



Congratulations on your selection as a player in the 2019 Touchstone Energy Bowl North/South All-Star Game! We eagerly anticipate your attendance and look forward to meeting you. Enclosed you will find **an information packet that must be completed prior to your attendance.** This includes general information on you as a player, a medical history and consents to medically treat you and release relevant information for parties necessary to perform your care if you were to become injured while participating in this event. **Also, we require a completed copy of your SCHSL Pre-Participation Physical from your high school.**

These items are vital to your participation in this event. Please complete these forms in their entirety and return them to the contact below with your physical on or before November 15, 2019. Submitting this information by email will streamline the check in process for the player on Sunday December 8th. If you are unable to comply – please contact me to assist.

Again, congratulations on your selection. It is our goal to ensure the best experience possible while you are in attendance at this event. I hope you enjoy this exciting time in your playing career and I look forward to meeting and working with all the participants of this prestigious game.

Please send all information to:

Andrea Owens

aowens@horrycountyschools.net – Preferred method

3302 Grissom Pkwy

Myrtle Beach, SC 29577

Sincerely,

Andrea Owens, ATC

Andrea Owens, MS, ATC, SCAT

Head Athletic Trainer, Myrtle Beach High School

Medical Director, Touchstone Energy Bowl North/South All Star Game

Cell phone: 773.680.0104



Name _____ Date _____
Last First M.I.

School _____

Date of Birth: _____ Sex: _____ Home Telephone# : _____

Home Mailing Address: _____ City: _____ Zip: _____

Father/Guardians Name: _____ Work/Phone: _____

Mother/Guardians Name : _____ Work/Phone : _____

Emergency Contact Person: _____ Phone # _____

Alternate Phone # _____

Head Football Coach's Name: _____ Phone #: _____

Medical Insurance Information

Do you have a Private Medical insurance plan? ___ Yes ___ No.

SC Medicaid/Partners for Health? ___ Yes ___ No. Medicaid # _____

Medical Insurance Company: _____

Address: _____

Policy Holders Name: _____ SSN# _____

Policy or Contract #: _____ Group name or # _____

Are you currently covered by a Secondary Athletic Insurance Policy through your High School?
___ Yes ___ No

Medical History

Family History: Please circle yes or no and indicate any blood relative that has ever had the following, including yourself.

			(who)
Asthma	YES	NO	_____
Heart Disease	YES	NO	_____
High Blood Pressure	YES	NO	_____
Stroke	YES	NO	_____
Sudden Death (before 55)	YES	NO	_____
Epilepsy	YES	NO	_____
Migraine Headaches	YES	NO	_____
Kidney Disease	YES	NO	_____
Diabetes	YES	NO	_____
Cancer	YES	NO	_____
Tuberculosis	YES	NO	_____
Gout	YES	NO	_____
Mental Illness	YES	NO	_____
Sickle Cell	YES	NO	_____
Drug/Alcohol Dependency	YES	NO	_____

Personal History: Please circle yes or no and provide a brief explanation as necessary.

			(explanation, description, when)
Are you currently taking any medication	YES	NO	_____
Have you ever used an inhaler	YES	NO	_____
Do you have any allergies	YES	NO	_____
Do you wear glasses or contact lenses	YES	NO	_____
Have you ever had trouble with dehydration	YES	NO	_____
Do you have problems with heat cramps	YES	NO	_____
Have you ever been treated by a physician for a heart condition	YES	NO	_____
Do you have any reason to think you might have a heart condition (extra heart beats, fainting, black outs)	YES	NO	_____
Do you have any exercise intolerance (excess fatigue, dizziness, nausea)	YES	NO	_____
Are you missing or do you have a nonfunctioning double organ (eyes, ears, kidney, lungs, testicles)	YES	NO	_____

Please indicate if you have ever suffered any of the following injuries, providing dates, a brief description or explanation, and type of surgeries (if any) with dates.

			(explanation)
Have you ever been hospitalized or examined by a physician for a head or neck injury	YES	NO	_____
Have you ever been knocked unconscious	YES	NO	_____
Have you ever missed practice or a game due to a head or neck injury	YES	NO	_____

Have you ever had extensive dental work or lost any teeth YES NO _____
Have you ever had a serious eye injury YES NO _____
Do you have a history of neck problems (stiff neck, stingers, and how many) YES NO _____

Shoulder

Indicate any shoulder injuries (stingers, dislocations) YES NO _____
Note any present shoulder problems YES NO _____

Elbow

Indicate any elbow injuries or problems YES NO _____

Hand, Wrist, Finger

Indicate any type of injuries or dislocations YES NO _____

Back

Indicate any back injuries past or present YES NO _____

Thigh

Indicate if you have ever had a calcium deposit after a bruise (myositis ossifican) YES NO _____
Indicate if you have ever strained or pulled your hamstring or quadriceps muscles YES NO _____
Indicate any other thigh injury YES NO _____

Knee

Indicate any past or present knee injuries YES NO _____

Lower Leg

Have you ever had lower leg pain YES NO _____
Have you ever had a stress fracture YES NO _____
Have you ever injured you Achilles tendon YES NO _____

Ankle and Foot

Indicate if you have had an ankle injury YES NO _____
Indicate if you tape or wear ankle braces YES NO _____
Indicate if you have ever had a severe foot or toe injury YES NO _____
Indicate if you wear orthotics YES NO _____

Other

Indicate any surgeries for injuries not previously mentioned (hernia, appendectomy) YES NO _____
Have you ever fractured any bones not previously mentioned YES NO _____
List any other medical condition you have that may affect your ability to participate in sports YES NO _____

PLEASE READ AND SIGN THE FOLLOWING CONSENT FORMS CAREFULLY. Unless special circumstances prohibit it, parents signature is also required. If you should choose to refuse to sign any of these, please write, "Refuse to Sign," date, and your name.

Overview

- A. Medical Consent: Allows athletic trainers and team physicians to treat any injury you may receive while at the Touchstone Energy Bowl North/South All-Star Game.
- B. Release of Information: Allows those listed to release information concerning your injuries to the media and bona fide professional scouts.
- C. Shared Responsibility for Sports Safety: Acknowledges that participation in sports requires an acceptance of risk of injury.

Medical Consent

I hereby grant permission to the Touchstone Energy Bowl North/South All Star Game team physicians and/or their consulting physicians to render myself any treatment, medical, or surgical care that they deem reasonable and necessary to my health or well-being.

I also hereby authorize the athletic trainers at Touchstone Energy Bowl North/South All Star Game who are under the direction and guidance of the team physician, to render any preventative, first aid, rehabilitation, or emergency treatment that they deem reasonable and necessary to my health and well-being.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Date Athlete Signature Parent/Guardian Signature

Authorization for Release of Information

I hereby authorize the Touchstone Energy Bowl North/ South All Star Game athletic trainers, team physicians, and athletic coaches to release medical information on myself, Touchstone Energy Bowl North/South All Star Game Sports Information Department, the various media outlets, and to representative scouts of bona fide professional athletic teams any information concerning illness or injury relative to my participation in the Touchstone Energy Bowl North/South All Star Game.

Date Athlete Signature Parent/Guardian Signature

Shared Responsibility for Sports Safety

Participation in sport requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Periodic analysis of injury patterns result in refinements in the rules and other safety decisions. However, to legislate safety in rule book and equipment standards, while often necessary, seldom is effective by itself, and to rely on officials to enforce compliance with the rule book is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guidelines.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participation in interscholastic athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for the risks while participating in the Touchstone Energy Bowl North/South All Star Game.

Date Athlete Signature Parent/Guardian Signature

I have answered these questions to the best of my ability. I also realize that the North/South All Star Game cannot be responsible for any pre-existing conditions that I may have.

Date Athlete Signature Parent/Guardian Signature