

## Viking Junior Cycling Team

In an effort for the school and the coaches to get to know you and understand your level of experience (all levels are welcomed and encouraged!!), please fill out the below form. All information will be kept confidential among the coaches.

Name:

Current grade level:

School:

Homeroom teacher:

Email address:

Phone number:

Do you have a road bicycle?:

If not, do you know what size bicycle you would need? (Visit [wrenchscience.com](http://wrenchscience.com)):

Do you have a helmet?:

Do you own practice gear?:

Have you ever ridden your bicycle on a street, other than in a neighborhood?

Have you ever raced on a bicycle before?

Do you participate in other Viking sports (cycling is great cross-training)?

Do you know anyone else that might be interested in riding, even if they don't have a bicycle?

Are you able to participate in practice rides on Wednesdays after school and on Saturday mornings or afternoons?

*Scholarships will be given to 4-5 riders during this first year of the program. This will be based on interest, commitment and need, not on ability. If you are interested in a scholarship, please answer the following question:*

1. Can you participate in the club if you do not receive a scholarship?
2. Why should you be considered as a recipient?

School:

Date:

Age:

Rider #:

**Cycling Survey (for riders starting)**

*Please take a few minutes to fill out this survey on cycling. Thank you!*

- 1. How did you hear about the Spartanburg Youth Cycling team?
- 2. I already had a bicycle my size to use at home before joining the SJC team (circle one).  
Yes No

If you have a bike, answer questions 3 and 4. If you do not have a bike, go to question 5.

**YES, I have a bike:**

- 3. I ride my bicycle to school. Yes No
- 4. I ride my bike for fun. Yes No
- 5. In school, I usually get (circle one): A's / A's and B's / B's / B's and C's / C's / below a C
- 6. My parent(s) ride bicycles. Yes No

**For each statement, please answer with the following: 1=strongly agree, 2=agree, 3=disagree 4= strongly disagree. 'Cycling' is the use of a bicycle for transportation, fun, or sport.**

	1	2	3	4
	Strongly Agree +	Agree	Disagree	Strongly Disagree -
7. Cycling is a sport everyone should be able to enjoy.	1	2	3	4
8. My friends think cycling is cool and fun.	1	2	3	4
9. Most people I know use bikes to get around because they don't have any other way.	1	2	3	4
10. My parents do not let me ride a bike to go places.	1	2	3	4
11. My parents think riding my bike is unsafe.	1	2	3	4
12. Being healthy and active is important to me.	1	2	3	4



## SPARTANBURG HIGH SCHOOL

500 DUPRE DRIVE

SPARTANBURG, SOUTH CAROLINA 29307

TELEPHONE: (864) 594-4410

FAX: (864) 594-6142

**The Conduct Statement and Waiver and Release of Liability must be read, signed, and submitted to school officials prior to participation in the 2009 club cycling team.**

### **Conduct Statement**

I agree to abide by the general rules of conduct as prescribed in the code of conduct. I understand that among these rules are prohibitions against abusing officials, repeated profanity, flagrant fouls, throwing equipment and any other unsportsmanlike behavior. I further understand that violations of these rules will result in game ejections, suspensions and/or possible permanent dismissal from the league.

I have read and understand the Conduct Statement.

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Signature Date



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### Waiver and Release of Liability

I know participating in the club cycling team's practices and events organized or sponsored by Spartanburg High School, Partners for Active Living, and the Foothills Cyclists is a potentially dangerous or hazardous activity. I assume all risks associated with my participation in such events, including, but not limited to, falls, contact with other participants or motor vehicles, conditions of weather including rain, ice, snow and cold temperatures, the conditions, etc., all such risks being known and understood by me. Having read this Waiver and Release of Liability ("WRL"), knowing the risks associated with my participation in cycling related activities, and in consideration of being permitted to participate in the club cycling team, I for myself and anyone entitled to act on my behalf, waive and release Spartanburg High School, its officers, representatives and members; Partners for Active Living, its officers, directors and members; the Foothills Cyclists, its officers, directors and members from all claims or liabilities of any kind arising out of my participation in the club cycling team though that liability may arise out of negligence or carelessness on the part of the persons identified in this WRL. I further release Spartanburg High School, its officers, representatives and members; Partners for Active Living, its officers, directors and members; the Foothills Cyclists, its officers, directors and members from any claim whatsoever on account of first aid, treatment or service rendered to me in connection with my participation in practice rides and race events. I further understand that all participants of the club cycling must wear a cycling helmet at all times while participating in the activities of the club. I acknowledge that this WRL is intended to be as broad and inclusive as permitted by the laws of South Carolina and that if any portion thereof is held invalid the balance shall, notwithstanding, continue in full legal force and effort. In witness whereof, I have executed this Waiver and Release of Liability on the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Minor Release

(Complete for Participants Under the Age of 18)

And I, the minor's parent and/or legal guardian, understand the nature of bicycling activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees from all negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Minor's Name (printed) \_\_\_\_\_ Birth date of minor \_\_\_\_\_

Signature of minor participant: \_\_\_\_\_

Parent/Guardian name (printed) \_\_\_\_\_

Parent/Guardian Signature (only if participant is under the age of 18): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (zip)

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

# PRE-PARTICIPATION HISTORY & PHYSICAL EXAM

Name: \_\_\_\_\_ Sex:  F  M Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s) Please list ALL: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Personal Physician: \_\_\_\_\_  None  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#(s): \_\_\_\_\_

**Attention parent or guardian and athlete: answers to the following questions are very important!!! Please take the time, read through the questions, and answer to the best of your knowledge.**

### General Medical History:

### Cardiac History:

- |  | YES                      | NO                       |   | YES                      | NO                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Do you have asthma? .....   | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever passed out during or after exercise? .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have diabetes? .....   | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been dizzy during or after exercise? .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have high blood pressure? .....  | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever had chest pain or chest pressure during or after exercise? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have seizures? .....   | <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you tire easily or more quickly than your friends during exercise? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have sickle cell trait? .....  | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever had racing of your heart or skipped heartbeats? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other major medical problem? .....  | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been told you had a heart murmur? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been hospitalized or had surgery? .....   | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been told you had an enlarged or weak heart? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough, wheeze or have trouble breathing with exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> | 8. Has any member of your family:<br>-died of heart problems or sudden death before age 50? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use an inhaler? .....  | <input type="checkbox"/> | <input type="checkbox"/> | -been told they had a serious heart problem before age 50? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a single organ (testicle or kidney)? .....   | <input type="checkbox"/> | <input type="checkbox"/> | -been told they had Marfan's syndrome? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 9. Has a physician ever denied or restricted your participation in sports? .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance? .....             | <input type="checkbox"/> | <input type="checkbox"/> | <b>Explain "YES" answers here:</b> _____  |                          |                          |
| 13. Do you have any allergies (seasonal, insects, food, or medicines)? .....   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 14. Have you ever had a rash or hives develop during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 15. Do you have any skin problems other than acne? .....   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion? .....                | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? .....   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 18. Have you ever had a stinger, burner, or pinched nerve? .....   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 19. Have you ever become ill from exercising in the heat? .....  | <input type="checkbox"/> | <input type="checkbox"/> | _____   |                          |                          |
| 20. Have you had mononucleosis or any significant illness in the last 60 days? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 21. Do you have trouble with your eyes/vision/ wear glasses? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 22. Do you have trouble with your hearing/wear hearing aid(s)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 23. Do you want to weigh more or less than you do now? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 24. Do you lose weight regularly to meet weight requirements for your sport or other reason? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 25. Do you feel stressed out, tired, or depressed? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 26. Are there any other issues you would like to discuss with the doctor? .....  | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |
| 27. Are your immunizations up to date? .....   | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

### Orthopaedic History:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever broken or fractured any bones? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever subluxed or dislocated any joint? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any other problems related to your:<br>-neck, spine, or back? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| -shoulders? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| -elbows? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| -wrists, hands, or fingers? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| -hips? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| -knees? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| -ankles, feet, or toes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| -other? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here (put date of injury if known): \_\_\_\_\_

### FEMALES ONLY

27. Are your periods regular (every month)? .....
28. Are your periods heavy? .....

Explain "YES" answers here (use back/page 2 if needed): \_\_\_\_\_

## Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Vision: L20/\_\_\_\_ R20/\_\_\_\_ Both\_\_\_\_ Corrected: Y N BMI\_\_\_\_\_ (Wt in kg/ hgt in meters squared)

Height\_\_\_\_\_ Weight\_\_\_\_\_ Pulse\_\_\_\_\_ B/P (R arm)\_\_\_\_\_

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Pulses (include femoral)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

May Participate in all sports, **EXCEPT** those listed below:

\_\_\_\_\_

May Participate after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

May Not Participate – Reason: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Signature of M.D.** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Office Stamp**

**Phone Number:** \_\_\_\_\_

Extra Space for "YES" answers from the front: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Developed 2003-2004 by the Richland County (South Carolina) School District One Task Force On Athletic Health Issues following a review of related information from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, the South Carolina High School League and the National Federation of State High School Associations. Revised 011807 by the SCMA Medical Aspects of Sports Committee

## Spartanburg Junior Cycling 2009 Attendance Policy

**Applies to:** All riders on the SJC team.

**Policy:** Cycling is a sport which requires consistent and regular practice in order for performance to improve. Every rider is expected to attend 75% of scheduled practices throughout the school year (August through May). This implies a rider will participate in six out of the eight practices per month held two times per week during the school year. During the summer months (June and July) riders will be expected to attend 65% of scheduled practices. This is roughly five of the eight practices during the summer.

**Unexcused Absences:** When a rider does not contact the head coach within 24 hours of scheduled practice, this is an unexcused absence.

**Excused Absences:** Excused absences are granted at least 24 hours in advance by the head coach through phone call, e-mail, handwritten note, or in person. If school is cancelled the day of practice, a rider is not expected to come to practice.

The first time a rider does not come to the required number of practices a month, their privileges and place on the team will be suspended until a meeting between the rider, the rider's parent, and the head coach is scheduled. If all parties correspond, the rider may be permitted back on the team. The second time these rules are not followed, the rider will be permanently removed from the team.

**Timeliness:** Riders are expected to arrive to practice on time unless arrangements with the head coach are made 24 hours in advance.

I, the undersigned, promise to abide by the attendance rules set by the Spartanburg Junior Cycling team. I understand what is expected of me and the consequences if I do not follow these rules.

\_\_\_\_\_ Minor's name

\_\_\_\_\_ Parent/Guardian name (printed)

\_\_\_\_\_ Parent/Guardian signature

\_\_\_\_\_ Date

***Foothills Cyclists***  
***Membership Application - 2009***



***Just fill in this form with your computer keyboard, print and send it to:***

***Foothills Cyclists  
c/o Emily Cohan  
207 Belair Lane  
Wellford, SC 29385***

***Dues are \$15.00 per year single or family***

***Choose one: New Member      Renewing Member for 2009***

***First Name:***

***Last Name:***

***Birth Date:***

***Additional Family Members':***

***Address:***

***City:***

***State:***

***Zipcode:***

***Phone No:***

***Email:***

***Gender:***

***Please list your cycling interests:***

*Dues are \$15.00 per year (single) or (family) starting in January of each year. Please mail check (no cash, please) and this completed membership application to the address above.*

**WAIVER:** In consideration of being permitted to participate in any way in the Foothills Cyclists rides and events, I, intending to be legally bound, release and discharge any and all claims for damages for death, personal injury or property damage, which I may have, or which may hereafter accrue to me, as a result of my participation in Club rides and events. This waiver/release is intended to discharge in advance the Foothills Cyclists, its officers, ride leaders, agents and members from and against any and all liability arising out of or connected in any way with my participation in Club rides and events, even though that liability may arise out of negligence or carelessness on the part of the Foothills Cyclists, its officers, ride leaders, agents and/or members. I further understand that serious accidents occasionally do occur on events and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the Foothills Cyclists, its officers, ride leaders, agents and members who (through negligence or carelessness) might otherwise be liable to me for damages and injuries. It is further understood and agreed that this waiver, release and assumption of risk is binding on my estate, my heirs, and assigns.

***Waiver Signature(s):*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***(All riding members must sign this waiver)***

***Add'l Signature(s):*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_