

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

1. All athletes must dress according to individual team guidelines while travelling to and from games and to school on game days.
2. Practice shorts should not be shorter than 2 inches above the knee. If an athlete continually disobeys this rule, that athlete will be required to wear jogging pants for practice. Some teams may require specific practice uniforms that must be worn.
3. Athletes should ride with the team to away games when school transportation is provided. An athlete must be given permission to ride home with their parents. An athlete must have written permission to ride home with any other party than their immediate family.
4. Students who represent the school in extra-curricular activities must maintain good academic standing. A student may not have more than one F on a report card. If he has D's, his overall average must be at least 77(C). This will be determined by the nine weeks grade or semester grade. If these conditions are not met, he becomes ineligible until the next check-point. If a student has incompletes at the end of the quarter, he cannot participate in extra-curricular activities until they are complete.
5. If a student has on file a certified psychologist written documentation of a learning impairment, the standard may be adjusted by the administration to reflect that student's special needs. He still, however, must meet the NCCAA minimum standard of a passing grade in four subjects.
6. Any student that accumulates 35 demerits or more becomes ineligible for extracurricular activities.
7. Each athlete must have a yearly physical on file in order to participate in practices or games.
8. Each athlete must be in school by 10:30 in order to participate in a game or practice that day. Any unusual circumstance may be excused only if prior approval is granted.
9. Unexcused absences from practices or games may cause the athlete to be suspended for the following game or from athletics itself.

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. The athletic director and administration can be contacted throughout the year to discuss these policies or any other situations that may arise.

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?	_____	_____
5. 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	Softball
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 Ric Nelson / 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: _____