

**Lynbrook Public Schools  
Department of Athletics, Physical Education and Health  
Lynbrook High School**

Thomas Graham  
Director

**Athletic Participation forms**

Phone 516 887-0236  
Fax 516 887-6575

**Date** \_\_\_\_\_

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**ATHLETIC PARTICIPATION FORMS**

(Please: Do Not Remove Staple)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Welcome to the Lynbrook Public Schools Interscholastic Athletic Program. We are glad you have decided to participate and we wish you well in the upcoming season.

In order to insure proper safety and conduct, the following attached forms must be completed and submitted to the coach before an athlete can participate:

- Parent Permission Form for Athletic Participation (page 2)
- Lynbrook Public Schools Athletic Physical Form (page 3 Section I, page 4, Section III)
- Lynbrook Public Schools Athletic Contract (page 5)
- Interval Health History Form (page 7)

Please Note: An athlete must have had a physical examination by either a school doctor or family physician **within one calendar year** of the first day of practice. The exam **must** be submitted on the Lynbrook Public Schools Athletic Physical Form. An athlete who has submitted the Lynbrook Public Schools Athletic Form within the past calendar year need only hand in the Interval Health History form, which is to be completed by a parent/guardian. If Physical is older than 30 days from the start of the season an interval health history form must also be handed in.

Thank you for your cooperation. Please feel free to contact our District Athletic Nurse, (887-0228), any school day if you have any questions.

Sincerely,

Thomas Graham, Director  
Physical Education, Athletics and Health

***ENTIRE PACKET MUST BE COMPLETED & RETURNED TO THE ATHLETIC OFFICE PRIOR TO PARTICIPATION IN ANY PRACTICE OR CONTEST***

LYNBROOK PUBLIC SCHOOLS  
PARENT PERMISSION FORM  
FOR ATHLETIC PARTICIPATION  
\_\_\_\_\_ School Year

**STUDENT INFORMATION:**

Last \_\_\_\_\_ First \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport \_\_\_\_\_

I RECOGNIZE THAT PARTICIPATION IN ALL SPORTS, ESPECIALLY THOSE INVOLVING CONTACT, REQUIRES AN ACCEPTANCE OF RISK OF POSSIBLE SERIOUS INJURY. THESE RISKS CANNOT BE ELIMINATED EVEN WHEN ALL PRECAUTIONS ARE TAKEN.

I ALSO UNDERSTAND THAT ALL STUDENTS ARE COVERED BY *PUPIL BENEFITS PLAN* INSURANCE WHICH, IN MOST CASES WILL NOT PAY ENTIRE MEDICAL COSTS AND SHOULD BE VIEWED AS A SUPPLEMENT TO MY OWN POLICY.

**I give my consent for my child \_\_\_\_\_ to participate in athletics for the \_\_\_\_\_ school year subject to a physical examination and or interval health history report.**

In the case of an emergency, if a parent cannot be reached, please contact the person(s) listed below who will assume temporary care of my child: If there are any changes during the school year it is the responsibility of the parent or guardian to contact the district nurse (887-0228) of the changes.

\_\_\_\_\_  
Name Phone # Relationship to Athlete

\_\_\_\_\_  
Name Phone # Relationship to Athlete

\_\_\_\_\_  
Name Phone # Relationship to Athlete

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Physical/Athletic Examination Form (Only Lynbrook Public Schools Form Will Be Accepted)**

If you are a Grade 7-12 Student Athlete, you MUST complete Sections 1 and 3. If you are entering Grades K,2,4,7,10, or are a new entrant, the NYS Dept of Education requires physical examinations be conducted and Sections 1 and 2 MUST be completed and be submitted to the nurse's office in your home school. NYS Department of Education recommends dental examinations for all students annually. **Make extra copies of this form!**

**SECTION 1 (All Students Entering Grades K,2,4,7,10, New Entrants and All Grades 7-12 Student Athletes)**

Child's Last Name/First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parents'/Guardians' Name \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Grade/ New Entrant \_\_\_\_\_

Ethnicity: ( ) Black (not Hispanic) ( ) White (not Hispanic) ( ) Hispanic ( ) Asian ( ) Other

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Physician's Information (Physicians MUST also sign on the bottom of the next page for Athletic Physicals!!!!)**

Physician's Name \_\_\_\_\_ Physician's Address \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Student Examination \_\_\_\_\_

**Examination**

Does this child require any medications (please specify)? \_\_\_\_\_

Does this child have any physical challenges (specify)? \_\_\_\_\_

Is this child physically able to participate in Physical Education? If NO, list restrictions: \_\_\_\_\_

Are there any problems relating to growth, development or nutrition with which teacher or nurse should be acquainted? \_\_\_\_\_

Food Allergies? \_\_\_\_\_

Height	Lungs	Nervous System	Speech
Weight	Abdomen	Thyroid	Nutrition
Blood Pressure	Hernia	Heart	Teeth/Gums
Eyes	Genitalia	Epilepsy	Posture
Ears	Skin	Orthopedic	Feet
Nose	Tonsils/Throat	Scoliosis	Range of Motion

**SECTION 2-Immunizations/Preventive Measures and Tests (All Students Entering Grade K,2,4,7,10 and New Entrants)**

Fill in Month/Date/Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Comments
DPT – DT Td Tdap						
Polio						
MMR						
Hib/HBCV						
Hepatitis B						
Varicella						
PPD						
Meningococcal						
Measles						
Mumps						
Rubella						
Other						

**Health History (Please fill in month and year below)**

Allergy	Epilepsy	Operations	Serious Injury
Asthma	German Measles	Pneumonia	Tonsillectomy
Chicken Pox	Heart Condition	Polio	Tuberculosis
Diabetes	Measles	Rheumatic Fever	T.B. Contacts
Ear Condition	Mumps	Scarlet Fever	Whooping Cough

Body Mass Index (BMI): \_\_\_\_\_  
Weight Status Category (sex-specific BMI- for age percentile):

In the last twelve months, has the student had:

- \_\_\_\_\_ < 5<sup>th</sup>
- \_\_\_\_\_ 5<sup>th</sup> to < 50<sup>th</sup>
- \_\_\_\_\_ 50<sup>th</sup> to < 85<sup>th</sup>
- \_\_\_\_\_ 85<sup>th</sup> to < 95<sup>th</sup>
- \_\_\_\_\_ 95<sup>th</sup> and over

- |                 |           |          |
|-----------------|-----------|----------|
| Prediabetes     | _____ Yes | _____ No |
| Type 1 diabetes | _____ Yes | _____ No |
| Type 2 diabetes | _____ Yes | _____ No |
| Asthma          | _____ Yes | _____ No |
| Prehypertension | _____ Yes | _____ No |
| Hypertension    | _____ Yes | _____ No |

**SECTION 3-ATHLETIC PHYSICAL FORM (All Grades 7-12 Student Athletes)**

**To The Student & Guardian:** Competitive athletics requires vigorous exercise and training. The District encourages all of its students to participate. To ascertain their health status, we require an annual sports-oriented evaluation. The questions below are to be completed by the guardian and the student and are to be signed by both.

THIS FORM MUST BE COMPLETED FOR ALL MIDDLE/ HIGH SCHOOL STUDENT ATHLETES AND DATED **WITHIN ONE CALENDAR YEAR OF YOUR LAST ATHLETIC PHYSICAL** BY YOUR PHYSICIAN OR THE SCHOOL PHYSICIAN. **PHYSICALS ATTACHED TO THIS FORM WILL NOT BE ACCEPTED.**

Female \_\_\_\_\_ Male \_\_\_\_\_ Sports (List all sports you plan to participate in) \_\_\_\_\_

**HAS THE STUDENT HAD ANY:**

- |     | YES   | NO    |
|-----|-------|-------|
| 1.  | _____ | _____ |
| 2.  | _____ | _____ |
| 3.  | _____ | _____ |
| 4.  | _____ | _____ |
| 5.  | _____ | _____ |
| 6.  | _____ | _____ |
| 7.  | _____ | _____ |
| 8.  | _____ | _____ |
| 9.  | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |

- Chronic/recurrent illness
- Illness lasting over one week
- Hospitalization
- Surgery (other than tonsillectomy)
- Missing organs (eye, kidney, testicle, etc)
- Allergy to any medications
- Problems with heart, blood pressure or murmur
- Chest pains with exercise
- Dizziness or fainting with exercise
- Dizziness, fainting, frequent headaches or convulsions
- Concussion or unconsciousness
- Heat exhaustion, heat stroke or other problems with heat

**DOES THE STUDENT:**

- |     |       |       |
|-----|-------|-------|
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |
| 16. | _____ | _____ |

- Wear eyeglasses or contact lenses
- Wear dental bridges, braces, plates
- Take any medication (presently or recently)
- Wear any supports or braces

**IS THERE A HISTORY OF:**

- |     |       |       |
|-----|-------|-------|
| 17. | _____ | _____ |
| 18. | _____ | _____ |
| 19. | _____ | _____ |
| 20. | _____ | _____ |
| 21. | _____ | _____ |
| 22. | _____ | _____ |
| 23. | _____ | _____ |
| 24. | _____ | _____ |

- Injuries requiring MD Treatment
- Neck injury
- Knee injury or ankle injury
- Other serious joint injury
- Broken bones
- Is there any reason this student should not participate in athletics
- Has any family member, younger than 40 years of age, died suddenly due to an incident other than an accident
- Has any family member had a heart attack younger than 55 years of age

Explain any "Yes" response and provide additional information, if necessary:

\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

We understand the statements above to be true and consent is hereby given that \_\_\_\_\_ may participate in interscholastic athletics.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_ Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Section to be complete by Physician**

Review of Questionnaire \_\_\_\_\_ Positive Findings \_\_\_\_\_

1. Collision Contact \_\_\_\_\_ 2. Limited Contact \_\_\_\_\_ 3. Non-Contact \_\_\_\_\_

Based on this history and exam, the following abnormalities were found and need attention and treatment:

**Recommendations:**

1. \_\_\_\_\_ There is no history or physical finding which would prohibit this student from participating in athletics.
2. \_\_\_\_\_ This student should have the following health problems evaluated and/or treated before participating in athletics:
3. \_\_\_\_\_ This student has health problems which prohibits him/her from participation in athletics.

Signature of Physician \_\_\_\_\_ Date of Examination \_\_\_\_\_

# **LYNBROOK PUBLIC SCHOOLS**

## **EXTRA-CURRICULAR ACTIVITY PARTICIPATION CONTRACT**

The Board of Education of the Lynbrook Public Schools recognizes the value of student involvement in extra-curricular activities and encourages all students to participate in as many programs as is appropriate for each individual. Each program is an opportunity for further educational, social, and emotional development. However, such participation is a privilege and not a right. Ever cognizant of the importance of exhibiting good behavior and leading healthy lifestyles, the Board of Education seeks to encourage students to live and behave in a manner that reflects favorably on themselves, their families and their school at all times. It is with this in mind that these guidelines and contract are presented to our students and parents/guardians.

### **PRIOR TO PARTICIPATION (FOR STUDENT-ATHLETES ONLY)**

1. All athletes must successfully pass a physical examination. The school physician will provide this exam on a specified date prior to the season, **OR** the athlete may go to his/her personal physician. In either case, the appropriate **LYNBROOK MEDICAL FORM** must be on file. Notes on physician's letterhead are **NOT** acceptable.
2. Parent Permission Forms with emergency information must be returned to the coach. Parents should pay particular attention to the statement on the Permission Form regarding possible risk of serious injury.

### **GENERAL POLICIES FOR ALL STUDENTS**

1. The school is not responsible for personal property. At no time should valuables be left out in a classroom, hallway or locker room unattended.
2. All injuries sustained during participation in athletics or school activities must be reported immediately to the coach or activity moderator in order that the appropriate insurance forms can be filed. Parents should understand that the school district's insurance policy is a supplementary policy to their coverage and **only partially** covers what is not covered under the family's policy. Any student requiring medical attention by a physician is required to get a physician's note in order to resume activity.
3. All equipment issued to any student or student-athlete must be maintained in good condition and returned at the conclusion of the season or school year. Equipment not returned must be paid for at the **current replacement cost**. A student may not join a subsequent team or activity until all prior obligations are satisfied. Additionally, privileges may be suspended, and report cards/diplomas will be withheld.
4. For student-athletes attendance at all practices and games as scheduled by the coach are mandatory. It is the athlete's responsibility to notify the coach if it becomes necessary to miss a practice or game. Students participating in clubs or activities are expected to attend all regularly scheduled meetings and related events.
5. All students wishing to participate in extra-curricular activities must attend all classes in order to participate that day. Any student missing class as a result of legal or medical appointments must receive approval from the athletic director or building principal or designee prior to participation.
6. In order to remain eligible for participation in athletics and extra-curricular activities, students must not fail more than two subjects during a given marking period. Any student failing two or more subjects will be placed on academic probation. Failing to seek improvement in one's academic standing during this probation period will result in the loss of eligibility to participate in any and all extra-curricular activities.
7. There is a responsibility, both on and off the playing fields/courts, to behave in a manner that reflects favorably on the team and the Lynbrook Public Schools. Examples of unacceptable behavior include but are not limited to:
  - a. **Verbal infractions** – mocking, name calling, coercion, taunting, negative teasing and threats (verbal, written or electronic).
  - b. **Physical infractions** – pushing, shoving, kicking, hitting, spitting, extortion, stalking, restraining, humiliating acts, defacing property, vandalism, to threaten the use of violence.
  - c. **Social Alienation and Shunning** – gossiping, rumor spreading, ridicule, slurs (ethnic, religious, sexual, racial), social rejection, grudge carrying, threatening looks, public humiliation, and intentionally and maliciously excluding.
  - d. **Hazing** – is a form of harassment and is not to be condoned under any circumstance. Students found to be involved with, or to have committed, acts of harassment and/or hazing will be subject to disciplinary action and suspension from extra-curricular activity.
8. Students must recognize that there are many destructive decisions that they may face and must do everything in their power to avoid making decisions that jeopardize their health and safety. **THE USE OF TOBACCO, ALCOHOL OR OTHER DRUGS, THE POSSESSION OF A WEAPON, OR PARTICIPATION IN GAMBLING, IS A VIOLATION OF THE DISTRICT CODE OF CONDUCT**

AND WILL BE GROUNDS FOR DISCIPLINARY ACTION AND/OR SUSPENSION FROM ALL EXTRA-CURRICULAR ACTIVITIES. The following procedures will be followed regarding all violations of these guidelines:

- A. Students found to have been under the influence of alcohol or any other drug, or in possession of tobacco, alcohol or any other drug or a weapon, as well as participation in gambling, may be ineligible to participate in extra-curricular activities for a length of time to be determined by the building principal and/or the director of athletics. In addition, and prior to being able to participate in extra-curricular activities, students must attend an information seminar with the coach/moderator, parents, and either the school social worker or school nurse and the athletic director/principal or his/her designee.
- B. A second occurrence may result in a suspension of activity equivalent to two or more interscholastic competitions. A course of action will be determined to provide appropriate counseling between the school and family. If this course of action is not completed, the suspension from activity will remain in place indefinitely.
- C. A third occurrence may result in a suspension of all participation for up to one year. Students will only be permitted to return at the recommendation of the Athletic Director and/or Building Principal once the suspension has been served.

9. As models in the development of their children's abilities and character, the role played by parents and guardians can not be understated. As partners with the Lynbrook School District in the successful academic, social and emotional development of our children, I commit to the following:

- Be a positive role model so that through my/our own actions, I help to ensure that each child has the best experience possible.
- Be a "team" or "whole activity" fan, not a "my kid" fan.
- Weigh what my child says in any controversy, and work with coaches and moderators to gather all of the facts.
- Demonstrate respect to all opponents, parents of opponents, as well as opposing support groups at all interscholastic competitions.
- Be respectful of all referees and officials.
- I will not instruct or coach my child before or during a game or activity, as such instruction may conflict with the coach's or moderator's directives and plans.
- Praise all students in their attempts to improve and grow as players or participants.
- Develop an understanding and appreciation of the rules governing my child's activity or sport.
- Recognize and show appreciation for excellent performance by all participants.
- Help my child learn that success is experience in the development of his/her skills and that feeling good about working hard and getting better is really what participation is all about.
- Take time to talk with coaches and moderators in an appropriate manner, including the proper time and place, if I have a concern. I will respect the coach/moderator by following the designated chain of command.
- Actively support the alcohol, tobacco and drug-free policies of the Lynbrook School District. I will support my child by holding him/her accountable for their commitment to non-use of substances and to proper behavior inside and outside of school regarding hazing, harassment and bullying as outlined in the District Code of Conduct and this Participation Contract.

10. School employees, coaches, and club/activity moderators who fail to enforce these policies or any violation of the Lynbrook School District Code of Conduct may be subject to disciplinary action.

WE HAVE READ, UNDERSTAND AND WILL ABIDE BY THIS AGREEMENT:

Please Print Student's Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

BOE # 14-02-G29 July 2014

**INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION**

Prior to the start of the sports season, this health history review MUST be completed UNLESS the student has had a full medical exam within 30 days of the START of the season.

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sport \_\_\_\_\_ Level \_\_\_\_\_

**PART A – TO BE COMPLETED BY PARENT/GUARDIAN:**

**HEALTH HISTORY SINCE LAST PHYSICAL EXAM:**

If the answer to any of the following questions is “YES”, please describe the condition that prompted your answer in Part C on the reverse side of this form:

	<b><u>CHECK ONE</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1.	Any injuries requiring medical attention?	_____	_____
2.	Any illness lasting more than 5 days?	_____	_____
3.	Taking medicine or under doctor’s care at this time?	_____	_____
4.	Any dizziness, faintness or fatigue after exercise or exertion?	_____	_____
5.	Change in wearing glasses or contact lenses?	_____	_____
6.	Any surgical operations or fractures?	_____	_____
7.	Any treatment in a hospital or emergency room?	_____	_____
8.	Developed any allergies?	_____	_____

**PART B – TO BE COMPLETED BY PARENT OR GUARDIAN:**

Describe below the condition or situation that caused any question in PART B to be answered “YES”:

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**PART C – PARENT/GUARDIAN PERMISSION:**

I, the undersigned, clearly understand these questions are asked in order to determine if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Official School Use Only** - School Nurse/Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

