

SPECIAL REQUIREMENTS FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION

PLEASE REVIEW CAREFULLY

Competitive athletics requires vigorous exercise and training. To ascertain the health and ability of the student, NYS requires an annual sports-oriented evaluation. The following forms, with links below, must be submitted to the school in **order to participate in Interscholastic Athletics (including tryouts)**:

Name of Document/Form:	Submitted by:	To be completed and signed by:	Notes:
Child and Adolescent Health Examination Form	All students trying out for/or participating in interscholastic sports	Healthcare Provider (including HCP stamp)	Must be done annually, acceptable for 12 months from the date of the examination
Student Health History/ Emergency Contact Form (to be completed online)	All students trying out for/or participating in interscholastic sports	Parent/Guardian	You will receive a personalized email from the school on or about July 1, 2016; <i>the completed form must be submitted no later than August 15, 2016</i>
Interscholastic Athletic Participation Consent Form	All students trying out for/or participating in interscholastic sports	Parent/Guardian; Student (signature only)	
Interscholastic Athletic Health Examination Form	All students trying out for/or participating in interscholastic sports	Healthcare Provider (including HCP stamp)	
Student-Athlete Insurance Information Form **(please see important note below)	All students trying out for/or participating in interscholastic sports	Parent/Guardian	It is the sole responsibility of each parent/guardian to maintain an active health insurance plan that will cover the student's injuries sustained in such activities
Interval Health History for Sports Participation Form	If the athlete's last complete physical, as reported by the Healthcare Provider in the Child & Adolescent Health Examination Form, was conducted more than 30 days from the commencement of the athletic season (fall and/or spring)	Parent/Guardian	
Medical Clearance and Re-Evaluation (letter to be written by physician)	Required if an injury, concussion, or illness (lasting more than 5 days) has occurred during or prior to the athletic season	Healthcare Provider must submit signed documentation of medical clearance (including HCP stamp)	Documentation must be submitted to Mrs. Smith, Athletic Director, in order to be cleared for continued athletic participation. In addition, athletes must report all injuries to their coach and Mrs. Smith, even if symptoms develop after they leave practice or a game

* All athletes are required to read the linked [YUHSG Student Athlete Handbook](#) and the [Parent/Athlete Concussion Information Sheet](#) on our athletic web page before you complete and sign this consent form. You will be deemed to have read, understood, and accepted all of the provisions in the Handbook by your execution of the consent form. Additionally, we ask you to review [YUHSG's Policy on Protecting Athletes](#) and other athletic-specific information can be found on our school website by clicking the Athletics link.

** YUHSG is NOT responsible for any claims due to injuries, damage or death due to participation in athletics. It is the sole responsibility of each parent/guardian to maintain an active health insurance plan that will cover the student's injuries sustained in such activities. All claims for benefits because of injuries suffered in the play or practice of athletics MUST be submitted to the student's insurance company for payment. It is important that the parent/guardian check with the student's insurance carrier to insure that she is covered for these injuries.