

HHS Swim and Dive Team  
Registration Package  
2017 - 2018 Season

**Athlete Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**TO BE PROVIDED BY THE PARENT/ATHLETE:**

- Copy of Birth Certificate  
- New swimmers/divers only
- Pre Participation Physical Evaluation (Form 5)
- NFHS Sportsmanship Course Certificate of Completion  
- If you have previously completed STAR training and have a certificate, you are grandfathered.  
- <https://nfhslearn.com/courses/37000/sportsmanship>  
- Students need to register by clicking on Log-In in the upper right hand corner.  
Click Order Course.  
Use the pull down menu to select Alabama.  
Click Check out.  
On the next screen, put a check mark in the agreement box and click Continue.  
It will then say, Your order has been processed. A receipt is shown below;  
which includes a link to a print friendly version. To access your course(s) please  
Click here.  
Click where it says Click here.  
Complete the module. Students will need earphones.  
Print certificate and attach to this packet.
- Registration Fee  
- \$400.00 High School / \$250.00 Middle School
- Concussion Information Form (AHSAA)
- Participant Agreement, Consent and Release (AHSAA)
- Student Transportation Form (HCS)
- Team Code of Conduct (S&D)
- Apparel Order Form (S&D)

**Please note that your athlete will not be permitted to participate in practices or meets until the complete registration packet has been submitted.**

**ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION**

**Preparticipation Physical Evaluation Form**

**History**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
 Sport \_\_\_\_\_

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital? Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble breathing or do you cough during or after activity? Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait? Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
17. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		
Explain "Yes" answers: _____ _____ _____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.**

## Physical Examination

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
Foot			
Other			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- C. Not cleared for:
  - Collision
  - Contact
  - Noncontact
 \_\_\_\_ Strenuous    \_\_\_\_ Moderately strenuous    \_\_\_\_ Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION  
**Concussion Information Form**  
*(Required by AHSAA Annually.)*  
2017-18 School Year

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 cannot 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.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• "Don't feel right"</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>
<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can't recall events prior to hit</li> <li>• Can't recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>	

**(Continued on Page 2)**

**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 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 a student-athlete's safety.

**AHSAA Concussion Policy:** Any student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussive symptoms occur, the student-athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AHSAA certified coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AHSAA policy application of the National Federation rule will be subject to sanctions.

**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 on the same day he/she sustained an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. The athlete may return the following day or anytime thereafter with written clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

This form is required by Alabama Law established in June 2011. The form was revised in April 2012, coinciding with the current AHSAA Concussion Policy.

**I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.**

_____	_____	_____
Student-Athlete Name Printed	Student-Athlete Signature	Date
_____	_____	_____
Parent Name Printed	Parent Signature	Date



**Huntsville High School Swimming and Diving**  
**Student Transportation Form**  
Year \_\_\_\_\_

I hereby give my son / daughter \_\_\_\_\_,  
(Print Student Name)

a member of the Huntsville High School Swim and Dive Team, permission to do the following (please initial all that apply):

\_\_\_\_\_ Travel only on authorized school vehicles.

\_\_\_\_\_ Leave from athletic practices or meets with another athlete's parents.

\_\_\_\_\_ Leave from athletic practice or meet facilities to be picked up by a family member or other responsible adult at a designated meeting point.

\_\_\_\_\_ Use his/her personal vehicle as transportation to and from athletic practices or meets.

I understand the ability of coaches and other school officials to supervise students may be impaired when those students are not under their direct control. I agree coaches will not be held accountable for supervision when students exercise their permission to use means of transportation not provided by Huntsville City Schools.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Huntsville High School Swim Team

## Code of Conduct

School Year \_\_\_\_\_

Any of the following MAY result in suspension from the team:

1. School suspension or improper conduct in school.
2. Poor grades or lack of effort in the classroom.
3. Unsportsmanlike conduct.
4. Causing poor team morale or disrupting team unity.
5. Theft of or intentional damage of school equipment.
6. Absence from any practice session or meet without prior approval from the coaching staff.
7. Being consistently late to team activities.
8. Swearing or foul language, gestures or other display of disrespect to a teacher, coach, school or meet official.
9. Use or possession of illegal drugs or alcohol.

Violations or incidents will be dealt with on an individual basis by the head coach who will determine the remedial action.

### **Athlete:**

I have carefully read the Code of Conduct. I am signing this form to acknowledge I understand the rules and potential consequences of breaking them.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent/Guardian:**

I have read and understand the Code of Conduct. I will encourage my child to abide by it and I will support the Team in enforcement.

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2017 HHS SWIM & DIVE

## Spirit Pack Information

Student Name (print): \_\_\_\_\_

*Please CIRCLE size*

**Short-sleeved t-shirt w/ HHS Logo**

Adult Sizes: S M L XL XXL XXXL

**Full-zip jacket with embroidered HHS Logo**

Adult Sizes: S M L XL XXL XXXL

**Warm-up pants (side pockets) with HHS Logo**

Adult Sizes: S M L XL XXL

*Samples for sizing will be available at the team meeting.*