Faith Christian School
Athletic Participation Form

Student Information:

_____ Grade_____ Date of Birth_____
Name as it appears on birth certificate

_____ _____
Parent/Legal Guardian Parent/Legal Guardian

_____ _____
Street Address City

Health Insurance Information:

_____ ____ _____ _____
Company Name Group Number Policy Number

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for above-named student.

Allergies and/or special medical problems_____

List of Regular Medications_____

Date of last Tetanus shot_____ Preferred Hospital_____

Family Physician _____Phone Number_____

STUDENT PARTICIPATION PERMISSION

I give my permission for the above-named student to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I have read and understood the Faith Christian School Philosophy of Sports in the school handbook. I will make sure that my child is picked up on time from practices and games. I agree to be responsible for the safe return of all athletic equipment issued by the school to the above named student. I hereby give my consent for the above-named student to represent Faith Christian School in athletic activities, including team travel with the coach for local or out-of-town trips, except for those activities crossed out below.

Basketball	Volleyball	Soccer	Flag Football	Cheerleading	Golf
Cross Country	Track	Softball	Baseball	Tennis	

I have read this form and understand the rules contained herein, and that the information supplied is true and correct to the best of my knowledge. I accept the responsibility to inform the school of any future change of this information.

_____ _____
Student Signature School Attended Last Year

_____ _____ _____
Signature of Parent/Legal Guardian Cell Phone Number Date

_____ _____ _____

Signature of Parent/Legal Guardian Cell Phone Number Date

Health History

	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions (like diabetes or asthma)?		
Do you have any allergies?		
Have you ever had an injury that caused you to miss a practice or game?		
Have you had any broken/fractured bones stress fracture or dislocated joints?		
Have you had a bone/joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		
Do you regularly use a brace or assistive device?		
Do you have any skin problems?		
Have you ever had an injury to your face, head, skull, or brain (including a concussion, confusion, memory loss, or headache from a hit to your head)?		
Have you ever had a seizure?		
Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?		
While exercising in the heat, do you have sever muscle cramps or become ill?		
Have you or a family member ever been tested for sickle cell disease?		
Have you had any problems with your eyes or vision?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear, such a as goggles or a face shield?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever fainted or passed out during or after exercise, emotion or startle?		
Have you ever had extreme shortness of breath during exercise?		
Have you had extreme fatigue associated with exercise (different from other children)?		
Have you ever had discomfort, pain or pressure in your chest during exercise?		
Has a doctor ever ordered a test for your heart?		

Explain “Yes” Answers Here

I hereby state that to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

_____ _____

Signature of Athlete Signature of Parent/Guardian

_____

Date

A PHYSICIAN MUST COMPLETE THIS SECTION
HEALTH EXAMINATION

_____ _____
Student Name Date of Birth

Age_____ Height_____ Weight_____ Blood Pressure_____

Eyes_____ R20/ L20/

	Normal	Abnormal Findings
Medical		
Appearance		
Eyes/Ears/Throat/Nose		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary		
Skin		
Musculoskeletal		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

COMMENTS

- ☐ Cleared Without Restriction
- ☐ Cleared With Following Restriction_____
- ☐ Not cleared for
  - ☐ All Sports
  - ☐ Certain Sports

    Reason_____

SIGNATURE OF EXAMINING PHYSICIAN_____ DATE_____

ADDRESS OF PHYSICIAN_____ PHONE_____