



# Eight Quarter Pre-Participation Form

### Instructions:

1. Before every contest, complete and send copy to Conference Administrator.
2. After the contest, if student played, upload to Home Campus Eight Quarter Follow-Up Form.

School: \_\_\_\_\_ Classification: \_\_\_\_\_

Conference: \_\_\_\_\_ Scheduled Date of Game: \_\_\_\_\_

Player's Name: \_\_\_\_\_ has been designated as an emergency player and can participate in a Junior Varsity and Varsity football game scheduled in the same week.

\*\*\*Once a player has used all of their allotted 8-quarters, they must be designated as JV or Varsity for the remainder of the regular season\*\*\*

My signature below indicates that I grant my permission for the above player to participate in the scheduled varsity football game.

Parent/Legal Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

### MEDICAL EVALUATION

Urine Specific Gravity (USG): \_\_\_\_\_

If USG reading unavailable:

Pre-game weight Thursday \_\_\_\_\_ Lbs.

Post-game weight Thursday \_\_\_\_\_ Lbs.

Pre-game weight Friday \_\_\_\_\_ Lbs.

% Body mass change \_\_\_\_\_ %

Hydration Assessment Results for Eight Quarter Participation Eligibility		
Condition	% Body Mass Change	Urine Specific Gravity
Acceptably Hydrated	≤ -3	≤ 1.021

HYDRATION TEST:  PASS  FAIL      MUSCULOSKETETAL SCREEN:  PASS  FAIL

(USG can be evaluated any time after the conclusion of the JV contest and prior to the start of the Varsity contest.)

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### MEDICAL STATEMENT

I, \_\_\_\_\_, MD DO LAT PA NP  
have examined the above player following participation in the junior varsity football game on Thursday and find him/her acceptably hydrated and void of any injury that would render him/her unfit to play.

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