

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program

ADMISSIONS

*Application
Process*

You may download and print an application for the Richfield Residential Hall from our website.

www.richfielddorm.org

To complete the application packet, all of the following forms are required.

- Enrollment Application
- Copy of Certificate of Degree of Indian Blood
- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of Health Insurance Card (front and back of card)
- A recommendation letter from principal or counselor
- A copy of School Transcript
- A copy of Standardized Test results (PARCC, AIMS, SAGE, NWEA, etc)
- Updated Immunization Record
- Signed Consent for Medical Services
- Permission for Participation / Check Out Form
- Drug and Alcohol Free Campus Contract and School Policies
- Student Questionnaire with Personal Essay
- Liability/Participation Waiver
- Media Release Form
- Social and Emotional Learning (SEL) Opt-Out Form
- Physical Exam (Must be submitted before school begins)

Richfield Residential Hall
765 West 1st Avenue
Richfield, Utah 84701
(435) 896-6121 x 2

INSTRUCTIONS FOR COMPLETING THE STUDENT ENROLLMENT APPLICATION

STUDENT DATA

SCHOOL:	Enter location of school in which you wish to attend, South Sevier High School or Richfield High School. School choice is based on availability.
SOCIAL SECURITY #:	Enter student's social security number. (Please attach a copy of card)
GRADE:	Enter student's enrollment grade, such as 9 th grade, 10 th grade, etc.
STUDENT NAME:	Enter the name of the student by last, first and middle Example: Begaye, Frances Jean
ADDRESS:	Enter the address where student receives mail.
DATE OF BIRTH:	Enter the student's date of birth (Attach a copy of Birth Certificate)
PLACE OF BIRTH:	Enter the location, name of city or town, and state where the student was born.
CELL PHONE #:	Enter student's cell phone number.
GENDER:	Indicate whether the student is male or female.
CENSUS NUMBER:	Enter the census number or enrollment number assigned to the student by the governing tribe or agency in which he/she is a member/enrolled. (Please attach a copy of Certificate of Indian Blood).
DEGREE INDIAN:	Indicate such as 4/4, 3/4, 1/2, 1/4, etc. (Verified by CIB).
HOME AGENCY:	Enter the name of government office which has the responsibility or list of enrolled members which includes the student's name.
CHAPTER AFFILIATION:	Enter the name of the Chapter which the student is enrolled.
RELIGION AFFILIATION:	(Optional) - This section is to be filled out only if you wish to provide the information.

PREVIOUS SCHOOL INFORMATION

LAST SCHOOL ATTENDED:	List the name, address, dates, grade completed and reason for leaving the school previously attended. <u>The information is very important, PLEASE fill out as accurately as possible.</u>
PARTICIPATION:	Has the student participated in Special Education Programs or received additional assistance or educational resources.

FAMILY AND BACKGROUND INFORMATION

FATHER'S ADDRESS:	Enter Father's address if different from students
TRIBAL AFFILIATION:	List of Tribe(s) in which father is enrolled.
HOME AGENCY:	Enter Agency where father is enrolled.
CENSUS NUMBER:	Enter father's census number.
LIVING/DECEASED:	Indicate whether father is living. If deceased, enter date of death.
OCCUPATION:	Enter father's occupation
EMPLOYER:	Enter the name of your father's employer or where he works.
TELEPHONE NUMBERS:	Please list father's home telephone, work number, cell phone and emergency number or any number where your father can be reached in case of an emergency. If other, indicate friend, aunt, uncle, etc.
MOTHER'S INFORMATION:	Same instructions as above.
DOMINANT LANGUAGE:	Enter the main language spoken at home.
LEGAL GUARDIAN:	Same instructions as above.

**ALL ITEMS MUST BE RECEIVED BEFORE APPLICATION
WILL BE REVIEWED OR APPROVED**

- COPIES NEEDED:
- A copy of Student's Social Security Card
 - A copy of Certificate of Indian Blood
 - A copy of Birth Certificate
 - A copy of Updated Immunization Records
 - A copy of School Transcript
 - A copy of Standardized Testing results
 - A letter of recommendation from principal or counselor

School records, to include: report cards, transcripts, standardized test results, IEP's, letters of recommendation etc. are required to ensure the best placement and eligibility for courses at school. It is essential these are sent with the application

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS APPLICATION
PLEASE CONTACT OUR OFFICE AT (435) 896-6121 x 2.

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RICHFIELD, UTAH 84701
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RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



Parent/Guardian Information

With whom does the student live? Both Parents Mother Father Other

Father: _____

Mother: _____

Address: _____

Address: _____

Social Security Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Birth: _____

Tribal Affiliation: _____

Tribal Affiliation: _____

Home Agency: _____

Home Agency: _____

Census Number: _____

Census Number: _____

Living Deceased _____

Living Deceased _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Emergency Phone: _____

Emergency Phone: _____

Name of Person/Contact at emergency number: _____

Dominant language spoken in the home: (1) _____

(2) _____

If the student does not live with either parent, complete the following information for the guardian. Guardianship papers are required.

Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school may request additional information before the student is enrolled.

Signature of Parent/Legal Guardian

Date

Health Consent

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

Name of Student _____ Birthdate _____

I (We), _____
give consent for the Richfield Residential Hall to arrange for treatment for the following services for this child.

Medical and Dental Health Insurance is required for services

Please submit a copy of the front and back of the insurance card

- Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
- Dental care including dental examinations and necessary emergency dental care.
- Mental health services including evaluation and treatment as necessary.
- Emergency health care for accidents or illness.
- Transportation of the child to and/or from another health facility for these services.
- Administration of common over-the-counter medication to include (ibuprofen, tylenol, aspirin, cold/cough medicine, pepto, etc) as indicated in RRH medication administration policy.

- I hereby give consent for all of the above services
- Exceptions or special instructions: _____

- Any known medication allergies: _____
- Any known food allergies: _____
- Immunizations are current (copy is attached)

Signed _____

Address _____

Relationship _____

Date _____ Valid Until May 30, 2029

ACADEMIC HISTORY

List each school you have attended during the last three years, beginning with the one you are attending now. If you withdrew before completing any school year, indicate the reason.

Grade:	Name of School:	Address & Zip	Year	Reason
8 th	_____	_____	_____	_____
9 th	_____	_____	_____	_____
10 th	_____	_____	_____	_____
11 th	_____	_____	_____	_____
12 th	_____	_____	_____	_____

Please list any honors or prizes you have received or positions of leadership you have held during the past three years.

List those sports which you enjoy, and indicate whether you have played them recreationally or competitively. Where appropriate, also indicate which position(s) you played and any honors you have received in that sport (e.g. varsity letter, captain, all-star, MVP, etc).

What do you do for recreation? _____

Do you participate in any clubs? _____

What interest/experience do you have in student government? _____

What musical instrument(s) do you play? _____

What interest/experience do you have in arts and crafts (e.g. drawing, painting, photography)? _____

What subjects did you like best in school and why? _____

What subjects have been most difficult and why? _____

PLEASE COMPLETE THE FOLLOWING SENTENCES:

The most important extracurricular activity to me is _____

My greatest skill or talent is _____

I am happiest when _____

My most memorable day was _____

Three adjectives that describe me best are _____

Someday I would like to _____

The personal quality I admire the most is _____

I would like to be better at _____

With my friends I am _____

ACADEMIC CONDUCT/BEHAVIOR

Have you ever been dismissed, suspended, placed on probation, or received other disciplinary actions or recommendations? If yes, please provide a full explanation.

Previous Therapy/Counseling:

What is your perception of your behavior in a classroom environment on a daily basis? _____

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



Richfield Residential Hall
765 West 1st Avenue
Richfield, Utah 84701

**PERMISSION FOR PARTICIPATION
Dorm/High School Activities**

I hereby give the Richfield Residential Hall permission to release my son and/or daughter _____ to participate in all Richfield Residential Hall functions and all high school related activities including, but not limited to athletics, socials, clubs, or class activities, intramural sports, field trips, class projects and competitions.

Parent or Legal Guardian Signature

Date

CHECK OUT AUTHORIZATION

The following person(s) listed below are authorized to checkout my son/daughter from the Richfield Residential Hall. I fully understand that once the authorized person has checked them out, Richfield Residential Hall is no longer responsible or liable for my son/daughter. It is further understood and agreed that Richfield Residential Hall administration may deny student checkout requests when such requests raise concern for student safety and supervision. **Persons other than immediate family must be 25 years old in order to check students out.**

Name	Relationship	Name	Relationship
_____	MOTHER/GUARDIAN	_____	_____
_____	FATHER/GUARDIAN	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NO OTHER PERSON MAY CHECK MY SON/DAUGHTER OUT OF THE RICHFIELD RESIDENTIAL HALL WITHOUT MY WRITTEN PERMISSION. AND NO OTHER ADDITIONS WILL BE MADE WITHOUT MY WRITTEN APPROVAL BY BOTH PARENTS AND RRH PRINCIPAL. ALL CHANGES MUST BE MADE IN WRITING AND VERIFIED BY PHONE BY THE PARENT/GUARDIAN.

Parent or Legal Guardian Signature

Date

If employees of Richfield Residential Hall check students out while employees are off their tour of duty, the Richfield Residential Hall assumes no responsibility or liability. Overnight checkouts of students by RRH employees are not authorized or sanctioned by RRH.

2025-2026 SY

RICHFIELD RESIDENTIAL HALL

College and Career Preparatory Program



Student Name: _____ School Year: _____

Student Alcohol/Drug Policy:

1. When a student is suspected of using alcohol, an initial assessment will be made by staff at the time of occurrence so as to determine if the student will be taken to the appropriate offices (academic or residential) for further assessment. If deemed appropriate by supervisor on duty, urinalysis or breathalyzer test will be administered by trained personnel. 911 may be called to transport student for medical advice and/or further testing. At this time, staff will begin documentation of intervention.
2. Trained Richfield Residential Hall staff will complete the RRH Health Screening form before the student is transported to the Sevier Valley Hospital. Hospital telephone number is: Sevier Valley Hospital (435) 896-8271.
3. When it is determined by medical staff through means of formal alcohol/drug assessment that it is safe for a student to return to campus, the student must obtain a medical release from Sevier Valley Hospital staff before they will be released to the custody of Richfield Residential Hall.
4. Students who are under the influence will not be placed in Sick Bay or with other students. Law enforcement or trained personnel will be called to assist for the protection of the student and others.
5. Students who are under the influences of alcohol or drugs will be referred for assessment and/or treatment and may face disciplinary action. All alcohol and drug violations are referred to appropriate court system.
6. Noncompliance with or refusal of service(s) may result in a disciplinary hearing or immediate expulsion from the program.

Act of Violence:

Any act of violence, to include harassment, threatening or inflicting physical harm, hazing or dragging or assault may result in a disciplinary hearing or immediate expulsion from the program.

Search Policy:

For reasonable cause and essential in assuring the welfare and safety of students and staff, Richfield Residential Hall staff, acting in loco parentis as legal custodian of the school and property may, at their discretion exercise search and seizure action. Such search and seizure activities will be held in compliance with 25 CFT-Part 42.3.(B), Rights and Responsibilities of the Individual Student. The Residential Hall may conduct canine searches of school property and residential facilities.

Vandalism Policy:

Richfield Residential Hall students are made notice that all student acts of vandalism against the property of Richfield Residential Hall will be the financial responsibility of the student/parent/guardian. In addition to the cost of the vandalism, student may be subject to restitution through the juvenile justice department.

Personal Property Policy:

Care and protection of personal property shall be the responsibility of the owner. All personal property shall be clearly labeled and identified by the owner. Large sums of money should be kept under lock or placed in the office safe. Similarly, electronics and other valuable items should be kept under lock. Richfield Residential Hall is not legally or fiscally responsible for lost or stolen property.

I am legally responsible for this student and hereby apply for his/her admission to Richfield Residential Hall. I read and understand the above policy. I agree to support all program policies, procedures and the Student Code of Conduct and Student Handbook while my student is enrolled.

_____/_____/_____ School Year
Parent Signature Date

I have read and understand the above policies. I agree to abide by all program policies, procedures, Student Code of Conduct and Student Handbook while I am enrolled at Richfield Residential Hall. I understand that violation of program rules or the Student Code of Conduct may result in disciplinary action and release from the program.

_____/_____/_____ School Year
Student Signature Date

NOTE: Refusal to sign will result in the applicant not being considered for enrollment.

Richfield Residential Hall
Drug and Alcohol Free Campus
Student/Parent Consent

Student Name: _____ School Year: _____

Richfield Residential Hall students are enrolled in a highly competitive program primarily for the purpose of obtaining a world class education. Drugs, alcohol, tobacco and other mind altering substances are contrary to that outcome and are not tolerated on our campus. RRH is a drug free school zone and will be strictly enforced as such. Every student deserves the right to learn in a safe and drug free environment. As such, the following must be agreed to prior to acceptance into the program.

Expectations of Parent/Guardian:

- As the parent or guardian of the above-named student, I support Richfield Residential Hall's **No Alcohol, Drug, and Tobacco Policies**.
- I have discussed these policies with my student and will reinforce and support Richfield Residential Hall's recommendations for services when they are offered. (see the previous page of policies)
- I agree to my child being randomly tested for use of alcohol and drugs.
- I understand that refusal or noncompliance with program recommendations may result in my child being suspended or expelled from Richfield Residential Hall.

Expectations of Students:

- I understand and will follow Richfield Residential Hall's policies and rules regarding use of alcohol, drugs or tobacco while enrolled at school.
- I agree to be randomly tested for use of alcohol or drugs.
- I will abide by recommendations for treatment or services for use of alcohol, drugs or tobacco.
- I understand that refusal or noncompliance with recommended services may result in my release from enrollment at Richfield Residential Hall.
- I will comply with my Individual Treatment Plan established with my counselor while residing at the Richfield Residential Hall.

We have reviewed and agree to policies, expectations and consequences for use of alcohol, drugs or tobacco as established by Richfield Residential Hall.

(Parent Signature) _____ / _____ / _____ School Year
Date

(Student Signature) _____ / _____ / _____ School Year
Date

Note: Refusal to sign will result in applicant not being considered for enrollment.



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College and Career Preparatory Program

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RichfieldDorm.org

RICHFIELD RESIDENTIAL HALL LIABILITY/PARTICIPATION WAIVER FORM

I hereby release, indemnify and hold harmless Richfield Residential Hall (RRH), RRH Governing Board members, employees of RRH, and RRH students, from any and all medical claims, and/or injury claims of any nature arising out of or in any way related to my/child/children(s) participation in RRH activities during their attendance at Richfield Residential Hall.

By signing this Waiver and Release Form, I hereby grant permission for my child to participate in RRH activities, with knowledge and awareness that injury is possible. I accept the risk of such injury to my child. I also acknowledge and assume all other risks related to my child's participation in the above activity and agree that Richfield Residential Hall, RRH Governing Board members, RRH employees, and RRH students, assume no liability whatsoever for personal injuries or property damage that may arise out of my child/children's participation in the RRH activity.

My signature below indicates that I have read and freely accept this Waiver and Release. I understand its terms, and I expressly agree that this Waiver shall be construed and enforced in accordance with the laws of the State of Utah. I agree that this Waiver and Release is intended to be as broad and inclusive as permitted under the laws of the State of Utah.

Student name

Date

Signature of Parent(s)/Legal Guardian(s)

Date





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RRH Social and Emotional Learning (SEL) Opt-Out Form

Social/Emotional Learning (SEL) is the process of developing the self-awareness, self-control, decision-making, and interpersonal skills that are vital for school, work, and life success. In order to guide effective SEL instruction, Richfield Residential Hall (RRH) will administer a series of brief surveys. The data collected will solely be used by authorized RRH staff to direct activities and provide personalized SEL services for students. Specifically, the type of formative data collected and instruction will focus on self-awareness, self-worth, self-management and advocacy, social awareness, relationship skills, and decision-making/critical thinking.

A sample of the SEL surveys can be requested by contacting Richfield Residential Hall.

Note: Your student will be automatically registered to take the SEL Surveys and participate in SEL instruction. You only need to complete this form if you would like to opt-out of the SEL survey, instruction, or both. To opt-out, please place a check mark on the box, complete the information below, sign the form and submit with this enrollment packet. Failure to complete this form constitutes permission for your child to participate in SEL activities.

_____ I DO NOT want my child to participate in any SEL survey ONLY.

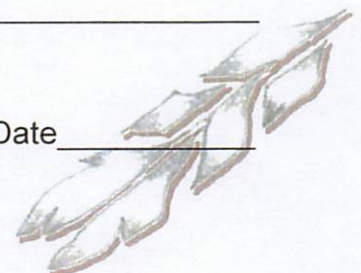
_____ I DO NOT want my child to participate in any SEL instruction ONLY.

_____ I DO NOT want my child to participate in any SEL survey or instruction.

Student Name _____ Grade _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____





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Richfield Residential Hall Media Release

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Director's approval, occasionally, staff and local media cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and social media sites. Many of these pictures are posted to the program website (www.richfielddorm.org) and social media sites to keep parents informed of program activities.

By signing below, you agree that you have been notified of the possibility that your son / daughter may be included in photographs or video and authorize the use for public print, display or broadcast.

Student's Name: _____

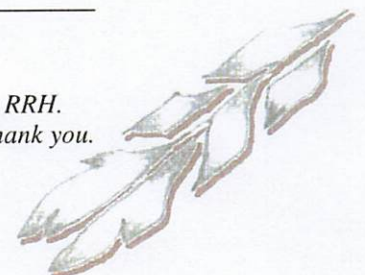
_____ I give permission for my child's name or photograph to be used for school-related public media and the school's website.

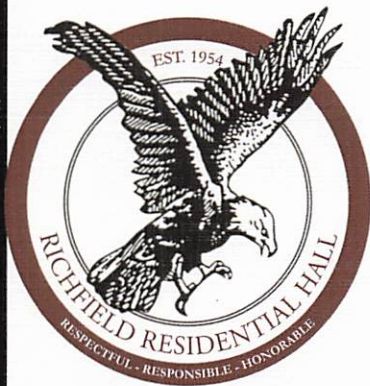
_____ I do not give permission for my child's name or photograph to be used for school-related public media or the school's website. (Student will still be allowed to attend the activity or program.)

Parent Signature

Date

*This form will stay in effect for the duration of your student's enrollment at RRH.
If at any time you wish to change this form, please ask for one in the office. Thank you.*





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Suicide Prevention/QPR Waiver Form

As part of our commitment to student well-being, we are offering Suicide Prevention training using the QPR (Question, Persuade, Refer) method. This training equips students with skills to recognize warning signs of suicide, offer support, and seek help from a trusted adult.

What is QPR?

QPR is a nationally recognized, evidence-based suicide prevention program that teaches individuals how to:

- **Question** someone who may be at risk for suicide,
- **Persuade** them to seek help, and
- **Refer** them to appropriate resources.

Purpose of the Training

This training is designed to increase awareness and equip students with tools to help themselves or others in crisis. It does not promote or encourage discussions of personal trauma, but it does provide information on how to respond to peers who may be struggling with suicidal thoughts.

Parental Consent

By signing this form, you acknowledge the following:

- You have been informed about the QPR training and its purpose.
- You consent to your child's participation in this training.
- You understand that trained professionals will facilitate the session in a safe and supportive environment.
- You understand that if your child needs additional support, referrals to appropriate mental health resources will be provided.

Opt-Out Option

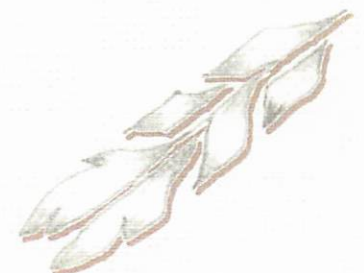
If you choose **NOT** to have your child participate, please check the box below:

I DO NOT give permission for my child to participate in the QPR training.

Parent/Guardian Name: _____

Signature: _____

Date: _____





PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic) Health Examination and Consent Form

COMPLETING THIS FORM:

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

QUALIFICATION OF PROVIDERS:

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination must be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Registered Nurse Practitioner (RNP), or Doctor of Chiropractics (DC), functioning within the legal scope of their practice.

As part of our quality assurance efforts in best practices and maintenance of credentialing, and acknowledging the need to allow time for certification efforts, the BOT approved that all medical personnel that perform the pre-participation physical exam for student athletes will be required to be "Board Certified"* by their respective disciplines by March 10, 2025.

In addition to maintaining the continuing medical education (CME) required by each medical discipline for state licensure, the BOT approved that NPs, PAs, DCs, DOs and MDs have successfully completed postgraduate education and Board Certifications. As examples: NPs would successfully complete and maintain FNP-BC or FNP-C certifications; PAs would successfully complete NCCPA certification and maintain PANRE or PANRE-LA certifications; DCs would successfully complete and maintain a postgraduate Diplomate program (i.e. Internal Medicine & Family, Sports Medicine, Orthopedics, Pediatrics, etc.); DOs and MDs would successfully complete a postgraduate residency/fellowship program and maintain board certification in one of the 24 Member Boards of ABMS.

*Note: The American Board of Medical Specialties differentiates medical licensure from board certification.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.



Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

****This Pre-Participation Evaluation DOES NOT replace the Child Wellness Evaluation by you family medical provider.**

Name of Student

School

Is the student covered by health/accident insurance? Yes No

Name of health insurance provider

If no insurance provider, explain _____

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

Parent or Guardian Name

Parent or Guardian Signature

Date

Student Statement

By signing below I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of Student

Date

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.



ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed every school year, **NOT prior to March 10th of the previous year**, by the athlete and parent prior to any tryout, practice, or athletic contest

ATHLETE INFORMATION

Athlete Name: _____ Date of Exam: _____
 Sport(s): _____
 Birth date: _____ Age: _____ Grade in school _____ Gender: _____ School year: _____
 Athlete Cell Phone No. (_____) _____ Athlete Address: _____

EXAMINATION: TO BE FILLED OUT BY PHYSICIAN ONLY

Height: _____ Weight: _____ Male Female Pulse: _____ BP: ____/____ % Body Fat (opt) _____
 Vision: Left _____ / _____ Right _____ / _____ Corrected: Yes No Pupils: Equal Unequal
 Immunizations: Tetanus _____ MMR _____ Hep B _____ Chickenpox _____

GENERAL MEDICAL (please initial)			MUSCULOSKELETAL (please initial)		
	Normal	Abnormal Findings		Normal	Abnormal Findings
Appearance (Marfan stigmata)			Neck		
Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)			Back		
Lymph Nodes			Shoulder/ Arm		
Heart (murmurs)			Elbow/ Forearm		
Pulses (Simultaneous femoral and radial pulses)			Wrist/ Hand/ Fingers		
Lungs			Hip/ Thigh		
Abdomen			Knee		
Skin (HSV, MRSA, tinea corporis)			Leg/ Ankle		
Neurological			Foot/ Toes		
Genitourinary (males only)			Functional (Duck walk, single leg hop)		

ATHLETIC PARTICIPATION RECOMMENDATIONS *(Physician MUST select one item listed below)*

_____ **FULL & UNLIMITED PARTICIPATION**
 _____ **LIMITED PARTICIPATION**—May NOT participate in the following _____
 _____ **CLEARED PENDING**—Documented follow up of: _____
 _____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Physician's Comments: _____

By signing this form, I acknowledge that I am board certified in a medical specialty, and in addition, I am current in my maintenance of certification.

Medical Provider: _____

MD DO NP PA

(Please print)

Medical Signature: _____ Date: _____

DC: The above named athlete is not currently prescribed medication.

Providers Address: _____

DC: Student is taking medication and I have consulted with the prescribing physician

Providers Phone #: _____

IF THIS FORM IS NOT FULLY COMPLETED INCLUDING DOCTOR ADDRESS AND NUMBER, IT WILL NOT BE ACCEPTED



ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed every school year, NOT prior to March 10th of the previous year, by the athlete and parent prior to any tryout, practice, or athletic contest

Athlete Name: _____ **Date of Birth:** _____

MEDICAL HISTORY

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

Allergies: Do you have any allergies? Yes No If yes, please identify specific allergy.

Medicines Pollens Food Stinging Insects

ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
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 <input type="checkbox"/> Other:			Have you ever used an inhaler or taken asthma medication?		
Have you ever spent the night in the hospital?			Is there anyone in your family who has asthma?		
Have you ever had surgery?			Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you had infectious mononucleosis (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you have any rashes, pressure sores, or other skin problems?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you had a herpes or MRSA skin infection?		
Has a doctor ever told you that you have any heart problems? If so check all that Apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection <input type="checkbox"/> Other:			Do you have a history of seizure disorder?		
Has a doctor ever ordered a test for your heart? (e.g. ECG/EKG, Echocardiogram)?			Have you had any problems with your eyes or vision?		
Do you get light headed or feel more short of breath than expected during exercise?			Have you had any eye injuries?		
Have you ever had an unexplained seizure?			Do you wear glasses or contact lenses?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Do you wear protective eye wear such as goggles, or a face shield?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	Do you worry about your weight?		
Has any family member or relative died of a heart problem or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Does anyone in your family have hypertrophic cardiomyopathy, Long QT syndrome, Short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			Are you on a special diet or do you avoid certain types of foods?		
Does anyone in your family have a heart problem, pacemaker, or implanted Defibrillator?			Have you ever had an eating disorder?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?					
BONE AND JOINT QUESTIONS	Yes	No	HEAT ILLNESS QUESTIONS	Yes	No
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Have you ever become ill while exercising in the heat?		
Have you ever had any broken, fractured or dislocated bones?			Do you get frequent muscle cramps when exercising?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			Do you or someone in your family have sickle cell trait or disease?		
Have you ever had a stress fracture?					
			HEAD AND NECK HEALTH QUESTIONS	Yes	No
Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)?			Do you have headaches with exercise?		
Do you regularly use a brace, orthotics, or other assistive devices?			Have you ever had a head injury or concussion?		
Do you have a bone, muscle, or joint injury that bothers you?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
Do any of your joints become painful, swollen, feel warm or look red?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do you have any history of juvenile arthritis, or connective tissue disease?			Have you ever been unable to move your arms or legs after being hit or falling?		
			FEMALES ONLY		
Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? Specify below if yes			When was your first menstrual period (age when started)?		
If yes, check the appropriate box and explain below:			When was your most recent menstrual period?		
<input type="checkbox"/> Head _____ <input type="checkbox"/> Neck _____			How much time do you usually have from the start of one period to the start of another?		
<input type="checkbox"/> Back _____ <input type="checkbox"/> Shoulder _____			How many periods have you had in the last year?		
<input type="checkbox"/> Arm _____ <input type="checkbox"/> Elbow _____			What was the longest time between periods in the last year?		
<input type="checkbox"/> Finger _____ <input type="checkbox"/> Wrist _____					
<input type="checkbox"/> Hand _____ <input type="checkbox"/> Shin/Calf _____					
<input type="checkbox"/> Thigh _____ <input type="checkbox"/> Knee _____					
<input type="checkbox"/> Hip _____ <input type="checkbox"/> Ankle _____					
<input type="checkbox"/> Foot _____					

Parent Signature: _____

Date: _____