to Athlete</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>
*PLEASE RETURN THIS FORM TO THE ACTIVITIES OFFICE

FRANCIS HOWELL SCHOOL DISTRICT ACTIVITIES – Application to Participate/Student Handbook Acknowledgement

NAME _________________________________ GR _____ STUDENT ID # ____________________

PARENT/GUARDIAN: ____________________________________________________________

EMERGENCY PHONE CONTACT # __________________________

ACTIVITIES DESIRING TO PARTICIPATE: __________________________________________

This application to participate in interscholastic activities in the Francis Howell School District is voluntary on my part and is made with the understanding that I am eligible under the following rules set by M.S.H.S.A.A. and the additional rules set by the Francis Howell School District.

**M.S.H.S.A.A. ELIGIBILITY STANDARDS**

1. Must be a creditable school citizen.
2. Cannot be 19 years old before July 1 preceding opening of school.
3. Cannot have graduated from a four-year high school.
4. Cannot have attended eight semesters of high school.
5. Cannot have competed in four seasons of a particular sport.
6. Must be enrolled in school the first 11 days of the semester.
7. Cannot have played under a false name.
8. Cannot commit an unsportsmanlike act.
9. Students serving school suspension are not eligible to practice or compete in school activities.
10. Must be enrolled in courses offering 3.0 units of credit.
11. Must have earned 3.0 units of credit the preceding semester. Summer school credits may apply to state eligibility standards. No more than 1 credit in summer school shall be counted towards eligibility.
12. Must have satisfactorily passed a physical examination dated after February 1 immediately preceding the first day of the season for the activity in which you wish to participate. The examination report must specifically state that you “Cleared for all sports without restriction” and must be signed by the physician who conducted the examination.
FRANCIS HOWELL DISTRICT ELIGIBILITY STANDARDS
1. Must maintain a minimum 1.5 current G.P.A.
2. Must attend all practices, contests, and other performances unless excused by the coach.
3. Must not have any outstanding fines.
4. Must attend school the entire day of a game and must attend school on Friday to play on Saturday.
5. Any student who falsifies the physical examination form or any other required participation form is subject to suspension and/or permanent removal from the team or group by the Activities Director and/or Principal, and may be suspended or removed from additional activities depending upon the nature and magnitude of the offense.
6. Must be a creditable school citizen in accordance with the following standards:
   a. Students who are serving out-of-school (or in-school) suspensions may not practice for or participate in school activities during the suspension. Multiple and/or serious violations of the Code of Student Conduct may result in long-term suspension and/or permanent removal from current and future school activities.
   b. You must not use, possess, or distribute tobacco products while on school property or at school activities, whether on or away from District property.
   c. You must not use, possess or distribute alcohol or controlled substances at any time, whether on or away from school property.
   d. You must not be arrested for, charged with, or convicted of a felony or misdemeanor under either criminal or juvenile law, whether the offense occurs on or away from school property. When a student is accused of an offense under either criminal or juvenile law, the charges may be dismissed or the student acquitted due to the high standard of proof required under criminal and juvenile proceedings: guilt beyond a reasonable doubt. However, the District reserves the right to make an independent determination regarding whether the student engaged in the misconduct alleged, and is required only to establish by a preponderance of the evidence (more likely than not) that the student engaged in such misconduct.
The District does not have the authority to excuse students from the eligibility requirements established by MSHSAA. Additionally, students are uniformly expected to comply with the eligibility requirements established by the District. Accordingly, the procedures below are provided for the sole purpose of preventing suspensions and/or removals based upon inaccurate or incomplete information.
The procedures are not intended to provide standing with an opportunity to (1) avoid suspension or removals imposed for conduct they have actually committed, or (2) ask principals and/or the Board of Education for leniency when an appropriate consequence has been imposed for conduct that has actually occurred.
1. In most cases, a student should be advised of the reason for the suspension or removal from an activity, and provided with an opportunity to respond, prior to imposing the consequence.

2. When it is necessary in the judgment of the coach, sponsor, activities director, or principal to suspend or remove a student from an activity prior to advising the student of the reason for such suspensions or removal, the student should be advised of the reason and given an opportunity to respond within a reasonably prompt time after the consequence has been imposed.

3. Students may appeal a suspension or removal imposed by a coach or sponsor to the Activities Director.

4. Students may appeal a suspension or removal imposed or affirmed by the Activities Director to the Building Principal.

I UNDERSTAND THAT PARTICIPATION IN SCHOOL ACTIVITIES IS A PRIVILEGE AND NOT A RIGHT. I UNDERSTAND THAT I AM REQUIRED TO COMPLY WITH ALL OF THE ABOVE-LISTED REQUIREMENTS TO BE ELIGIBLE FOR PARTICIPATION IN SCHOOL ACTIVITIES. I UNDERSTAND THAT VIOLATION OF ONE (1) OR MORE OF THE ABOVE RULES MAY RESULT IN SUSPENSION AND/OR PERMANENT DISMISSAL FROM THE CURRENT TEAM OR ACTIVITY AND FROM ADDITIONAL SCHOOL ACTIVITIES, DEPENDING UPON THE NATURE, FREQUENCY, AND SEVERITY OF THE VIOLATION(S).

PARENT PERMISSION

We hereby give our consent for the above student to represent their school in interscholastic activities. We also give our consent for them to accompany the team/group on trips and will not hold the school responsible in case of accident or injury whether it be in route to or from another school or during practice or an interscholastic contest/event; and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, activities, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if they are injured in the course of school athletic activities.
CONSENT FOR PARTICIPATION/RISK ACKNOWLEDGEMENT
My/our child wishes to participate in the sport(s) of ______________________ for the Francis Howell School District sports/activities program. I/we realize that there are risks involved in my/our child’s participation. I/we understand that the risk to my/our child includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or other serious, permanent disability. I/we agree to accept this risk as a condition of my/our child’s participation.

Activities Handbook Acknowledgement
I acknowledge receipt of a copy of the Athletic/Activities Handbook and have read the rules concerning eligibility and conduct for FRANCIS HOWELL SCHOOL DISTRICT student participants. I understand the rules and realize that I am subject to disciplinary measures should I violate them. I do agree to participate and conduct myself in accordance with the rules of our athletic/activities program and with specific rules of my coaches/directors/sponsors.

I have read the above statement of policy and agree to abide by the sportsmanship, citizenship/conduct, tobacco, alcohol, and drug expectations. I understand that this agreement in no way limits my right to terminate or to be terminated from student activity participation.

We, the undersigned, agree that we have been given the following information and understand it fully.
I. That the school agrees to provide:
   A. Supervision
   B. Instruction
   C. Proper equipment (This excludes equipment or uniforms provided by the participant.)
   D. Proper safety precautions
II. That the school abides by all written rules regarding behavior and safety.
III. That participating in athletics may cause serious injury or death.

We, the undersigned, acknowledge that with participation in athletics/activities, there are risks involved in my/our child’s participation. We understand that the risk to my/our child includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or other serious, permanent disabilities. We agree to accept this risk as a condition of my/our child’s participation.

_________________________________ Date
Student Participant’s Signature

_________________________________ Date
Parent Guardian Signature/Relationship
Emergency Form for Athletic Trainer

Student Name __________________________ Date of Birth _______________ Grade _____

Address _______________________________ Home Phone Number (___) _______________

City ___________________________________ Zip _______________

Mother/Guardian Name___________________ Work Number (___) _______________ Cell Number (___) _______________

Dad/Guardian Name_______________________ Work Number (___) _______________ Cell Number (___) _______________

If parents cannot be reached an additional person to contact in case of emergency

Name _________________________________ Relationship to student _______________

Home number (___) _______________ Work number (___) _______________ Cell Number (___) _______________

Allergies _________________________________________________________________

Long Term Medication _______________________________________________________

Significant medical history _________________________________________________

Parent Signature __________________________ Date ________________________
CONSENT TO TESTING OF URINE SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION

To: Francis Howell School District Board of Education, Athletic Director, Sponsors, Coaches, and Administrative Personnel

I hereby acknowledge that I have received a copy of the Francis Howell School District Random Drug Screening Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Francis Howell School District in this policy. I understand that this Consent will remain in effect until: (1) graduation; or (2) submission of an Activity Drop Form, effectively withdrawing from the drug testing program and revoking this Consent.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Francis Howell School District Random Drug Screening Policy and at other such times as urinalysis is required under the program. I authorize the testing lab to release a positive drug test result positive drug test result to the designated school district personnel, as per policy.

I further authorize you to make confidential release to the school principal, district superintendent and his/her designee, activities director, my parent(s)/legal guardian(s), and/or the drug counseling program of all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Francis Howell School District Random Drug Screening Policy which is applicable to extracurricular activities and on-campus parking permits of the Francis Howell School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Francis Howell School District for actual testing.

The Francis Howell School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

________________________ ________________________ _____________
Printed Student Name Student Signature Date

We, the parent(s) or legal guardian(s) of the above student, join in the above statement for the minor student.

________________________ ________________________ ____________
Printed Parent/Guardian Name Parent/Guardian Signature Date

_______________________ ________________________ ____________
Printed Parent/Guardian Name Parent/Guardian Signature Date

Student ID # _________________________

Form 2642 Jan 07
FRANCIS HOWELL SCHOOL DISTRICT

Consent for Cognitive Testing and Release of Information

I give my permission for (name of child) ____________________________

(Child’s date of birth) ____________________________

to have a baseline and, if necessary, a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Francis Howell High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child’s baseline test, which is on file at Francis Howell High School. I understand there is no charge for the testing.

Francis Howell High School may release the ImPACT results to my child’s primary care physician, neurologist, school athletic trainer, Dr. Brandon Larkin (District ImPACT Coordinator), or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child’s guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: ____________________________

Signature of parent or guardian: ____________________________

Date: ________________

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of physician: ____________________________

Name of practice of group: ____________________________

Phone number: ____________________________

Student’s home address: ____________________________

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_________________________ (H) ___________________________ (W)

_________________________ (cell)
Francis Howell School District
Private Transportation Permission Form

I/We understand that the school may not provide transportation to all contests/practices. I/We also understand that I/we have the authority and responsibility to permit my/our son/daughter to drive or ride with others whether or not school transportation is provided. Please allow my/our child(ren) to drive/ride as indicated in the table below.

I/We give permission for my/our son/daughter to:
- drive to and from contests/practices.* Yes No
- drive other teammates to and from events/practices.* Yes No
- be driven by another teammate to and from events/practices.* Yes No
- be driven by a coach/teacher/sponsor to contests to and from events/practices.* Yes No
- be driven by a parent/guardian to and from events/practices.* Yes No

*Golf and swimming are off campus daily and will require athletes to drive or be driven by a coach, teammate or parent. All other sports have buses for contests but teams are sometimes given the option to drive if the contest is close by, in the evening, on weekends or the event involves a small enough number of students that using a bus is not cost efficient.

I/We also understand and acknowledge that the Francis Howell R-III School District will have no financial or legal responsibility for determining whether the private transportation provider is insured.

By signing this form, I/we hereby release the District, as well as its directors, officers, administrators, employees, and other agents from any and all injuries arising from my child’s travel to this activity via private transportation. I/We further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my/our child as a result of his or her travel to this activity via private transportation.

Parent(s)/Guardian(s) Name(s) Date

Parent(s) or Guardian(s) Signature(s) Phone

TO BE SIGNED BY STUDENT

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel from school (or other location) to this activity. I further acknowledge that I have a responsibility to travel directly from school (or other location) to the activity and that failure to report to an activity on time may result in discipline, up to and including possible dismissal from the activity. I further acknowledge that inappropriate conduct during travel to and from an activity may result in such discipline, as well as additional discipline under Board of Education Policy, as such Policy applies to misconduct in connection with school activities, whether on or away from District property.

Student Name __________________________________________ Date______________________

Student Signature _______________________________________ Phone_____________________

Activity Director or Designee _______________________________ Date _____________________