

## Athletic Participation/Parental Consent/Physical Examination Form

### Part I – Athletic Participation

Name \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Mailing Address \_\_\_\_\_

City / Zip Code \_\_\_\_\_ Home Telephone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade Level \_\_\_\_\_ Number of years at Friendship Christian School \_\_\_\_\_

INTERESTS (Circle all that apply) soccer, volleyball, cheerleading, basketball, baseball, golf

### Individual Eligibility Rules

- ❖ A student must not have reached the age of 19 years, 7 months to be eligible for NCCSA varsity athletic competition or must not reach their 15th birthday before October 15 for middle school.
- ❖ Students may participate in varsity sports a maximum of four seasons beginning with ninth grade enrollment. Participation involves any athlete who has played over one half of the sport in season shall be considered using that season of eligibility.
- ❖ Students legally transferred from another NCCSA school within 50 mile radius shall be ineligible for the remainder of the school year unless the parent's had a job related move. Transfer students from non-NCCSA schools may not participate in an NCCSA game until 14 days after official enrollment
- ❖ Students may play in one all-star game per sport after they have completed eligibility in that sport. If a student plays in more than one all-star game per sport, then he/she may not play another interscholastic sport during the remaining part of the school year.
- ❖ Student's grades are checked at the 3 week, 6 week, and 9 week checkpoints. If a student has a failing grade, they are still eligible to play until the next checkpoint. If they still have a failing grade in the same subject, they are ineligible for athletics.
- ❖ Any athlete with a failing grade is automatically put on academic probation until the next checkpoint. Academic probation allows coaches and parent's to see the athlete's need and to help take action before the athlete becomes ineligible. During the probation period, the athlete is allowed to continue in all athletic activities.
- ❖ The ineligible period lasts a minimum of two weeks after a 9 week checkpoint (report card). Grades will then be rechecked. If the grade is now passing the athlete may resume their position on the team. If it is still a failing grade, they must stay off for another week minimum.
- ❖ The ineligible period lasts a minimum of one week after the 3 and 6 week checkpoint. Grades will then be rechecked. If the grade is now passing the athlete may resume their position on the team. If it is still a failing grade, they must stay off for another week minimum.
- ❖ Ineligible means that they may attend practices for the first week. They may not travel to away games with the school during the first week. They may sit on the team bench during home games if the coach allows this action. If they are still ineligible after the first week, they may not attend practices, away games, or sit on team bench.

Please remember that athletic participation is a privilege. Any athlete disobeying school rules during athletic events may be disciplined according to school policy. The above standards must be adhered to along with any other policies that a coach has adopted. All other standards from the Athletic Handbook must be adhered to.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

## Part II – Student’s Medical History

This form should be completed by parent and athlete prior to the time of physical examination and should be taken with the physical examination form for review by the physician during the examination.

	Yes	No
1. Have you ever had injuries requiring medical attention?	_____	_____
2. Have you had any illnesses lasting more than one week?	_____	_____
3. Are you under a physician’s care now?	_____	_____
4. Do you take any medicine regularly?	_____	_____
1. Do you wear eye glasses, contact lenses, or dental appliance?	_____	_____
6. Have you ever had a surgical operation?	_____	_____
7. Have you ever been hospitalized (except for tonsillectomy)	_____	_____
8. Have you ever had significant allergies?	_____	_____
hay fever	_____	_____
asthma	_____	_____
bee stings	_____	_____
poison ivy	_____	_____
foods	_____	_____
medicine	_____	_____
9. Have you had complete poliomyelitis immunization by oral vaccine (sabin) or inoculations (salk)?	_____	_____
10. Have you had the primary series of tetanus toxied (DPT or DT) and a booster within the last 10 years?	_____	_____

**Explain any “Yes answers to the above questions #1-9**

**Date** \_\_\_\_\_

**Signed (Parent or Physician)** \_\_\_\_\_

Name \_\_\_\_\_ School Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

**Part III – Physical Examination**  
(To be completed and signed by examining physician)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_

Significant past illness or injury: \_\_\_\_\_

Eyes \_\_\_\_\_ R 20/ \_\_\_\_\_ ; L 20/ \_\_\_\_\_ ;Ears \_\_\_\_\_ Hearing R /15;L /15

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Musculoskeletal \_\_\_\_\_ Skin \_\_\_\_\_

Neurological \_\_\_\_\_ Genitalia \_\_\_\_\_

Laboratory: Urinalysis \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Completed Immunizations: Polio \_\_\_\_\_ (Date) Tetanus \_\_\_\_\_ (Date)

Other \_\_\_\_\_

I certify that I have on this date examined this student and find him/her physically able to compete in the supervised activities **CIRCLED BELOW:**

Baseball                  Volleyball                  Golf  
Basketball                  Soccer                  Cheerleading

**Date of Exam** \_\_\_\_\_

Signed \_\_\_\_\_ MD

Physician's Address \_\_\_\_\_

Telephone: \_\_\_\_\_

## Part IV – Acknowledgement of Risk and Insurance Statement

(To be completed and signed by parent/guardian)

The undersigned is the parent or guardian of \_\_\_\_\_ (student's name), and is familiar with his/her wishes to participate in interscholastic athletics at Friendship Christian School during the \_\_\_\_\_ school year.

I have reviewed the individual eligibility rules, and am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one person to another with contact sports carrying a higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, handouts, or some other means. He/She has student accident insurance.

In addition, I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

We further agree to hold the Friendship Baptist Church and Christian School and its employees, representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with participation in any activities related to participation on the Friendship Christian School's athletic teams. In signing this form, we assume the inherent risks of athletics and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

**Signature of parent (guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Part V – Emergency Permission Form\*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name of Father or guardian: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ After 3 \_\_\_\_\_

Name of Mother or guardian \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ After 3 \_\_\_\_\_

Notify other name in case of emergency \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ After 3 \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ After 3 \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name appearing on the policy \_\_\_\_\_

May your child be given Tylenol? \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency. \_\_\_\_\_

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the coaches and staff of Friendship Christian School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

**Signature of father or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of mother or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams, and is acceptable for emergency treatment if needed.

To: Parents of Fall / Winter / Spring Athletes

From: Coach Woody Davis / Athletic Director

Re: Pre-Season Injury / Safety Notice

Dear Parents:

As part of my duties as athletic director at Friendship Christian School, it is my responsibility to inform every athlete and parent at the beginning of each sport season as to the injuries that can occur in that particular sport. It is impossible to alert the players and parents of every injury, but here are the main ones associated with your sport.

Volleyball:

1. Facial injury
2. Jammed fingers
3. Bruised forearms
4. Ankle sprains
5. Knee ligaments
6. Lower back
7. Muscle pulls

Baseball/Softball:

1. Facial Injury
2. Head injury
3. Ankle sprains
4. Hit with ball/bat
5. Sore arm
6. Muscle pulls
7. Knee ligaments

Soccer:

1. Facial injury
2. Bruised shins
3. Broken bones
4. Ankle sprains
5. Shin splints
6. Knee ligaments
7. Muscle pulls

Cheerleading:

1. Back injuries
2. Muscle pulls
3. Ankle sprains

Basketball:

1. Facial injury
2. Ankle sprains
3. Shin splints
4. Jammed fingers
5. Lower Back
6. Muscle pulls
7. Knee ligaments

Golf:

1. Back injuries
2. Muscle pulls
3. Lower back
4. Sore arms and legs

Again, this is not meant to be an inclusive list of all the injuries that can occur, but rather a reminder of some that do occur.

Please sign and date below that you have read the lists above and do acknowledge that you are aware of the possibility of injuries in your particular sport.

Parent or Guardian Signature: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

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