

North Salem Middle School High School
230 June Road
North Salem, NY 10560
(914) 669-5414/ Fax: (914) 276-3240

This certifies that _____ is physically qualified to participate in the following categories of competition during the school year _____.

Please mark the box (es) to indicate the student is qualified to participate in that particular group of activities.

| Contact/Collision | Endurance | Others |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Baseball | Cross Country | Cheerleading |
| Basketball | Skiing | Golf |
| Football | Swimming | |
| Hockey (Ice) | Tennis | |
| Lacrosse | Track | |
| Soccer | Volleyball | |
| Softball | Swimming | |
| Wrestling | Tennis | |
| | Volleyball | |

Reason for disqualification: _____

Please see reverse side for disqualification list.

Signature – Licensed Health Care Provider

Date

Please print/stamp your name, address and NY license #

I understand that the North Salem Central School District will rely on this certification.

This certificate is void if the pupil is absent from school for five (5) or more days because of illness or because of a significant injury. A new certificate must be issued before he/she is allowed to participate.

Remarks: _____

I/We give our permission for _____ to participate in organized middle school/high school athletics. I/We realize that such activity involves traveling to and from games and also involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis and even death.

I/We acknowledge that I/we have read and understand this warning.

Signature of Parent/Guardian

**North Salem Central School District
Disqualifying Conditions for Sports Participation**

| <u>Conditions</u> | <u>Contact/Collision</u> | <u>Non-contact/Endurance</u> | <u>Other</u> |
|--|--------------------------|------------------------------|--------------|
| GENERAL | | | |
| Acute infections: | | | |
| Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils, furuncles, impetigo | X | X | X |
| Obvious physical immaturity in comparison with other competitors | X | X | |
| Obvious growth retardation | X | | |
| Hemorrhagic disease: | | | |
| Hemophilia, purpura, and other bleeding tendencies | X | | |
| Diabetes, inadequately controlled | X | X | X |
| Jaundice, whatever the cause | X | X | X |
| EYES: | | | |
| Absence of loss of function on one eye | X | | |
| Sever myopia, if not correctable | X | | |
| EARS: | | | |
| Significant impairment | X | | |
| RESPIRATORY | | | |
| Tuberculosis (active or under treatment) | X | X | X |
| Severe pulmonary insufficiency | X | X | X |
| CARDIOVASCULAR | | | |
| Mitral stenosis, aortic stenosis, aortic insufficiency, coarctation of aorta, cyanotic heart disease, recent carditis if any etymology | X | X | x |
| Hypertension on organic basis | X | X | X |
| Previous heart surgery for congenital or acquired heart disease | X | X | X |
| LIVER: Enlarged | X | | |
| SPLEEN: Enlarged | X | | |
| HERNIA: Inguinal or femoral hernia | X | X | |
| MUSCULOSKELETAL: | | | |
| Symptomatic abnormalities/inflammation | X | X | X |
| Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport | X | X | |
| NEUROLOGICAL: | | | |
| History or symptoms of previous serious head trauma or related concussion | X | | |
| Convulsive disorder not completely controlled by medication | X | X | |
| Previous surgery on head or spine | | | |
| RENAL: | | | |
| Absence of one kidney | X | | |
| GENITALIA: | | | |
| Absence of/or undescended testicle | X | | |