FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

SECTION 2

EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.

	YES	NO
1. Do you have a chronic medical condition (asthma, disbetes, high blood pressure, etc.)?	☐	☐
2. Have you ever been hospitalized overnight?	☐	☐
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	☐	☐
5. a. Have you passed out or been dizzy during exercise?	☐	☐
b. Have you had chest pain (or pressure) with exercise?	☐	☐
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	☐	☐
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	☐	☐
e. Is there any history in your family of hypertropic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	☐	☐
f. Has a physician denied or restricted your participation in sports for any heart problem?	☐	☐
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	☐	☐
7. a. Have you had a head injury or concussion?	☐	☐
b. Have you been knocked out, become unconscious, or lost your memory?	☐	☐
c. Have you had a seizure?	☐	☐
d. Do you have frequent or severe headaches?	☐	☐
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
8. Have you become ill from exercising in the heat?	☐	☐
9. Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
10. a. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
b. Are you missing an eye, kidney, testicle or ovary?	☐	☐
11. a. Have you had any problems with your eyes or vision?	☐	☐
b. Do you wear glasses, contacts, or protective eyewear?	☐	☐
12. a. Have you had any problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

b. If yes, check appropriate item and explain below.

☐ Head	☐ Elbow	☐ Hip	☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee	☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger(s)	☐ Ankle	☐ Upper Arm	☐ Foot	☐ Toe(s)

13. Are you actively trying to gain or lose weight?	☐	☐
14. Would you like to talk to someone about stress, anger, depression or other issues?	☐	☐

15. Record the dates of your most recent immunizations (shots) for:

Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____

FEMALES ONLY

16. When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year? _____

EXPLAIN "YES" ANSWERS HERE: _____

Your signature at the end of this packet indicates you have read, understand, and agree with all the information on this page and in the "CCCS Athletic Policies and Procedures Handbook." In addition that, to the best of my knowledge, the information is complete and accurate **Initials:** _____

PARENT/LEGAL GUARDIAN AND STUDENT ACKNOWLEDGEMENT

SECTION 3

The Nevada Interscholastic Activities Association (NIAA) recognizes and understands that parents / guardians take the primary role in instilling values for their students. It is the goal of the NIAA to work cooperatively with parents to provide guidelines and programs that assist student athletes in making positive choices.

IMPORTANT – Please read the following information and acknowledge with your signature below.

We understand that participation in high school athletics is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts athletics and academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development and increases the chance of physical injury while participating in athletic competition. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA requires participants and parents to agree to the following:

1. We have read the NIAA Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the Policy as written.
2. We realize that a Power Point presentation regarding the Policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation.
3. ***We understand that we are encouraged to notify our school's athletic administrator / director if our son / daughter violates this Policy and / or the laws of the state of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's athletic administrator / director.***
4. ***We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school athletic activities.***
5. ***We further acknowledge that once our son / daughter begins participation as a student athlete in high school athletics that this policy remains in effect for every calendar school year during the course of their high school career and when he / she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son / daughter is currently participating on a high school athletic team.***
6. ***We have also reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.***
7. ***We understand that although it is not technically against the law to use tobacco in the state of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.***
8. ***We understand that the use of steroids and other performance enhancing drugs are dangerous, illegal, provide only temporary gains and are a form of cheating other competitors.***

NEVADA LAW

NRS 202.020 Purchase, consumption or possession of alcoholic beverage by minor.

1. Any person under 21 years of age who purchases any alcoholic beverage or any such person who consumes any alcoholic beverage in any saloon, resort or premises where spirituous, malt or fermented liquors or wines are sold is guilty of a misdemeanor.
2. Any person under 21 years of age who, for any reason, possesses any alcoholic beverage in public is guilty of a misdemeanor.
3. This section does not preclude a local government entity from enacting by ordinance an additional or broader restriction.
4. For the purpose of this section, possession "in public" includes possession:
   a. On any street or highway;
   b. In any place open to the public; and
   c. In any private business establishment which is in effect open to the public.
5. **This term does not include:**
   a. Possession for an established religious purpose;
   b. Possession in the presence of the person's parent, spouse or legal guardian who is 21 years of age or older;
   c. Possession in accordance with prescription issued by a person statutorily authorized to issue prescriptions;
   d. Possession in private clubs or private establishments; or
   e. The selling, handling, serving or transporting of alcoholic beverages by a person in the course of his lawful employment by a licensed manufacturer, wholesaler or retailer of alcoholic beverages.

[1:272:1947; 1943 NCL § 10594.02] – (NRS A 1967, 482; 1987, 482)

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