



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS

MEDICAL QUESTIONS, FEMALES ONLY (Optional), CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height, Weight, BP, Pulse, Vision, Corrected; MEDICAL: Appearance, Eyes/Ears/Nose/Throat, Heart, Lungs, Abdomen, Genitourinary, Skin, Neurologic; MUSCULOSKELETAL: Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand/Fingers, Hip/Thigh, Knee, Leg/Ankle, Foot/Toes, Functional Duck Walk

RECOMMENDATIONS: I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below. BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING. Name of Examiner, Signature of Examiner, Date, (Check One): MD DO PA NP

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student, Grade, Doctor, Phone, IN EMERGENCY (1), Home #, Cell #, IN EMERGENCY (2), Home #, Cell #, Drug Reactions, Current Medications, Allergies



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are **FOUR (4)** signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: M F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: **6 7 8 9 10 11 12**

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**: _____ Date: _____

2 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

WCS PLAYER CONTRACT/PARENTAL CONSENT FORM

Please Print:

Student-athlete Name:

First Last

Please initial each statement below:

_____ I have read the Warren Consolidated Schools Athletic Handbook Guidelines for
Initials Parents/Guardians/Athletes and the Player's Contract, and I understand its contents.

_____ I pledge to NOT violate the rules of the Student Code of Conduct and the Player's
Initials Contract.

_____ I understand and will follow the district's transportation policy as listed in this
Initials handbook.

_____ A copy of this contract must be on file with the athletic director. I understand the
Initials consequences for violating the terms of this contract.

Athlete's Signature

Parent/Guardian Signature

Date

Date

Graduation Year: _____

The Warren Consolidated Schools Student Athlete Handbook can be viewed online at the following address.

<http://www.wcskids.net/Departments/Athletics/docs/athletichandbook.pdf>



Name: _____ Birthdate: _____ Home Telephone: _____
 Parent (Guardian): _____ Address: _____
 Father's Phone (Work): _____ Mother's Phone (Work): _____
 Person to Notify if Parent Cannot Be Reached - Name: _____
 Address: _____ Phone: _____ Relation: _____

PURPOSE OF THIS CARD: To enable parents or guardians to authorize the provision of emergency treatment for minors who become ill or injured while under school authority when parents or guardians cannot be reached. In the event of an emergency requiring medical attention, I hereby grant my permission to the team physician, trainer or coach to administer first aid to my son/daughter _____ Yes: _____ No: _____

In the event of an emergency requiring further medical attention, I hereby grant my permission to _____ (family doctor) at _____ (preferred hospital) or (if not possible) to attending physician at the hospital designated by the school staff to attend to my son/daughter _____ Yes: _____ No: _____

I expect every effort will be made to contact me in order to receive my specific authorization before any major medical treatment or hospitalization is undertaken.

Date: _____ Signature: _____

HEALTH HISTORY

Family Doctor: _____ Phone: _____ Hospital: _____

Insurance Company: _____ Insurance Contract Number: _____

Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Medical History:	YES	NO	
Heart Condition:	_____	_____	If So Explain: _____
Epilepsy:	_____	_____	
Diabetes:	_____	_____	If So Please State: _____
Asthma:	_____	_____	If So Please State: _____
Other Condition:	_____	_____	If So Please State: _____
Wear Contacts or Glasses:	_____	_____	If So Please Indicate Which: _____
Allergic To Any Medication:	_____	_____	If So Please List: _____

PLEASE FILL CARD OUT COMPLETE AND SIGN IT. PLEASE NOTIFY THE SCHOOL IF ANY OF THE INFORMATION (Above or on the other side) CHANGES DURING THE SCHOOL YEAR.



Name: _____ Birthdate: _____ Home Telephone: _____
 Parent (Guardian): _____ Address: _____
 Father's Phone (Work): _____ Mother's Phone (Work): _____
 Person to Notify if Parent Cannot Be Reached - Name: _____
 Address: _____ Phone: _____ Relation: _____

PURPOSE OF THIS CARD: To enable parents or guardians to authorize the provision of emergency treatment for minors who become ill or injured while under school authority when parents or guardians cannot be reached. In the event of an emergency requiring medical attention, I hereby grant my permission to the team physician, trainer or coach to administer first aid to my son/daughter _____ Yes: _____ No: _____

In the event of an emergency requiring further medical attention, I hereby grant my permission to _____ (family doctor) at _____ (preferred hospital) or (if not possible) to attending physician at the hospital designated by the school staff to attend to my son/daughter _____ Yes: _____ No: _____

I expect every effort will be made to contact me in order to receive my specific authorization before any major medical treatment or hospitalization is undertaken.

Date: _____ Signature: _____

HEALTH HISTORY

Family Doctor: _____ Phone: _____ Hospital: _____
 Insurance Company: _____ Insurance Contract Number: _____
 Date of Last Physical: _____ Date of Last Tetanus Shot: _____

Medical History:	YES	NO	
Heart Condition:	_____	_____	If So Explain: _____
Epilepsy:	_____	_____	
Diabetes:	_____	_____	If So Please State: _____
Asthma:	_____	_____	If So Please State: _____
Other Condition:	_____	_____	If So Please State: _____
Wear Contacts or Glasses:	_____	_____	If So Please Indicate Which: _____
Allergic To Any Medication:	_____	_____	If So Please List: _____

PLEASE FILL CARD OUT COMPLETE AND SIGN IT. PLEASE NOTIFY THE SCHOOL IF ANY OF THE INFORMATION (Above or on the other side) CHANGES DURING THE SCHOOL YEAR.

Athletic Information – Incoming Freshmen

Warren Mott High School Athletic Department

Dear Warren Mott Parents and Students,

The Warren Mott High School Athletic Department welcomes all returning Marauders as well as the new freshmen, representing the Class of 2026! We take great pride in our school and the variety of athletic programs we offer. Listed below, you will find all the options for sporting activities to join throughout the year. Please make sure to read through this entire document so you have all the necessary information for this upcoming year!

Fall Season <i>(August – November)</i>	Winter Season <i>(November – March)</i>	Spring Season <i>(March – May)</i>
Cheerleading (Sideline)	Basketball (Boys/Girls)	Baseball
Cross Country (Boys/Girls)	Bowling (Boys/Girls)	Golf (Boys)
Dance	Cheerleading (Competitive)	Lacrosse – Club (Boys)
Football	Dance	Soccer (Girls)
Soccer (Boys)	Swim (Boys)	Softball
Swim (Girls)	Wrestling	Tennis (Girls)
Tennis (Boys)		Track (Boys/Girls)
Volleyball (Girls)		

Athletic Eligibility

- ✓ Physicals/Eligibility Packets **MUST** be completed before any participation in tryouts or practices. The Eligibility Packet is available from coaches, the school office, and the Athletic Director at various points throughout the summer and include the following:
 - MHSAA Physical/Medical History Form
 - Warren Consolidated Schools Player Contract/Parental Consent Form
 - Warren Consolidated Schools Medical Treatment Authorization and Health History (2 copies must be filled out)

- ✓ These packets must be completed entirely and turned into the Athletic Director.

Summer Activities and Fall Sports Tryouts

- All conditioning and summer activities prior to Monday, August 8th are **NOT MANDATORY** for participation in fall sports.
- The first official day of tryouts/practices is Monday, August 8, 2022
- Summer Dead Period is from Friday, July 2nd – Friday, July 9th – during this time, no organized athletic activities are permitted, including conditioning and weightlifting.

Warren Mott Boosters

- ❖ The Boosters tirelessly work and raise funds throughout the entire year for the benefit of ALL students, and they are always looking for more people to be involved!
- ❖ Booster Meetings are held (normally) on the first Monday of each month in the Small Cafeteria at Warren Mott (by the Main Entrance). Please attend and get involved!

Warren Mott Athletic Department

- If you need any information regarding athletics or have questions, please contact the Athletic Director by phone at (586) 698-4577 or sbardelline@wcskids.net. I will be regularly checking messages and e-mails throughout the summer.
- Fall Sports Tryouts begin in August (see information below), Winter Sports Tryouts begin in November, and Spring Sports Tryouts begin in March

<p><u>Cheerleading (Sideline)</u> Contact Coach Brittney Berry at (586) 298-4518</p>	<p><u>Soccer (Boys)</u> Contact Coach Jesus Miramontes at setnomarim95@gmail.com</p>
<p style="text-align: center;"><u>Cross Country (Boys/Girls)</u> First Practice 8/8/22 from 8:00-10:00 a.m. (meet at the football stadium entrance)</p> <p>Contact Coach Mark Urquhart (Girls) at (586) 532-8699 or Coach Joe Stonchus (Boys) at (313) 873-2098</p>	<p style="text-align: center;"><u>Swim (Girls)</u> First practice will be Monday (8/8) from 9 a.m. to 11 a.m. (meet at the pool near athletic entrance). Practices are Monday through Friday from 9:00 - 11:00 a.m.</p> <p style="text-align: center;">Athletes should bring running shoes, gym attire, a swimsuit, goggles, and a water bottle</p> <p>Contact Coach Amy Williams at away@wcskids.net or text @mottgswim to 81010 (Remind)</p>
<p style="text-align: center;"><u>Dance</u> Team Auditions scheduled for Saturday, July 9th from 8:00 a.m. - 12:00 p.m. in the Main Gym</p> <p style="text-align: center;">Contact Coach Ami Sikorski at warrenmott.varsitydance@gmail.com</p>	<p><u>Tennis (Boys)</u> Contact Coach Paul Tarnavsky at ptarnavsky@gmail.com</p>
<p style="text-align: center;"><u>Football</u> Summer Workouts run Sundays at 4:00 p.m. and Mondays/Wednesdays/Thursdays at 7:30 a.m. at the Football Stadium</p> <p>First Practice is Monday (8/8) for ALL levels at 7:30 a.m.</p> <p>Contact Coach Tom Milanov at (586) 350-6259 or by e-mail at tmilanov@wcskids.net</p>	<p style="text-align: center;"><u>Volleyball</u> Tryouts will run Wednesday (8/10), Thursday (8/11), and Friday (8/12) in the Main Gym from 9:00 a.m.-12:00 p.m. for ALL levels</p> <p>For more information, contact Coach Camisha Coleman at Camishacoleman94@gmail.com</p>

To help get the most out of your high school years, all of us at Warren Mott High School encourage students to find as many activities as possible they are passionate about and interested in. We are always striving to improve our athletic program for you and welcome your suggestions/feedback. I personally look forward to working with all of you as enter the fall sports season and another great year for the Marauders!

Sincerely,

Mr. Stephen Bardelline
Athletic Director
(586) 698-4577 or sbardelline@wcskids.net