

**MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF 2018-19)**

***(Complete and return pages 1-4 to SBO)***

Planned Sports: FALL: \_\_\_\_\_ WINTER: \_\_\_\_\_ SPRING: \_\_\_\_\_

|           |  |          |  |            |  |      |  |     |  |
|-----------|--|----------|--|------------|--|------|--|-----|--|
| Insurance |  | Physical |  | Concussion |  | Code |  | SCA |  |
|-----------|--|----------|--|------------|--|------|--|-----|--|

**PART I: Personal Information**

Student Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street) (City) (Zip Code)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE STATEMENT** - Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by call 1-800-880-5305 for information on healthy families and Medi-Cal programs. The Merced Union High School District ("District") makes available, on request, insurance through a private company for all students which will meet the Education Code insurance requirements including \$1500 of scheduled medical and hospital benefits (Ed Code sec 32220-32224). Students must have insurance before they are allowed to practice and participate in the athletic program. **Identify Student's coverage below:**

**PART II: Insurance Coverage**

- I have **Medi-Cal** coverage - YES: \_\_\_\_\_ NO: \_\_\_\_\_
- I have **private medical insurance** coverage - YES: \_\_\_\_\_ NO: \_\_\_\_\_ **Name of Company:** \_\_\_\_\_
- I am purchasing the private insurance made available by the **MUHSD** - YES: \_\_\_\_\_ NO: \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**PART III: Parental Permission and Hold Harmless**

I, \_\_\_\_\_, as parents/legal guardians of \_\_\_\_\_  
 (Print Parent's/Guardian's Name) (Print Student's Name)

will arrange to have him/her examined by \_\_\_\_\_ (Name of **MD, DO, PA**). I (we) do hereby release and agree to indemnify, defend and hold harmless the District, its officers, agents and employees from any claims, demands or suits of personal injury, illness or death which the student named above may suffer as a result of his/her participation in the interscholastic sports programs at any District school, where such personal injury, illness or death results, or allegedly results, in whole or part from the above referenced student having been either examined by the medical practitioner named above as a prerequisite for participating in interscholastic sports.

**WARNING:** Participation in athletics may result in severe injury, including paralysis and death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks but it is impossible to totally eliminate such occurrences in athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coach, following a proper conditioning program and inspecting their equipment daily.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics we acknowledge that we have read and understand this warning statement and that we hereby assume all of the above risks and, except in the case of gross negligence, will hold the District, its Officers, Agents, and Employees, harmless from any and all liability, actions, debts, claims, and demands of every kind and nature whatsoever which may arise out of or in connection with the Student's participation in athletics.

**I hereby guarantee** to keep medical insurance coverage in force which meets or exceeds legal requirements for the entire duration that my son/daughter participates in athletics, including but not limited to the payment of premiums, deductibles, and co-pays. I understand that we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.

**I hereby give my consent** for my son/daughter to compete in all athletics during the current school year and the following summer, if applicable. I hereby give my consent for my son/daughter to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted my permission to administer first aid and to secure medical and/or surgical treatment. **I / We have read, understand, and agree to all terms and conditions of both sides of this document.**

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

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

**PART IV: Medical Examination Statement** (All students participating in athletics must have an annual physical examination)

**I hereby certify that the above named student was examined by me and was found physically fit to engage in sports.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Medical Doctor, Doctor of Osteopathy or Physician's Assistant ONLY** - NO Nurse Practitioners, or Chiropractors

**MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF)**  
***(Complete and return pages 1-4 to SBO)***

**PART V: Merced Union High School District Concussion Information Sheet and Sudden Cardiac Arrest Information Sheet** (See Attached)

You are receiving this information about **Concussions** because of CA State Laws AB 25 (effective 1/1/12) and AB 2127 (effective 7/21/14) now reflected in CA Education Code 49475.

1. The law requires a student athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from play and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider.
2. Any athlete removed for this reason must receive a written note from a licensed health care provider trained in the management of concussion before returning to practice and competition.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

You are also receiving the attached Sudden Cardiac Arrest Information Sheet entitled "Keeping Their Heart in the Game" as required by AB 1639 (effective 07/01/17) now reflected in CA Education Code 33479-33479.9.

Every 2 years, all coaches are required to receive training on concussions, as well as certification in First Aid training, CPR, and AED's (life-saving electrical devices that can be used during CPR).

**I acknowledge that I have received and read the MUHSD Concussion Information Sheet.**

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

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

**PART VI: MUHSD Athletic Participation Guidelines and Code of Conduct Expectations**

Merced Union High School District (MUHSD) schools are members of the California Interscholastic Federation (CIF) and all athletes are subject to the rules and guidelines of the organization. The CIF unanimously adopted the principles of the "Pursuing Victory With Honor" program, including Character Counts.

- ALL transfer students must submit transfer eligibility paperwork through the site Athletic Director, to be approved by the Section Office, before competing.
- Athletes are not allowed to participate on an outside group or team during the high school season of sport, except as provided in CIF Section Rule 600.
- Athletes must earn a 2.0 GPA or higher with no more than one "F" in order to participate in any athletic event. Ineligibility is for one grading period, and starts or ends on the sixth day following the end of the grading period. Semester grades take precedence over quarter grades.
- Athletes must be in attendance all periods on the day of an athletic event or practice in order to participate unless prior administrative approval has been obtained.
- Any athlete under home suspension or in-school suspension may not practice, travel or compete during the dates of suspension.
- Any five-day home suspension related to possession, use, sale, or under the influence of any controlled substance as defined in Safety Code section 11007, alcoholic beverage, or intoxicant of any kind will result in a nine week ineligibility period from extracurricular and cocurricular activities (BP 6145)
- Students are responsible for all equipment and clothing issued to them. Equipment must be returned or paid for (replacement cost) at the end of the season. Students who fail to do so, will be placed on obligation and will not be allowed to participate on any subsequent teams until they are cleared by the site Athletic Director.
- Athletes that are "in season" must be with their coach, in study hall, or off campus during the athletic period. Athletes that are not "in season" must be with their athletic period instructor. Any deviation from this rule may result in removal from athletics period and may adversely affect the student's grade.
- In addition to the MUHSD Code of Conduct and Expectations, students must adhere to any additional rules specified by a team's coach in a player/parent contract. Violation of any school and/or team rule may jeopardize the student's ability to participate in athletics.

**I acknowledge that I received and read MUHSD Concussion Information Sheet and CIF Sudden Cardiac Arrest Information Sheet entitled "Keep Their Heart in the Game," and agree to the terms and conditions of this Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.**

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

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

# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING**  
is the  
**#1 SYMPTOM**  
OF A HEART CONDITION

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a

victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>



**Merced Union High School District**  
**Concussion Information / Protocol Form**  
*(Keep pages 5 through 7 for your personal reference)*

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, but not limited to: brain damage and death if not recognized or managed properly.** In other words, a seemingly minor “ding” or “bump” can be a serious injury. Concussions are not visible, and most often occur without loss of consciousness. Signs and symptoms of a concussion may appear immediately following an injury, but may take hours or days to fully appear. If your child reports or displays any symptoms of concussion, seek medical attention immediately.

**Concussion Symptoms May Include One or More of the Following:**

|                                  |                                  |
|----------------------------------|----------------------------------|
| Headache                         | “Don’t feel right”               |
| “Pressure in Head”               | Fatigue or low energy            |
| Nausea or vomiting               | Sadness                          |
| Neck pain                        | Nervous or anxiety               |
| Balance problems/dizziness       | Irritability                     |
| Blurred, double, or fuzzy vision | Emotionally high or low          |
| Sensitivity to light or noise    | Confusion                        |
| Feeling sluggish or slowed down  | Concentration or memory problems |
| Drowsiness                       | (ie-forgetting plays)            |
| Change in sleep patterns         | Repeating the same question      |
| Total or partial memory loss     | Repeating the same comment       |
| Feeling foggy or groggy          | Has trouble standing/walking     |

**Concussion Signs Observed by Parents, Teammates, or Coaches May Include:**

|                               |  |
|-------------------------------|--|
| Dazed appearance              | Behavior/personality changes               |
| Blank facial expression       | Unable to recall events (before/after hit) |
| Confused by assignment        | Seizures or convulsions                    |
| Confused/forgets plays        | Loss of consciousness                      |
| Unsure of game/score/opponent | Any changes in typical behavior            |
| Clumsy movements              | Any changes in personality                 |
| Answers questions slowly      | Slurred speech                             |

**For further information, please visit:**  
<https://www.cdc.gov/headsup/youthsports/index.html>

## **What May Happen if My Athlete Keeps Playing or Returns too soon?**

Athletes with any signs or symptoms of concussion should be removed from play immediately. Continuing to play with symptoms of concussion creates a larger risk of injury and damage, especially if the athlete suffers another concussion prior to recovery from the first. This may lead to complications including, but not limited to; prolonged recovery, brain swelling, brain damage, or even death. It is common for adolescents to underestimate or not report symptoms of injuries. Education of staff, coaches, parents, and students is key for your child's safety.

## **What Do I Do if I Think My Athlete has Suffered a Concussion?**

An athlete that is even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to athletic activity after a head injury or concussion, regardless of how mild it may appear or symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. CIF Bylaw 313 requires implementation of the following guidelines:

**“A student-athlete who is suspected of sustaining a concussion or head injury in practice or a game shall be removed from competition at that time and for the remainder of the day.”**

**“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed healthcare provider, trained in the evaluation and management of concussion, and received written clearance to return to play from the healthcare provider.”**

**AB 2127, a California State Law effective 1/1/15, states that return to play must be no sooner than 7 days after the concussion diagnosis has been made by a physician.**

You must inform your athlete's coach if you think that he/she has suffered a concussion. It is best to miss one game, rather than an entire season.

## **Final Thoughts for Parents and Guardians:**

It is well known that high school athletes often talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

**And...when in doubt, the athlete sits out!**

# Preparticipation 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 this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

| GENERAL QUESTIONS  | Yes        | No        | MEDICAL QUESTIONS   | Yes | No |
|--|------------|-----------|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   |            |           | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                    |     |    |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections<br>Other: _____   |            |           | 27. Have you ever used an inhaler or taken asthma medicine?   |     |    |
| 3. Have you ever spent the night in the hospital?  |            |           | 28. Is there anyone in your family who has asthma?  |     |    |
| 4. Have you ever had surgery?  |            |           | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  | <b>Yes</b> | <b>No</b> | 30. Do you have groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?   |            |           | 31. Have you had infectious mononucleosis (mono) within the last month?   |     |    |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?   |            |           | 32. Do you have any rashes, pressure sores, or other skin problems?   |     |    |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?  |            |           | 33. Have you had a herpes or MRSA skin infection?   |     |    |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><input type="checkbox"/> Kawasaki disease Other: _____ |            |           | 34. Have you ever had a head injury or concussion?  |     |    |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   |            |           | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?      |     |    |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise?   |            |           | 36. Do you have a history of seizure disorder?  |     |    |
| 11. Have you ever had an unexplained seizure?  |            |           | 37. Do you have headaches with exercise?  |     |    |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise?   |            |           | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?              |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  | <b>Yes</b> | <b>No</b> | 39. Have you ever been unable to move your arms or legs after being hit or falling?                                 |     |    |
| 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)?   |            |           | 40. Have you ever become ill while exercising in the heat?  |     |    |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  |            |           | 41. Do you get frequent muscle cramps when exercising?  |     |    |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  |            |           | 42. Do you or someone in your family have sickle cell trait or disease?   |     |    |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  |            |           | 43. Have you had any problems with your eyes or vision?   |     |    |
| <b>BONE AND JOINT QUESTIONS</b>  | <b>Yes</b> | <b>No</b> | 44. Have you had any eye injuries?  |     |    |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?   |            |           | 45. Do you wear glasses or contact lenses?  |     |    |
| 18. Have you ever had any broken or fractured bones or dislocated joints?  |            |           | 46. Do you wear protective eyewear, such as goggles or a face shield?   |     |    |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   |            |           | 47. Do you worry about your weight?   |     |    |
| 20. Have you ever had a stress fracture?   |            |           | 48. Are you trying to or has anyone recommended that you gain or lose weight?                                       |     |    |
| 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)   |            |           | 49. Are you on a special diet or do you avoid certain types of foods?   |     |    |
| 22. Do you regularly use a brace, orthotics, or other assistive device?  |            |           | 50. Have you ever had an eating disorder?   |     |    |
| 23. Do you have a bone, muscle, or joint injury that bothers you?  |            |           | 51. Do you have any concerns that you would like to discuss with a doctor?  |     |    |
| 24. Do any of your joints become painful, swollen, feel warm, or look red?   |            |           | <b>FEMALES ONLY</b>   |     |    |
| 25. Do you have any history of juvenile arthritis or connective tissue disease?  |            |           | 52. Have you ever had a menstrual period?   |     |    |
|  |            |           | 53. How old were you when you had your first menstrual period?  |     |    |
|  |            |           | 54. How many periods have you had in the last 12 months?  |     |    |

**Explain "yes" 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/guardian \_\_\_\_\_ Date \_\_\_\_\_