



PLAYER RECORD PACKET

INTRODUCTION

Before eligibility is established and before participation in any practice or contest, each student interested in participating in interscholastic athletics at Chicago Public Schools shall submit a completed Player Record Packet. The coach is responsible for securing the packet from the participant and insuring that it has been totally executed. The Athletic Director is responsible for recording the information in the sports module in IMPACT, and filing paper records, making them available to the Department of Sport Administration as needed for auditing purposes.

A complete packet includes:

- Proof of Birth (exp. copy of birth certificate)
- Completed Player's Record Pack including:
 - General Information Form (p. 2)
 - Equipment Agreement (p. 3)
 - By-laws Acknowledgment (p. 3)
 - Eligibility Statement (p. 3)
- Media Consent Form (p. 4)
- Medical Documentation Forms
 - Concussion Information and Performance-enhancing Substance Policy (p. 5)
 - IHSA Sport Medicine Acknowledgement & Consent Form (p. 8)
 - IHSA Pre-Participation Examination** (p. 9-13)

PLEASE NOTE: Typing in your signature in this packet is accepted by us as a true signature; if we have any doubts or issues we will contact you directly. You are also welcome to print out this paperwork and fill out by hand, scan and return it to us.

**** You must print the IHSA Pre-Participation Examination** form found at the end of this document. Fill out the parent section, then have your doctor (or an authorized healthcare provider that offers sports physical services) fill out and sign their section. Please scan and return all to Mr. Lezcano or your coach. **Must be turned in before you can play!**

GENERAL INFORMATION

School: _____ Name: _____ Student ID: _____

Date of Birth: _____ Current Age: _____

Proof Submitted and placed on file: Birth _____ Baptism _____ Elem. School Record _____

Address: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Number(s): _____

Date of Enrollment this Semester: _____ Date of Initial Enrollment in High School: _____

Number of Semesters in Attendance in High Schools, Including Present Semester: _____

Sport: **Circle all of the sports of your intended participation this school year**

Baseball Basketball Bowling Cross Country Competitive Cheer/Dance
 Football Golf Lacrosse Soccer Softball/16in Swimming/Diving
 Tennis Track and Field Volleyball Water Polo Other: _____

Athletic Participation History

<u>School:</u> If other than current school	<u>Yr.</u>	<u>Sports Participated:</u>	<u>Injuries & Treatment:</u> ie: Concussions, surgeries, etc.	<u>AAU/Club:</u> Sport/Team Affiliation	<u>Additional Comments</u>
	FR.				
	So.				
	Jr.				
	Sr.				

CONSENT

Parental Consent to Play

I give permission for my child to participate in high school athletics. I understand that there is potential for injury inherent in all athletic activity. I acknowledge that even with the best coaching, appropriate use of equipment and strict observance of rules, injuries are still possible. I understand that, although rare, these injuries can be so severe as to result in severe injury, total disability or death. I give permission to my child to participate in spite of these risks.

Parent/Guardian Signature: _____ Date: _____

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Parent/Guardian Signature: _____ Date: _____

MEDICAL DOCUMENTATION

I understand that in the case of an injury or illness which requires treatment by medical personnel and transportation to a health care facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Parent/Guardian Signature: _____ Date: _____

Students are not permitted to participate in athletic activities at Chicago Public Schools until they receive medical clearance from a physician and acknowledge that they are aware of the medical risks associated with athletic activities. Accordingly, parents/guardians must read, complete, and return to the coach the following forms fully executed before students are permitted to participate in athletic activity with Chicago Public Schools:

IHSA Pre-participation Examination IHSA Sports Medicine - Acknowledgement & Consent Form

Students must have their physician complete the IHSA "Pre-participation Examination" and return to their Athletic Director before the start of the season. Parents/Guardians and students also must read and complete the IHSA "Sports Medicine Acknowledgement & Consent Form" and return it to the school Athletic Director before the start of the season.

Insurance Information

Student Name: _____ Insurance Company: _____

Policy Holder Name: _____ Relationship to Student: _____

Policy Number: _____ Group: _____

Physician Name: _____ Physician Contact Number: _____

EQUIPMENT AGREEMENT

I agree to assume full-responsibility for all athletic equipment issued to me and agree to return all of it according to regulations. I agree to use every care to keep the equipment in my possession in the best condition possible and to confine the use of my equipment to the regularly scheduled school practices, games or meets. I understand that as a member of, or a candidate for, any athletic team I am officially representing my school and its standards and ideals. I understand that I am fully financially responsible for damage to or loss of equipment in my possession.

Student's Initials: _____ Parent/Guardian Initials: _____

BY-LAWS ACKNOWLEDGEMENT

I am in receipt of the constitution and bylaws of the Chicago Public High Schools Athletic Association and agree that my son/ daughter will abide by all of the Chicago Public League rules.

Student's Initials: _____ Parent/Guardian Initials: _____

TRANSPORTATION ACKNOWLEDGEMENT

The use of the private vehicles of coaches/school representatives for the purpose of transporting students to athletic events is strongly discouraged. However, when the use of a private vehicle of a coach/school representative is the only feasible method of travel, such vehicles can be allowed if the requirements set by the CPS Student Travel Policy are met. <http://policy.cps.edu/download.aspx?ID=211>

Optional

I grant permission for school personnel to use private vehicles to transport me to athletic events in accordance with the approval and permission of the school Principal based on the conditions and requirements of the CPS Student Travel Policy being met by the agent of transport.

Parent/Guardian Signature: _____

ATHLETIC ELIGIBILITY

I understand that in order to participate in athletic activities at Chicago Public Schools, including practice and competitions, I must maintain scholastic eligibility. <https://policy.cps.edu/download.aspx?ID=213>

Student's Initials: _____ Parent/Guardian Initials: _____



Media Consent Form and Release

Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session, either in person or hosted remotely, or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media electronic which may include honorary banners/signs displayed in, near, or around the school building or community.

As the child's parent or legal guardian, I agree to release, indemnify and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

Instructions: Check Box #1 or Box #2

1. I consent as outlined in the above consent/release section.
2. I **DO NOT** consent as outlined in the above consent/release section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.





Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Concussion Information Sheet (Cont.)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>



IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>



Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.



■ 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: _____



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

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): _____

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?				

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

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: _____



■ PREPARTICIPATION 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?
• 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

Table with columns for Examination, Medical, and Musculoskeletal findings, categorized into Normal and Abnormal Findings.

Consider 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

Supplemental COVID-19 questions

1. Have you had any of the following symptoms in the past 14 days?
 - a) Fever or chills Yes / No
 - b) Cough Yes / No
 - c) Shortness of breath or difficulty breathing Yes / No
 - d) Fatigue Yes / No
 - e) Muscle or body aches Yes / No
 - f) Headache Yes / No
 - g) New loss of taste or smell Yes / No
 - h) Sore throat Yes / No
 - i) Congestion or runny nose Yes / No
 - j) Nausea or vomiting Yes / No
 - k) Diarrhea Yes / No
 - l) Date symptoms started _____
 - m) Date symptoms resolved _____
2. Have you ever had a positive test for COVID-19? Yes / No
 - If yes:
 - i. Date of test _____
 - ii. Were you tested because you had symptoms? Yes / No
 - If yes:
 - a) Date symptoms started _____
 - b) Date symptoms resolved _____
 - c) Were you hospitalized? Yes / No
 - d) Did you have fever > 100.4 F.? Yes / No
 - If yes, how many days did your fever last? _____
 - e) Did you have muscle aches, chills, or lethargy? Yes / No
 - If yes, how many days did these symptoms last? _____
 - f) Have you had the vaccine? Yes / No
 - iii. Were you tested because you were exposed to someone with COVID-19, but you did not have any symptoms? Yes / No
 3. Has anyone living in your household had any of the following symptoms or tested positive for COVID-19 in the past 14 days? Yes / No
 - If Yes, circle the applicable symptoms.
 - Fever or chills
 - Muscle or body aches
 - Nausea or vomiting
 - Sore throat
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Congestion or runny nose
 - Fatigue
 - Diarrhea
 - Headache
 - Cough
 4. Have you been within 6 feet for more than 15 minutes of someone with COVID-19 in the past 14 days? Yes / No
 - If yes: date(s) of exposure _____
 5. Are you currently waiting on results from a recent COVID test? Yes / No

Sources:

- [Interim Guidance on the Preparticipation Physical Examination... : Clinical Journal of Sport Medicine \(lww.com\)](#)
- [Supplemental COVID-19 Questions \(lww.com\)](#)
- [COVID-19 Interim Guidance: Return to Sports and Physical Activity \(aap.org\)](#)