



Eight Quarter Pre-Participation Form

****To be kept on file at the school and with Conference President****

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*****

Number of quarters played to date as an emergency player: _____

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

CONCUSSION SCREEN: PASS FAIL

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 to be acceptably hydrated and void of any injury that would render him/her unfit to play.

Signature: _____ Date: _____