

## Athletic Participation/Parental Consent/Physical Examination Form

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### **Part I – Athletic Participation** (To be filled in and signed by the Student)

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

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

City / Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Dad Cell \_\_\_\_\_ Mom Cell \_\_\_\_\_ Student Cell \_\_\_\_\_

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

### **Individual Eligibility Rules**

- Each athlete must have a yearly physical on file in order to participate in practices or games.
- Each athlete must be in school by 9:00 in order to participate in a game or practice that day. Any unusual circumstance may be excused only if prior approval is granted by the school administrator.
- Unexcused absences from practices or games may cause the athlete to be suspended for the following game or from athletics itself.
- If an athlete receives three detentions in a nine-week period, then the athlete will serve a two-week suspension from athletics from the date of the last detention.
- If an athlete is suspended from school for any reason, then the athlete will serve a one-week suspension from athletics for each day suspended from school.
- If an athlete receives a failing grade in any class for the quarter, then the athlete will not be eligible until the next report card. If the athlete passes all classes on the next report card, eligibility will be restored.
- Illegal substances are not allowed to be used/consumed in our athletic department. This includes, but is not limited to, alcohol, tobacco, marijuana, and steroids. Athletes caught using these substances in school or out of school will be suspended from the team and referred to the Administration for further consequences.
- Hazing and bullying are not permitted in our athletic department. Athletes caught hazing or bullying another student from our school or another school, whether verbally, physically, or electronically, will be suspended from the team and referred to the Administration for further consequences.

Please remember that athletic participation is a privilege. 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.

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**Student's Signature**

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**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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any illnesses lasting more than one week?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you under a physician’s care now?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you take any medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you wear eye glasses, contact lenses, or dental appliance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a surgical operation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been hospitalized (except for tonsillectomy)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had significant allergies?	<input type="checkbox"/>	<input type="checkbox"/>
hay fever?	<input type="checkbox"/>	<input type="checkbox"/>
asthma?	<input type="checkbox"/>	<input type="checkbox"/>
bee stings?	<input type="checkbox"/>	<input type="checkbox"/>
poison ivy?	<input type="checkbox"/>	<input type="checkbox"/>
foods?	<input type="checkbox"/>	<input type="checkbox"/>
medicine?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had complete poliomyelitis immunization by oral vaccine (sabin) or inoculations (salk)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had the primary series of tetanus toxied (DPT or DT) and a booster within the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

**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**:

Volleyball      Basketball      Cheerleading  
Baseball      Soccer

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

Signed \_\_\_\_\_, M.D.

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 Calvary Baptist Church Academy 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 Calvary Baptist Church and Academy 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 Calvary Baptist Church Academy'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: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

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

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

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

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

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 Calvary Baptist Church Academy to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery fore 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.

## Part VI – Pre-Season Injury / Safety Notice

(To be signed by the athlete and the parent.)

Dear Parents:

As part of my duties as athletic director at Calvary Baptist Church Academy, 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 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

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. I hope and pray that we will have an excellent sports year with few minor injuries and no major injuries.

In Christ,

Mr. Dale Moran  
Athletic Director  
Calvary Baptist Church Academy

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.

Signature of Parent (Guardian): \_\_\_\_\_

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

Signature of Athlete: \_\_\_\_\_

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