

MANNFORD ATHLETIC DEPARTMENT
ATHLETIC FORMS
FOR
2026-2027

Student Athlete's Name: _____

Grade (2026-2027): _____

The following forms must be properly filled out using a **blue or black ink pen (NO PENCIL)**, signed by you and your parents or legal guardian & turned in to your Coach by 1st day of practice.

Parents: There is a place for you & your son/daughter to sign on each form enclosed.

Coach: It is your responsibility to see that the necessary forms are signed and turned in to you prior to your first scheduled practice.

***Any athlete not turning in all paper work below is ineligible to participate.**

Athletes cannot practice until all paper work and activity fee is turned in complete.

1. Gender form

2. Release & Student Participation Agreement

3. OSSAA Eligibility Record Form for all students:

ALL athletes must fill this form out each year:

This is to let the OSSAA know that you have not failed & you are an eligible athlete. If you answer yes to any of the questions you must explain that answer on the back of the form.

4. Drug Contract:

Random drug testing will be done throughout the school year.

All student athletes (7-12) will be subject to this random testing. **All athletes will be charged a \$30 activity fee each year. This fee needs to be turned in with the attached signed forms.**

5. Pre-participation physical evaluation:

The athletic department has set-up dates in the month of May for physicals to be done at the school. If you would like to participate in this program you will need to fill out the front side of the physical form & return it with a \$20 fee. **This is a total of \$50 for #3 and #4.**

If you do NOT wish to participate & would like to see your own doctor, please make sure this form and the activity fee are turned in before the 1st day of practice or summer athletic events. **The athletic department will ONLY ACCEPT the OSSAA Physical form (which is attached to this packet).**

6. Early School Release (9-12 Grade Students Only)

Throughout the athletic season your child may be released from school early on game days in order to prepare for the athletic contest.

7. Concussion and Head Injury Acknowledgement

8. Sudden Cardiac Arrest form

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA

COUNTY OF _____

§
§
§

I, _____, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of _____ who is enrolled as a student at _____ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that _____ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place _____

Signature (Parent) _____

GRADE: _____

rite male
r female →

STUDENT PARTICIPATION AGREEMENT

STUDENT'S NAME:

GRADE:

Last

First

MI

SCHOOL:

BIRTH DATE:

PLACE OF BIRTH:

This application to compete in interscholastic athletics for the above High School/ Middle School is entirely voluntary on my part and is made with the understanding that I have not violated any eligibility rules and regulations of the State Association. I will adhere to the rules and regulations set forth by the school and the Oklahoma Activities Association. Furthermore, I understand that I will be held responsible for athletic equipment checked out to me. I recognize that it is a privilege to compete in athletics and will strive to earn respect for my school, my community, and myself.

Home Phone:

Emergency Phone:

Signature of student

Parents or Guardian's Permission:

I hereby give my consent for the above named student to represent the school in athletic activities that are circled below, provided that such athletic activities are approved by the State Association:

PLEASE CIRCLE SPORTS YOU WANT TO PARTICIPATE IN

Football

Softball

cross-country

Cheerleader

Golf

Basketball

Wrestling

Baseball

Soccer

Track

(2) To accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to above named student in the course of such athletic activities or such travel."

Athletic Insurance Coverage:

"Although the school system assumes no financial responsibility for the cost of any accident occurring to an athlete, your school, acting for members of the athletic squad, has available an Athletic Injury Plan approved by the local Board of Education. The student's parent or guardian pays for the total premium. The purpose of such coverage is to assist in the cost of treatment of accidental injury. Payments are in addition to any payments by another company for the same injury. (Check the statements, which apply)

SQUAD MEMBERS SHOULD HAVE INSURANCE COVERAGE TO PARTICIPATE:

I shall participate in the Athletic Benefit Injury plan. Information and forms are on the Mannford Public Schools website under the athletics tab.

I have accident injury coverage with _____ Insurance Company. (Do not leave blank)

SIGNATURE OF PARENT OR GUARDIAN:

Date:

Address:

City:

State:

Zip:

Note: This form is to be filled out completely and filed in the Athletic Directors Office before the student will be allowed to participate.

Student Participant
Alcohol and Illegal or Performance Enhancing Drugs Contract

Statement of Purpose and Intent

Participation in drivers education and in school-sponsored extracurricular activities at the school district is a privilege and not a right. Such privilege is governed by the attached policy. Alcohol and illegal or performance enhancing drug use of any kind is incompatible with participation in drivers education and in extracurricular activities on behalf of the school district. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student participants carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

Participation in Drivers Education and/or Extracurricular Activities

For the safety, health and well-being of the students of the school district, the district has adopted the attached policy and this contract which shall be read, signed and dated by the student, parent or custodial guardian and sponsor or coach before such student shall be eligible to practice or participate in drivers education and/or in any extracurricular activity. No student shall be allowed to practice or participate in drivers education and/or in any extracurricular activity unless the student has returned the properly signed contract.

I understand after having read the policy and this contract that, out of care for my safety and health, the school district enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate the policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the policy.

Student Name: _____

ID No.: _____

Student Signature: _____

Date: _____

We have read and understand the policy and this contract. We desire that the student named above participate in drivers education and/or the extracurricular activities of the school district and we hereby agree to abide by all provisions of the district's policy. We accept and consent to the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

To view Mannford Public Schools full drug policy go to:
www.mannfordschools.com and scroll to the bottom of
the home page. Click on the purple Policy button that is located
directly under the Alcohol and Illegal Drug Policy and Contracts.

GRADE: _____

* Parent Signature on back

OSSAA PHYSICAL FORM (UPDATED APRIL 2026)



PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. SIGNATURES
 - The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
 - The parent/guardian signatures must be hand-written and dated.
 - The student-athlete signature must be hand-written and dated.

PARENT/GUARDIAN CONSENT FORM

(To be retained by member school with history and parent consent forms)

STUDENT NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate in/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF PARENT/ GUARDIAN _____

DATE _____

SIGNATURE OF STUDENT _____

DATE _____



FOR EDUCATIONAL AND INFORMATIONAL PURPOSES
(NOT REQUIRED FOR FULFILLMENT OF PHYSICAL FORM)

YOUR PARTNER IN
Protecting Your Child's
Heart



My HeartCheck

PREVENTATIVE
Youth Heart Screenings

WHY have your child tested?

Every year, more than 40,000 children are born with a heart defect. While some are found at birth, many go undetected. Even more concerning, certain conditions don't appear until later in childhood or adolescence—when they can lead to sudden cardiac arrest without warning.

That's why early detection is critical.

My HeartCheck was developed with guidance from the Mayo Clinic and Johns Hopkins to identify hidden heart conditions before they become serious. In fact, our screening program is one of the most advanced and accessible options available today.

Based in the Kansas City area, we proudly serve families across **Kansas, Missouri, Iowa, Nebraska, Oklahoma, Texas, and Colorado**. We've screened over 18,000 kids—and that number continues to grow.

Ultimately, if there's a way to prevent tragedy, wouldn't you want to take it?

Don't wait. Schedule your child's HeartCheck today. MyHeartCheck.org

OSSAA PHYSICAL FORM (UPDATED APRIL 2026)



Complete ALL of front side

Last Name: _____ First Name: _____ Age: _____ Date of Birth: ____/____/20
 Grade (2026-2027): _____ Student ID#: _____ Sex: _____ Activity: _____ Date of Exam: ____/____/20

List any past and current medical conditions (asthma, diabetes, anemia, etc.). _____
 Have you ever had surgery? If yes, list all past surgical procedures. _____
 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____
 Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little or no interest in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	YES	NO	
1. Do you have any concerns that you would like to discuss with your provider?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			
3. Do you have any ongoing medical issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?			
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART QUESTIONS ABOUT YOUR FAMILY	UNSURE	YES	NO
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs) Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
BONE AND JOINT QUESTIONS	YES	NO	
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or a game?			

BONE AND JOINT QUESTIONS (cont.)	YES	NO	
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS	YES	NO	
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
20. Have you had a concussion or a head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been able to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or someone in your family have sickle cell trait or disease?	UNSURE		
24. Have you ever had, or do you have any problems with your eyes or vision?			
25. Do you worry about your weight?			
26. Are you trying to or has someone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of foods or food groups?			
28. Have you ever had an eating disorder?			
MENSTRUAL QUESTIONS	N/A	YES	NO
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here:

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. (we) hereby state, to the best of my (our) knowledge, my (our) answers to above questions are complete and correct.

Signature of athlete: _____ Date: ____/____/____
 Signature of parent or guardian: _____ Date: ____/____/____

Mannford High School
136 Evans Ave.
Mannford, Oklahoma 74044

Dear Parent or Guardian:

Throughout the 2026-2027 athletic season, your child will be released to drive to practice & may also be released from school early on game days in order to prepare for the athletic contest.

Please indicate below your desire for your child to be *released or not to be released* for practice or to leave early on game days. Please fill out the form below, sign and return to the coach or the Athletic Director's office.

PLEASE NOTE:

This form will allow 7th hour athletes to drive to practice. If your child does not drive please specify the student(s) who your child may ride with to practice:

Students Name: _____

Grade: _____

_____ **NO**, I do not want my child to be released early on game days, or driving/riding to practice.

Parent/ Guardian Signature

Date

_____ **YES**, my child may be released early on game days, and has my permission to drive/ride to practice.

Parent/Guardian Signature

Date

Concussion and Head Injury Acknowledgement

Mannford Public Schools

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by **MANNFORD PUBLIC SCHOOLS** related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)
_____ athletics and I, _____
(NAME OF SCHOOL) (PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

As the parent/legal guardian, have read the information material provided to us by
_____ related to concussions and head injuries occurring
(NAME OF SCHOOL)
during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

GRADE: _____



SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and /or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

Signature of Student-Athlete

Print Student-Athlete's Name

Date



Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

GRADE : _____

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.