

MGM Volleyball TRYOUT INFORMATION

coaches:

Mrs. Nancy Shoquist (Var.)
Mrs. Cindy P. Dobbs (Var. Ass.)
Mrs. Barclay Davis (JV)

- ❖ Thank you for your interest in MGM Volleyball. Try-outs dates are May 20th, 21st, 22nd (& 23rd if needed). Tryouts will END each day at 5:00. **PHYSICALS AND INSURANCE WAIVERS ARE DUE BY MAY 13TH.**
- ❖ Students need to be at try-outs every day. If there is a problem with attending each day, the student needs to speak with the coaches as soon as possible.
- ❖ You must have a 70 average to participate in high school sports. Prior to trying out for volleyball, you must turn in a **physical and insurance waiver**. Forms are included in this packet, but if you lose a form, you may go online and reprint one or all forms.
 - Go to www.MGMVikings.com
 - Roll over ATHLETICS at the top of the screen. Go down and CLICK on SPORTS.
 - Go all the way down to VOLLEYBALL (It does not matter if you click on JV or Var.).
 - Click on FORMS to print each forms.
- ❖ MGM School-wide physicals will be offered on April 10th. Details are not available at this time. We will make announcements as we receive more information on the time, location, and cost.
- ❖ Please turn in the attached information sheet with your physical and insurance waiver.

Required Documentation for Tryouts:

PHYSICAL AND INSURANCE FORMS DUE BY MAY 13TH.

1. **Physical Evaluation Form (MUST HAVE TO TRYOUT):** You and your parent fill out the front of this form (make sure that you and your parent sign and date the form). A doctor fills out the back of the form. Please make sure that the doctor puts a phone number and address when signing the form. Physicals are good for one year (365 days). If you tried out for another sport within the last year, you **MAY** use that physical. **YOU** are responsible for going to the coach and getting a **COPY** of the physical. We will not hunt down coaches/teachers and ask for your physical form. *** No Physician Assistant Signatures are allowed. It must be a medical doctor.
 - **EXTREMELY IMPORTANT:** ALL physicals **MUST** be on the 2018 form. Physicals need to be on one sheet (front and back).
2. **Insurance Waiver (MUST HAVE TO TRYOUT):** The insurance waiver must be completely filled out and signed by a parent/guardian as well as the student. If you do not have health insurance, you can purchase school insurance or apply for All Kids Health Insurance. **ALL ATHLETES MUST HAVE SOME FORM OF INSURANCE (STATE REQUIRED).**

Physical and Insurance forms are DUE by MAY 13, 2019

All other eligibility forms will be collected **AFTER** the team is selected.

VOLLEYBALL TRY-OUT INFO. SHEET/CHECKLIST

Player Name: _____

CURRENT Grade level: _____

Player Cell Number: _____

Player Email Address: _____

Home/Street Address (with zip code): _____

Mother's Name: _____

Mother's Cell Number: _____

Mother's Email Address: _____

Father's Name: _____

Father's Cell Number: _____

Father's Email Address: _____

Athletic Eligibility Checklist. You **MUST** have the physical evaluation and insurance waiver to try out for VB. All other paperwork will be completed after a team is selected.

Physical Evaluation

Insurance Waiver

Participation Agreement, Consent and Release

Concussion Form

Drug Test Form

Copy of Birth Certificate

Sportsmanship Certificate

Discipline Policy



Physical and Insurance Waiver Due by May 13th.

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION
Preparticipation Physical Evaluation Form
Revised 2018

Revised 2018

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 Rev. 2018) 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, 2018, will satisfy the requirement through May 31, 2019.

Student's name _____

Physical Examination

COMPLETE	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		

Revised 2018

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.

(Form must be signed and dated by the attending physician.)

MOBILE COUNTY PUBLIC SCHOOL WAIVER/INSURANCE FORM

LAST NAME _____ FIRST _____ M.I. _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____

MOBILE COUNTY PUBLIC SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

As an athlete / athletic parent in the MCPSS Athletic program, I / We understand that participation in any sport can be a dangerous activity involving MANY RISKS TO INJURY. I / We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I / We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by MCPSS. I / We also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I / We hereby grant consent to any and all health care providers designated by Mobile County Public School to provide my child any necessary medical care as a result of any injury / illness. I / We consent to participation in the following sport(s)

- Baseball, Cross Country, Gymnastics, Soccer, Tennis, Basketball, Football, Indoor Track, Softball, Volleyball, Cheerleading, Golf, Outdoor Track, Swimming, Wrestling

Signature of Parent / Guardian _____ Date _____ Signature of Student _____ Date _____

EMERGENCY INFORMATION

PLEASE PRINT

Parent / Guardian Name: _____

Home phone: _____ Father's Work: _____ Mother's Work: _____

Father's Cell: _____ Mother's Cell: _____

HEALTH INSURANCE INFORMATION: NOTE: This MUST be completed. You must have insurance to participate. If you do not have health insurance, you can take the accident policy offered through MCPSS or All Kids. Check with your school for further information. Also, please inform us of any changes in your insurance coverage during this school year.

Carrier: _____ Policy No.: _____ Group No.: _____ Expiration Date _____

Policyholder's name: _____ Relationship: _____

MEDICAL HISTORY: List any allergies or medical conditions: _____

In EMERGENCY, if parents cannot be contacted, notify:

Name: _____ Relationship: _____

Home phone: _____ Work: _____ Cell: _____

