



# Pre-Participation Physical Evaluation for Athletics

Maryland State Department of Education  
Maryland State Department of Health  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850

MCPS Form SR-8  
June 2019

## PRE-PARTICIPATION PHYSICAL EVALUATION FOR ATHLETICS

To Parents or Guardians:

Students enrolled in grades 9-12 must have an annual pre-participation physical evaluation in order to participate in Montgomery County Public Schools (MCPS) interscholastic athletics and school conditioning programs. Students enrolled in grades 7-8 must have a medical evaluation every two years to participate in the MCPS middle school interscholastic athletics program.

The medical evaluation shall be performed by an authorized health care provider.

The pre-participation physical evaluation consists of four parts: History Form (pages 1 and 2), Physical Examination Form (page 3), Athletes with Disabilities Form: Supplement to the Athlete History (page 4), and the Medical Eligibility Form (page 5).

**The student must turn in only the last page (MEDICAL ELIGIBILITY FORM—page 5) to the school or coach prior to participation. The authorized health care provider should retain the first four pages.**

If a student-athlete experiences a significant injury, illness, or surgery after submitting the annual pre-participation physical evaluation, a clearance letter from an authorized health care provider is required to resume participation.

The health information submitted to the school will be available only to those health and education personnel who have a legitimate educational interest in your child.

Exemptions from physical examinations are permitted if they are contrary to a student's religious beliefs. In such circumstances, the family should submit verification.

If the student-athlete requires medication and or a treatment to be administered in school or during practices or athletic events, you must have the authorized health care provider complete a medication and or treatment administration form for each medication and or treatment to be administered. These forms can be obtained from your child's school or online from the Montgomery County Public Schools (MCPS) website at [www.montgomeryschoolsmd.org](http://www.montgomeryschoolsmd.org): MCPS Form 525-12, *Authorization to Provide Medically Prescribed Treatment, Release and Indemnification Agreement*, MCPS Form 525-13, *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, MCPS Form 525-14, *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*. If you do not have access to an authorized health care provider or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

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

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

<b>MEDICAL QUESTIONS (CONTINUED)</b>	<b>Yes</b>	<b>No</b>
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
<b>FEMALES ONLY</b>	<b>Yes</b>	<b>No</b>
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

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

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**■ PREPARTICIPATION PHYSICAL EVALUATION**

**ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY**

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

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "Yes" answers here.**

\_\_\_\_\_

\_\_\_\_\_

**Please indicate whether you have ever had any of the following conditions:**

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "Yes" answers here.**

\_\_\_\_\_

\_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

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

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

\_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRE-PARTICIPATION COVID-19  
Supplemental Questions for Student's Physical**

This form should be completed by the student's physician at the time of a physical.

**Student History**

1. Has your child or adolescent been diagnosed with COVID-19?  
Yes    No
  
2. Was your child or adolescent hospitalized as a result for complications of COVID-19?  
Yes    No
  
3. Has your Child been diagnosed with Multi-inflammatory Syndrome in Children?  
Yes    No
  
4. Has your child or adolescent had direct known exposure to someone diagnosed with COVID-19?  
Yes    No

**Please address any "yes" answers to the above questions here:**

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## WRESTLING WEIGHT CERTIFICATION OPTIONS/APPEALS

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### Two Ways to Certify

A wrestler may have his or her minimum weight class certified by one of two sources: MCPS or Maryland Orthopedic Specialists (MOS). No other sources will be accepted. Information regarding MOS is given at the bottom of the page.

### MCPS Offers Two Weight Certification Opportunities

MCPS will offer/sponsor two opportunities for weight certifications: November 6 and December 4, both at Clarksburg High School. Both are free. Most wrestlers will have their weight certified on November 6. The December 4 certification is intended exclusively for the following wrestlers:

- Those who failed the hydration test on November 6.
- Those who missed the November 6 certification. Note: Wrestlers who had their minimum weight certified on November 6 may not attempt to certify at a lower weight class on December 4.

### Appeals and Independent Testing

Appeals may be requested under the following circumstances. The parent is responsible for paying the cost for an appeal, and all appeals must occur before the wrestler's first competition.

- The attending physician at the MCPS-sponsored weight certifications on November 6 and December 4 may "round down" to the lower of two weight classes if the wrestler's projected weight at a 7% level of body fat (12% for females) is within two-percent (2%) of the lower weight class. If the wrestler's projected weight is within 2% of a lower weight class but the attending physician does not elect to round down, the parent may have the wrestler's family physician approve a maximum of a 2% "round down".
- Wrestlers may appeal the results of the MCPS-sponsored body fat assessment/weight certification and have a new test completed. Appeals must be coordinated through MOS which uses the Tanita TBF-300WA (same instrument used to certify MCPS wrestlers on November 6 and December 4). Otherwise, an appeal must be based on use of a DEXA Scan or Hydrostatic Weighing. There is no "rounding down" on appeals or tests conducted through MOS. MOS will forward the results of the test to MCPS.
- If a wrestler is below a 7% (12% for females) level of body fat, there will be no "rounding down" allowance and the wrestler must obtain a note from his or her family physician stating that the wrestler is naturally below a 7% level of body fat.

### Maryland Orthopedic Specialists (MOS)

- Parents/wrestlers must contact Mr. Randy Rocha in advance for an appointment via email: (randyrocha.lac@gmail.com).
- Cost will be \$25 for the Tanita test. Mr. Rocha can assist with any other inquiries about body fat measurements.
- MOS will conduct appointments at local schools and at satellite locations on Saturdays (a physician's signature is required for certification).
- MOS will assess the wrestler's hydration level, and if sufficiently hydrated, the wrestler will qualify for a body fat assessment.
- There is no "rounding down" at MOS.
- MOS will fax the results of the test to the MCPS Athletics Unit.





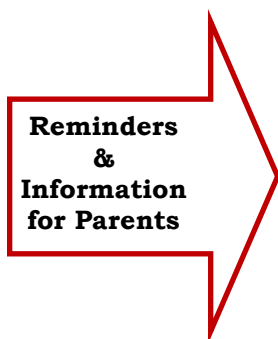
## 18<sup>th</sup> Annual MCPs Wrestling Weight Certification Schedule

**Date:** November 6, 2021  
**Location:** Clarksburg High School  
 22500 Wims Road  
 Clarksburg, Maryland 20871  
**Phone:** 240-740-6000

### Schedule of Schools:

Time	Schools
10:00 – 10:30 a.m.	James Hubert Blake, Northwood, Paint Branch
10:30 – 11:00 a.m.	Gaithersburg, Sherwood, Springbrook
11:00 – 11:30 p.m.	Montgomery Blair, Albert Einstein, Col. Zadok Magruder
11:30 – 12:00 p.m.	Walter Johnson, Quince Orchard, Rockville
12:00 – 12:30 p.m.	Bethesda-Chevy Chase, Clarksburg, Watkins Mill
12:30 – 1:00 p.m.	Damascus, John F. Kennedy, Walt Whitman
1:00 – 1:30 p.m.	Richard Montgomery, Northwest, Poolesville
1:30 – 2:00 p.m.*	Winston Churchill, Thomas S. Wootton
2:00 – 2:30 p.m.*	Seneca Valley, Wheaton

*\*The last 2 sessions, 1:30 – 2:30 p.m., are also open to students taking the SAT that morning.*



- Masks **must** be worn at all times
- Wrestlers **must** bring their student ID
- Wrestlers **must** bring their signed parent permission form
- Wrestlers will receive weight certification cards at the sign-in desk
- Wrestlers must wear **gym shorts** and **t-shirts** to be certified
- Wrestlers must be properly hydrated in order to have a valid body fat analysis
- Unless the school has otherwise made transportation arrangements, transportation is provided by the wrestler's parents

### Make-up Weight Certification Schedule: December 4, 2021

Time	Schools
9:00 – 9:30 a.m.	4A West Division
9:30 – 10:00 a.m.	3A/2A Division
10:00 – 10:30 a.m.	4A North Division
10:30 – 11:00 a.m.	4A South Division



September 23, 2021



Re: Weight Certification Information

Dear Wrestling Parent/Guardian:

The following information describes the weight certification procedures that will be used to determine a safe minimum wrestling weight class for Montgomery County Public Schools (MCPS) wrestlers. Additional information and forms referred to in this letter are available from the coach or on the [MCPS Athletics Webpage](#).

### **Structure and Concept**

The MCPS weight certification program is structured on regulations and guidelines established by the National Federation of High Schools (NFHS), the NFHS Medicine Advisory Committee, and the Maryland Public Secondary Schools Athletic Association (MPSSAA). An essential component of the program is establishing a safe minimum weight class for wrestlers using hydration testing and body fat analyses. Briefly, the current weight, height, and level of body fat is determined for each wrestler, and calculations determine the wrestler's weight if he reduced to a 7% level of body fat (12% for females). The weight that corresponds to a 7% level of body fat is used to determine a safe minimum weight class.

### **Regulations**

As prescribed by NFHS and MPSSAA regulations, Maryland public school wrestlers must have their minimum weight class certified prior to their first match. This process involves two steps. First, each wrestler must have a hydration test and body fat analysis, which are used to determine what the wrestler would weigh if he achieved a 7% level of body fat (12% for females) in a properly hydrated state. Second, a Licensed Health Care Provider (LHCP) signature is required to certify the wrestler's minimum weight class, based on the results of the body fat analysis. Wrestlers may not recertify to a lower weight class after their first match.

### **Measuring Body Fat: The Tanita TBF-300WA**

MCPS will use the Tanita TBF-300WA (300WA) to conduct body fat analyses of MCPS wrestlers. The 300WA is used to conduct similar tests on wrestlers in many states, and is endorsed by the NCAA as a means of calculating safe minimum wrestling weights. The 300WA operates under the principle of bio-impedance. Simply explained, the 300WA sends a very small electric signal through the body, and the amount of time it takes for the charge to complete its circuit determines the amount of body fat. The quicker the circuit is completed, the less body fat. The test takes approximately 10 seconds to complete. The individual simply steps on the scale, a small signal is sent, and the measurement is taken.

## **Importance of Proper Hydration**

To ensure validity and accuracy, an individual must be properly hydrated prior to the body fat analysis. Otherwise, the test will indicate a higher level of fat than actually exists. Briefly, if a body is not properly hydrated, the electric signal is artificially slowed, resulting in a false reading. Accordingly, the hydration level of each wrestler will be determined immediately prior to the body-fat analysis. A wrestler must “pass” the hydration test before undergoing the body fat analysis. A sample of the wrestler’s urine is needed to conduct the test. It will be briefly examined exclusively to determine the level of hydration, and immediately discarded.

It is not difficult for individuals to determine whether they are properly hydrated. Briefly, the clearer the urine, the greater the probability that they are properly hydrated. However, there are a number of factors that can influence an incorrect reading, including coffee, chocolate, and heavy exercise in the hours prior to the test. An information sheet is available on the MCPS Athletics Website or from the coach regarding proper hydration, and recommendations on how wrestlers can ensure that they are properly hydrated for their body fat analyses.

## **MCPS Will Sponsor Body Fat Analyses/Weight Certification**

MCPS will sponsor hydration tests and body fat analyses for wrestlers at no cost to parents. The tests will be conducted on November 6, 2021, at Clarksburg High School, with make-up tests on December 4, 2021. Wrestlers from the 25 respective MCPS high schools are asked to arrive for the test according to the schedule indicated on the *Weight Certification Schedule* available on the MCPS athletics website. Wrestlers should wear gym shorts and t-shirts for the analysis. Parents may accompany their child, but it is not required. Once a wrestler has successfully undergone the body fat analysis, a minimum weight class will be determined and verified by a LHCP present at the test site. The weight certification process is then completed. MCPS will retain a copy of the weight certification document.

## **Pertinent Forms/MCPS Athletics Website**

All pertinent forms and additional information regarding the MCPS Wrestling Weight Certification Program are available on the [MCPS Athletics webpage](#), or from the coach. Pertinent forms and additional information include *Weight Certification Schedule*, *Parent Permission Form*, and *Frequently Asked Questions: A Guide for Parents and Wrestlers*, and *Wrestlers’ Weight Certification Hydration Tip Sheet*.

## **Parent Consent**

Parents are asked to do two things. First, parents are asked to provide permission to allow their child to have their weight certified by MCPS. MCPS will not perform the weight certification process/body fat analysis unless the wrestler has parent permission. The wrestler must bring the signed parent permission form and a student ID to the testing facility. Second, parents will need to have their child at the testing site (Clarksburg High School) at the time designated on the *Weight Certification Schedule* sheet (available on the MCPS Athletics webpage). Since many schools have arranged for transportation, it is recommended that parents call the wrestling coach or athletics specialist (AD) to see if transportation arrangements have been made.

## **Determining the Minimum Certified Weight Class**

The attending LHCP will certify each wrestler at the weight class that corresponds to the wrestler's projected weight at a 7% level of body fat (12% for females). In many instances, a wrestler's projected weight at a 7% level of body fat will fall between two weight classes. If the projected weight is within two percent (2%) of the lower weight class, the attending LHCP may "round down" and certify the wrestler at the lower weight class. Otherwise, the LHCP will "round up" and certify the wrestler at the higher of the two weight classes. This decision will be based on the judgment of the attending LHCP. Wrestlers may not certify for a weight class more than 2% below their projected weight at a 7% level of body fat (12% for females).

## **Appeals and Independent Testing**

Parents who choose to appeal the MCPS-sponsored certification must do so before the first match. There are two circumstances for an appeal. First, if the attending LHCP chose not to "round down" and certify a wrestler to the lower of two weight classes, and the wrestler's projected weight at a 7% level of body fat (12% for females) is within 2% of the lower weight class, the wrestler's family LHCP may do so if he or she feels that it is safe for the wrestler. This certification from the family LHCP must be submitted in writing, with acknowledgement of the results of the body fat analysis. Weight certification below a 2% margin will not be allowed.

Second, if a parent wishes to appeal the results of the MCPS-sponsored weight certification using the Tanita TBF-300WA, or if a parent chooses to forego the MCPS sponsored weight certification and have an independent body fat analysis for his or her child, then the parent may seek an alternative test at the parents' expense. MCPS has arranged through Maryland Orthopedic Specialists (MOS) to handle appeals or original non-MCPS sponsored weight certifications. MOS uses the Tanita TBF-300WA (the same instrument used in the MCPS assessments). Weights calculated to correspond to a 7% level of body fat conducted through MOS may not be "rounded" down to achieve certification. Computer generated results of the independent body fat analysis, including results of the hydration test, must be submitted.

Third, a parent may elect to have a body-fat analysis conducted by a private organization other than MCPS or MOS. This option will require use of either a Dual Energy X-ray Absorptiometer (DEXA Scan) or Hydrostatic Weighing. Like with MOS, doctors may not "round down" to achieve certification at a lower weight class.

## **Nutrition Education**

An extremely important component of the MCPS and MPSSAA weight certification program is to provide nutrition information to wrestlers, parents, and coaches. Medical evidence supports that reducing weight to a 7% level of body fat (12% for females) is the minimum to which a high school athlete should aspire. However, the manner in which wrestlers reduce and maintain weight is a potential matter of concern. The nutrition information provided on the MPSSAA web site ([www.mpssaa.org](http://www.mpssaa.org)) is adopted from the California High School Athletic Association's nutrition education program. The information is specifically designed to provide wrestlers and parents with information on how wrestlers may attain and maintain an appropriate body fat level while maintaining maximum strength and energy. Wrestlers and parents are strongly encouraged to access this information on the MPSSAA web site ([www.mpssaa.org](http://www.mpssaa.org)).

Please remember that reducing to a 7% level of body fat (12% females) is not necessarily a recommendation, but rather, it is a minimum. In fact, the large majority of high school wrestlers compete at a weight above a 7% level of body fat. In no way is MCPS recommending or endorsing that a wrestler reduce to a weight that corresponds to a 7% level of body fat. However, if in the opinion of a medical doctor and a wrestler's parents a 7% level of body fat is safe and appropriate for a wrestler, then the wrestler may reduce to a corresponding weight classification.

Thank you in advance for supporting our efforts to attain the highest degree of safety for your child.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Sullivan". The signature is fluid and cursive, with a large loop at the end.

Jeffrey K. Sullivan, Ed.D.  
Director, Systemwide Athletics

**PARENT PERMISSION FORM**  
**MCPS Wrestling Weight Certification**  
**2021–2022**

State regulations require that all wrestlers have their minimum weight class certified prior to their first match. Maryland regulations further stipulate that a body fat analysis be conducted for all wrestlers as part of their weight certification. A Licensed Health Care Provider (LHCP) must use the results of the body fat analysis in determining a safe minimum weight class. The body fat analysis and subsequent calculations are used to determine a wrestler's weight if he reduced his body fat to a 7% level (12% for females) while maintaining a proper level of hydration. The LHCP determines the lowest weight class in which the wrestler may compete based on the results of the body fat analysis and subsequent calculations.

Montgomery County Public Schools (MCPS) will sponsor a weight certification program for MCPS wrestlers. Briefly, MCPS will conduct body fat analyses for wrestlers, and will provide a LHCP to certify each wrestler's minimum weight class based on the results of the body fat analysis. MCPS will use the Tanita TBF-300WA body fat monitor to conduct these tests. The weight certification will be held at Clarksburg High School on November 6, with a make-up day on December 4 at Clarksburg High School. Tests will be performed by certified athletic trainers. Upon completion of the process, a minimum weight class will have been determined and certified for each wrestler.

While there are no known health risks regarding use of the Tanita TBF-300WA, individuals using a pacemaker or internal electrical medical device should not use this device. The weak electrical signal may cause such internal devices to malfunction.

Details regarding the MCPS weight certification process are available on the MCPS Athletics Website ([www.montgomeryschoolsmd.org/departments/athletics](http://www.montgomeryschoolsmd.org/departments/athletics)). This information includes a letter to parents explaining details of the program, and an information brochure entitled *Frequently Asked Questions: A Guide for Parents and Wrestlers*.

An important component of a valid, reliable body fat analysis is that wrestlers be properly hydrated. Accordingly, a urine sample from each wrestler will be tested exclusively for its hydration level immediately prior to the body fat analysis. Once the hydration level has been determined, the urine sample will be discarded. A wrestler must be sufficiently hydrated in order to have an accurate and valid body fat analysis.

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Please read and sign below:

I (parent/guardian name) \_\_\_\_\_ have reviewed the materials distributed by MCPS regarding the weight certification program, and I understand the basic components of the program. I understand that my son or daughter does not have to participate in the MCPS sponsored program, and that I may elect to have an independent test performed at my expense that meets MCPS requirements. I understand that if my child has a pacemaker or uses another type of internal electrical medical device, they should not undergo this test.

I give permission for my child to participate in the MCPS sponsored weight certification program.

Wrestler Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_  
**(Please Print)**

School: \_\_\_\_\_ Grade: 9 10 11 12

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



**Montgomery County Public Schools**  
**Wrestling Weight Certification**  
**HYDRATION TIP SHEET**

**WRESTLERS**

The following information includes tips that will help you report to the weight certification properly hydrated. Remember: the clearer your urine is the better chance you will properly hydrated.

**THREE-FOUR DAYS before the weight certification:**

- Drink plenty of fluids throughout the day (water has no calories). Athletes should be drinking at least 8-10 glass of water each day.
- Increase intake of foods high in fiber (such as salad, cereal, vegetables, and fruits). This will help with removal of excess waste from body.
- Eat smaller, more frequent meals.
- AVOID foods high in fat (such as fried foods, meat, french fries, pizza, nuts, salad dressings).
- AVOID salty foods (such as potato chips, pretzels, pizza, tuna, crackers, soft drinks, sports drinks).
- Be sure that you eat and drink, do not dehydrate!!!

**ONE DAY before the weight certification:**

- Continue drinking fluids, you should be urinating on a frequent basis. Urine should be colorless if you are fully hydrated.
- Eat smaller, but more frequent meals. Continue to eat fibrous food, to eliminate excess waste from body.
- STAY AWAY from fatty foods and snacks that will remain in your body for a longer period of time.
- Do not drink “dark” drinks (Coke, Pepsi, etc.). Drink clear liquids (water, Sprite, etc.)

**DAY of weight certification:**

- Eat small portions and eat a very light lunch (if afternoon testing).
- Eat light foods (such as fruit and grains).
- Continue to drink water (stay clear of coffee, and “dark-colored” drinks).
- Do not drink salty drinks (such as sodas, Gatorade, or PowerAde). This may cause you to retain fluid.
- Urinate as frequently as possible through the day until one to two hours prior to your weight certification time.
- Please be ready to urinate for the hydration test.



# Frequently Asked Questions: A Guide for Parents and Wrestlers

## Wrestling Weight Certification Process 2021–2022



**Dr. Jeffrey K. Sullivan**  
Director, Systemwide Athletics  
Montgomery County Public Schools  
Phone: 240-740-5650 Fax: 301-279-3104  
[www.montgomeryschoolsmd.org/departments/athletics](http://www.montgomeryschoolsmd.org/departments/athletics)

### 1. Why does MCPS require body fat analyses to determine minimum wrestling weights?

MCPS complies with national federation and state rules regarding weight certification and weight management. MCPS is committed to promoting more responsible, safer, healthier weight management among wrestlers, consistent with the R.A.I.S.E. core value of safe competition.

### 2. What are the main parts of the weight certification process?

The wrestler's current weight, age, hydration level, and height will be used to calculate what the wrestler would weigh if he achieved a 7% level of body fat (12% for females). The lowest weight class that the wrestler may certify/compete will correspond to what the wrestler would weigh if a 7% level of body fat is achieved (12% for females) while retaining proper hydration.

### 3. Where does the minimum body fat percent of 7% for males and 12% for females come from?

These are the recommended minimums determined by the National Federation of High Schools (NFHS) National Medicine Advisory Committee. Research in sports medicine observed these to be the lower limits among elite athletes performing at peak efficiency. Negative physiological changes have been reported below these levels.

### 4. Does a wrestler need to reduce to a 7% (12% for females) level of body fat in order to be competitive?

Absolutely not. In fact, the large majority of wrestlers, including the top wrestlers, will compete at weight classes well above that which corresponds to a 7% level of body fat. Remember, 7% is a minimum percentage, not a recommended percentage.

### 5. Is this a new requirement?

No. MCPS began requiring all wrestlers to undergo body fat analyses in 2003. It is a safer and more precise way to determine a minimum weight class. Since the 2006–07 season, NFHS regulations require all wrestlers in the country to have hydration tests and body fat assessments to determine minimum weight classes.

### 6. Why is there a need for this process?

National studies have shown excessive weight loss and "bouncing" (rapid weight loss followed by subsequent gorging) among a significant number of wrestlers. Studies show these practices to be harmful. Professional medical organizations and national wrestling organizations strongly endorse the process implemented by MCPS.

### 7. What potential harmful effects may result from excessive weight loss?

Decreases in academic performance, athletic endurance, and strength have been observed. Also, bodily functions, including internal temperature control mechanisms, may be compromised. An increased incidence and vulnerability to eating disorders is another potential result.

### 8. How will a safe minimum weight class be determined?

The current height, weight, hydration level, and level of body fat is used to calculate what the wrestler would weigh at a 7% level of body fat (12% for females). The corresponding weight will be used to determine the lowest weight class in which the wrestler may compete.

### 9. What is to stop wrestlers from crash-dieting and reducing to their minimum weight class in one week?

Every public school team in the state must submit a Team Weight Chart (TWC) prior to the 1<sup>st</sup> match. This chart is programmed to determine a minimum weight class in which a wrestler may compete for each week of the season. The minimum weight class is programmed to reflect what wrestlers will weigh if they reduced 1.5% of their weight per week, which is considered a safe rate of weight loss.

### 10. What will MCPS use to measure a wrestler's body fat?

The Tanita TBF-300WA Body Fat Analyzer. This is a reliable, valid instrument that is used to conduct similar tests on wrestlers in many states to determine minimum wrestling weight. The instrument is safe, non-invasive, more precise than calipers, and consistent for all wrestlers.

### 11. Is the Tanita TBF-300WA safe?

Although there are no known health risks from using the Tanita scale, individuals using a pacemaker or internal electrical medical devices should not use this product. The weak electrical signal may cause such internal devices to malfunction.

### 12. How does the Tanita TBF-300WA work?

The instrument is similar in appearance to a bathroom scale, with a keypad attached that allows variables to be entered including height, gender, and age. The instrument works on the principle of bioelectric impedance, which involves sending a very small electric signal through the body. When the individual steps on the scale, the feet are in contact with two small pads. The signal begins at one pad, is conducted through the water contained in the body, and ends at the other pad.



Lean muscle has much more water than fat tissue and allows the signal to pass easily. Fat contains significantly less water and causes impedance or resistance to the signal. The amount of time it takes to complete the circuit determines the percent of body fat. The slower the time, the higher the amount of body fat.

**13. Who will conduct the tests?**

Athletic trainers and professionals will conduct hydration tests and body fat analyses. A Licensed Health Care Provider (LHCP) will be present to certify the minimum weight class for each wrestler, based on the result of the body fat analysis.

**14. If body fat is the major criteria for certification, why is a LHCP's signature still required?**

The state athletic association, as well as the Code of Maryland Regulations (COMAR), require that a LHCP certify a wrestler's lowest weight class. The Tanita TBF-300WA provides objective data to be used by the LHCP to determine a safe minimum weight class.

**15. Why is a hydration test necessary prior to the body fat analysis?**

Bio impedance instruments, such as the Tanita TBF-300WA, require that the individual be properly hydrated for a valid, reliable reading. An improper level of hydration will slow the speed of the signal, resulting in a flawed reading. The individual will show to have a higher level of body fat than he or she actually has. All wrestlers must "pass" a Urine Specific Gravity (hydration) test with a reading of 1.025 or lower immediately prior to having their body fat analyses. The urine will be analyzed exclusively for its level of hydration, and immediately discarded.

**16. What if a wrestler is not properly hydrated?**

If a wrestler is not properly hydrated, the wrestler will have to retake the test at another time.

**17. Will what one eats or drinks affect the hydration test?**

Certain items including caffeine and chocolate act as diuretics and could result in excess water loss or otherwise impede the electric signal used to measure the percent of one's body fat. Information regarding hydration tips is available.

**18. What is required from parents and wrestlers?**

Wrestlers must arrive at the designated time/place with a signed parent permission form and student ID. Wrestlers should be properly hydrated, and should wear gym shorts and t-shirts.

**19. What is the cost to wrestlers/parents for the body fat analysis/weight certification?**

There is no cost to parents for wrestlers who certify at the MCPS sponsored weight certification location. However, parents must bear the expense for appeals or tests conducted at non-MCPS facilities.

**20. Do other wrestlers in the state have to undergo a similar weight certification process?**

Wrestlers at all Maryland public high schools must have a hydration test, body fat analyses and a LHCP's signature to certify them for a minimum weight class. The weight certification form used by MCPS is similar for all Maryland public schools.

**21. What if a wrestler's calculated weight at a 7% level of body fat (12% for females) is between two weight classes?**

The higher of the two weight classes will be designated, unless the calculated weight at 7% body fat (12% for females) is within 2% of the lower weight class. The attending LHCP may "round down" to the lower weight class if within 2%. If the attending LHCP does not consider it appropriate to "round down," the wrestler may appeal this decision to his or her family LHCP. The family LHCP may certify the wrestler at the lower weight, but only if the wrestler's projected weight at a 7% level of body fat is within 2% of a lower weight class.

**22. Where can I get additional information?**

The MCPS Athletics webpage contains specific information regarding many details and aspects of the wrestling certification process. ([www.mcps.k12.md.us/departments/athletics](http://www.mcps.k12.md.us/departments/athletics)). This information may also be obtained from the coach.

**23. May a wrestler have a private, independent test to establish weight certification, instead of the test that MCPS will administer?**

Yes, but the instrument used for the independent test will have to be the Dual Energy X-ray Absorptiometer (DEXA Scan), Hydrostatic Weighing, or the same instrument used by MCPS (Tanita TBF-300WA). The individual must bear the costs of independent testing. Independent testing, appeals, and tests/weight certification for wrestlers after the MCPS certification dates are handled through Maryland Orthopedic Specialists (MOS) via email to Randy Rocha ([randyrocha.latc@aol.com](mailto:randyrocha.latc@aol.com)). A 2% "rounding" allowance will not be allowed for certification at non-MCPS facilities. A computer-generated test result, including results of the hydration test, must be submitted.

**24. Suppose a wrestler misses the MCPS sponsored weight certification or comes out late?**

See numbers 23 and 25.

**25. Is there an appeals process for an individual who does not agree with the MCPS assessment?**

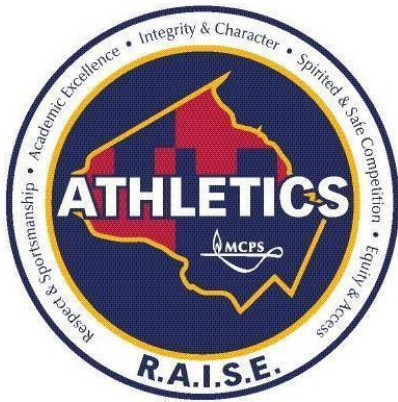
Yes, but the individual must bear whatever costs and make whatever arrangements are necessary. An individual may not appeal whether to allow greater than a 2% allowance that may qualify them for a lower weight class. However, an individual may appeal the results of the MCPS test. Appeals and late certifications are handled through Maryland Orthopedic Specialists (MOS) via email to Randy Rocha ([randyrocha.latc@aol.com](mailto:randyrocha.latc@aol.com)). An individual may either be retested using the Tanita TBF-300WA or using a DEXA Scan. There will not be any "allowance" or "rounding down" in an appeal of this nature, and the appeal must be completed and approved before the first match. Appropriate documentation of the test results must be provided.

**26. Suppose a wrestler is naturally below the 7% minimum for males or the 12% minimum for females?**

First, this is very rare. The wrestler's LHCP must verify in writing that the wrestler is naturally under a 7% level of body fat. There would be no "rounding down". The wrestler would certify for the weight class at or immediately above the natural weight.

**27. How may one obtain information on a healthy, nutritious diet for a wrestler?**

This information is available on the MCPS Athletics webpage ([www.montgomeryschoolsmd.org/departments/athletics](http://www.montgomeryschoolsmd.org/departments/athletics)) and the MPSSAA web site ([www.MPSSAA.org](http://www.MPSSAA.org)). The nutrition plan described is adopted from the California High School Athletic Association nutrition education program for wrestlers.



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**MCPS ATHLETICS**  
**RETURN to R.A.I.S.E.**  
September 10, 2021

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Dear MCPS Community:

The fall competition season is underway! We want to provide important information on vaccination requirements for participation in the MCPS interscholastic athletics program.

### **Vaccination Requirements**

#### Student-Athletes

*Beginning Monday, Nov. 15, the start of the winter sports season, all high school and eligible middle school student-athletes will be required to submit proof of full COVID-19 vaccination prior to participation.* This requirement applies to the winter and spring sports seasons, as well as all out-of-season activities conducted through MCPS Athletics. This requirement is supported by the COVID-19 Task Force for MCPS Athletics, which includes representation from the Montgomery County Department of Health and Human Services and the Office of Emergency Management and Homeland Security, along with multiple MCPS departments. This requirement also aligns with recommendations from the American Academy of Pediatrics and the American Medical Society for Sports Medicine. As of Sept. 10, 2021, 87.2% of the 12 and older population in Montgomery County is fully vaccinated and 96.1% of all eligible residents have received one dose.

#### Coaches and Athletic Department Personnel

Consistent with MCPS requirements for staff members, coaches and athletic department personnel must submit proof of vaccination. All staff employed by MCPS must provide verification that they have received at least the first COVID-19 shot by Sept. 30, 2021, and verification of the second shot by Oct. 29, 2021, unless staff request an exemption based on a medical reason documented by a medical doctor. If a medical exemption is granted, the employee must submit to regular COVID-19 testing as required by MCPS.

#### **Rationale**

Vaccinations play a critical role in supporting a safe environment for our student-athletes, both in the classroom and the realm of competition. In addition to protecting individuals and teams, vaccinations minimize interruptions to in-person learning and program activities. Furthermore, with the indoor activities offered in the winter season, vaccinations will play an integral role in ensuring activities continue in the safest environment possible. Vaccinations are the best path forward to promoting the R.A.I.S.E. core values of academic excellence and safe competition in all settings.

#### **Fall Season**

All eligible student-athletes participating in the fall season are strongly encouraged to be vaccinated.

## **Exemptions**

Students may be exempted from immunization requirements if an authorized health care provider certifies that there is a medical reason not to receive the COVID-19 vaccine.

## **Submission of Documentation**

More information will be shared in the coming weeks regarding the submission of documents. Registration for winter sports will open in mid-October.

## **COVID-19 Vaccination Clinics**

Information regarding clinics is available [here](#).

## **Return to R.A.I.S.E. Plan**

The Return to R.A.I.S.E. Plan has been [updated as of Sept. 10](#), to include the new vaccination requirements.

## **Communication and Resources**

Our COVID-19 Task Force for MCPS Athletics will continue to evaluate and implement the latest safety measures. Updates and guidance from the task force are available on the [COVID-19 Athletics Information webpage](#).

We recognize that this is a difficult decision for some families and appreciate the efforts and commitment to the health and safety of our student-athletes. Specific questions should be directed to your school's [athletics specialist \(AD\)](#), [athletic coordinator \(AC\)](#), or coach.

Montgomery County Public Schools

## **STUDENT-PARENT/GUARDIAN ATHLETIC PARTICIPATION INFORMATION**

### **Montgomery County Public Schools (MCPS)**

#### **Philosophy**

Interscholastic athletics supplement and support the academic mission of the school system and assist students in their growth and development. Athletics assists in promoting the importance of teamwork, effort, goals, and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and sportsmanship.

#### **Sportsmanship**

An important mission of the interscholastic athletics program is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents/guardians, and spectators respect this mission by exhibiting appropriate behavior at athletic events. Countywide team and school awards are presented annually to schools whose coaches, players, and fans, demonstrate a high degree of sportsmanship.

#### **Student Eligibility Requirements**

*Students must meet the following requirements to be eligible to participate. Participation of ineligible students will result in individual and team sanctions, including forfeits for the team.*

1. Students must submit a current *MCPS Pre-participation Physical Evaluation Form* (MCPS Form SR-8), a *Medical Card for Athlete* (MCPS Form 560-30), and a *Student/Parent/Guardian Athletics Participation Contract* before being allowed to participate in practices or contests.
2. Students must achieve a minimum 2.0 grade point average for the most recently completed marking period, with no more than one failing grade. Academic eligibility is determined on the date report cards are issued and remains until the next report card is issued.
3. Students must attend all of their scheduled classes in order to participate in a practice or contest on that day. If the principal or designee grants an excused absence in advance for a prescheduled activity or an unforeseen emergency, the student may participate on that day.
4. If during the season a student has an unexcused absence, the student may not compete in the next contest after the violation has been verified.
5. In addition to other infractions, a student may be suspended or removed from a team for unexcused absences or chronic tardiness to classes or team practices.
6. Students who are 19 years old or older as of August 31 of the current school year are ineligible.
7. Students may not participate in more than one interscholastic sport in one season.
8. A student may not participate in practices or contests when serving an in-school or out-of-school suspension. The student becomes eligible to participate on the next school day following the suspension.
9. Students must satisfy school and school system Participation Standards.
10. Students whose legal residence is outside the designated boundary of a particular school may not participate unless they have received a Change of School Assignment (COSA) and athletic waiver.
11. Students should refer to *A Student's Guide to Rights and Responsibilities* for additional guidelines and regulations related to eligibility.

#### **Hazing**

Hazing is prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule. In some instances, hazing constitutes a criminal act. At a minimum, hazing may lead to immediate dismissal from a team.

#### **Assumption of Risk**

Participation in interscholastic athletic activities often includes intense competition and poses the potential for serious, catastrophic, or life-threatening injury. Participants and parents/guardians are urged to consider that there are inherent risks and hazards associated with athletic participation. Risks vary from sport-to-sport and can occur under direct supervision and with use of proper safety equipment.

## **Health and Safety**

Parents/guardians and students are required to review health and safety related information provided on the MCPS Athletics website <http://www.montgomeryschoolsmd.org/departments/athletics>. The website includes information on MRSA, heat acclimatization, hydration, sudden cardiac arrest, head injuries and concussions, steroids, and sudden cardiac arrest. If a student or parent/guardian cannot access the MCPS Athletics website, the school will provide the required information.

## **Communication with Coaches**

Parents/guardians should not attempt to address coaches immediately after contests and practices. Coaches have many post contest/practice responsibilities, including supervision of players. Also, the post-contest/practice period is often emotionally charged and not conducive to productive discussion. If a parent/guardian feels a need to communicate a concern, the parent/guardian should contact the coach and/or athletic director to arrange a later meeting.

## **Electronic Communications**

Parents/guardians and students are expected to utilize appropriate, positive use of social media, e-mail messages, blogs, websites, and other electronic communications. Parents/guardians and students shall not make inflammatory or derogatory comments and/or post inappropriate descriptions or pictures regarding students, staff members, coaches, and/or other teams or schools.

## **Participation Expectations and Standards**

Participation in interscholastic athletics is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student-athletes:

1. Exhibit public behavior that will reflect positively on the team, school, and community.
2. Exhibit responsible, respectful, and trustworthy behavior to teammates and coaches.
3. Exert efforts to maintain a high level of academic achievement.
4. Comply with all team, school, and school system rules, regulations, and policies.
5. Exhibit appropriate behavior at all team and school-related activities.
6. Attend all team functions unless ill or given prior permission to be absent by the coach.
7. Respect and comply with decisions made by the coach, athletic department, and contest officials.
8. Report to the coach any issues or developments that may affect eligibility status.
9. Comply with safety and health precautions distributed and emphasized by the school system.

## **Residency**

Montgomery County Board of Education Policy JEE, *Student Transfers*, and MCPS Regulation JEE-RA, *Transfer of Students* require that students attend specific schools within the established attendance area in which they reside or are assigned in accordance with an Individualized Education Program (IEP). When a student participates in an interscholastic athletic program at a school to which the student is not assigned, or the home address provided is not the student's legal residence, the student is not eligible to participate unless the student has received a Change of School Assignment (COSA), based on accurate information, and has received an athletic waiver from the director of systemwide athletics. A COSA and an athletic waiver also are required when a student moves out of a school's boundary area and desires to continue to attend and participate at that school.

## **Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances**

MCPS athletic regulations state that any student-athlete with verified use, distribution, or possession of alcohol, tobacco, illegal drugs, and/or controlled substances on school property or at a school-sanctioned event is prohibited from participating in athletic activities for a minimum of 10 consecutive school days (including any intervening non-school days). The student-athlete will be eligible for athletic activities on the eleventh school day. Individual schools may create a more stringent penalty than that stated above consistent with the philosophy of its administration and community.

**MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
STUDENT-PARENT/GUARDIAN ATHLETIC PARTICIPATION CONTRACT  
AND PARENT PERMISSION FORM**

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Team: \_\_\_\_\_ School Year: \_\_\_\_\_

**Parent/Guardian and Student-Athlete:** Review this contract carefully (front and back), complete information as requested, affix signatures, and return the completed contract/permission form to the school.

**Stipulations**

We have received and read the *Student-Parent Athletic Participation Information*. Based on this information, we understand and stipulate to the following. I/We:

1. Understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age, residence, and academics.
2. Understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
3. Affirm that the student will exert effort to maintain a high level of academic achievement.
4. Understand that there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
5. Acknowledge receipt and review of safety and health information made available by the school system, including information regarding concussions, MRSA, hygiene, heat acclimatization, hydration, steroids, and sudden cardiac arrest.
6. Affirm that the student shall not participate in hazing at any time, of any nature.
7. Shall exhibit, as a participant or spectator, a high level of sportsmanship at contests.
8. Shall follow appropriate procedures in communicating concerns to coaches.
9. Affirm that the student will abide by all team and participation standards.
10. Shall utilize appropriate, positive use of technology, including social media and other electronic communications.
11. Affirm that the student shall not use steroids, illegal drugs, alcohol, or tobacco unless medically prescribed for a specific condition or illness.
12. Shall allow certified athletic trainers contracted by MCPS to administer emergency and first aid care to the student, as allowed by the Code of Maryland Regulations (COMAR), the National Athletic Trainers Association (NATA), the Maryland Board of Physicians, and Board policies and MCPS regulations.

**Residency Verification**

In order to be eligible, students must be legally enrolled at a high school designated by the school system based on their legal primary address. Please respond to the following residency questions:

A. The student resides at	_____ MD _____	
Street Address	City	Zip Code
B. This residence is within the boundaries of _____	High School/Consortium	
C. The student resides at this residence with a parent/guardian:	_____ yes	_____ no
D. My current address is the same as last year:	_____ yes	_____ no
E. I have only played at my current high school:	_____ yes	_____ no
F. I agree to notify the coach / school of any changes in residence:	_____ yes	_____ no

**Permission to Participate**

I/We hereby authorize and consent to our child’s participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by MCPS in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless the Montgomery County Board of Education, its members, the superintendent of schools, the principal, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities that provide training to MCPS coaches and/or athletes as part of the school system’s athletic program, and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child’s participation in interscholastic athletics.

I/We hereby give our consent and authorize the Montgomery County Board of Education and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Each year, MCPS makes available a student accident insurance policy at a nominal premium. This insurance is secondary to the family's own insurance. Because accidents will inevitably occur despite our best efforts to maintain a high level of safety in all student activities, this insurance coverage is recommended unless the family deems that other insurance coverage (in force) will meet the needs of the student. The student accident insurance policy is available at the beginning and throughout the school year. The coverage may be obtained from the insurance carrier. Forms are available at the school.

I, \_\_\_\_\_, and I, \_\_\_\_\_  
(parent's name) (student's name)

have carefully reviewed the *Student- Parent/Guardian Athletic Participation Information* and the *Student/Parent/Guardian Athletic Participation Contract and Parent/Guardian Permission Form*. I/We understand the conditions for participation in the MCPS interscholastic athletic program, and I/we understand that there are inherent risks associated with participation.

I/We agree as follows:

- My child has my/our permission to participate in \_\_\_\_\_  
(name of sport)  
at \_\_\_\_\_ High School.
- I/We understand and conform to all of the statements in the Stipulations portion of the Contract.
- I/We I have responded truthfully and accurately to the questions in the Residency portion of the Contract.

Please affix signatures below.

_____ Signature of Parent or Legal Guardian	_____ Date	_____ Signature of Parent or Legal Guardian	_____ Date
_____ Signature of Student	_____ Date		

*\*In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.*



# MEDICAL CARD FOR ATHLETE

Interscholastic High School Athletics  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 560-30  
May 2017

**INSTRUCTIONS:** This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:

Birth Date:

School Name:

Student ID #:

Home Address:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

**If parent/guardian cannot be reached, person to be contacted in case of emergency**

Name:

Relationship:

Home #:

Work #:

Cell #:



## MEDICAL CARD FOR ATHLETE

Family Physician:

Physician #:

Hospital Preference:

Date of Last  
Tetanus Shot:

Allergies:

Student Self-Carries

Epinephrine Auto Injector :  Yes  No

If yes, [MCPS Form 525-14](#) must be completed.

Medicine Administered on the Field:

### INSURANCE INFORMATION:

Does the athlete have medical insurance?  Yes  No

If Yes, Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Signature

Parent/Guardian/Eligible Student:

Date

**This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.**