



# PAUL VI CATHOLIC HIGH SCHOOL

10675 Fairfax Blvd., Fairfax, VA 22030-4314

## Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is required for each school year **May 1** of the current year through **June 30** of the succeeding year.

For School Year \_\_\_\_\_

### PART I - ATHLETIC PARTICIPATION

Male \_\_\_\_\_

(To be filled in and signed by the student)

Female \_\_\_\_\_

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Last) (First) (Middle Initial)

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

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

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

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent Paul VI Catholic High school in any interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school.
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year. must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents' consent to your participation.
- must not be in violation of Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND STATE LEAGUES MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

Student Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Providing false information will result in ineligibility for one year.**

## PART II - - MEDICAL HISTORY



**This form must be completed and signed, prior to the physical examination, for review by examining physician.  
Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.**

MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No	MEDICAL HISTORY OF STUDENT & FAMILY	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			32. Do you have any rashes, pressure sores, or other skin problems?		
2. Do you have an ongoing medical condition (like diabetes or asthma)?			33. Have you ever had herpes skin infection?		
3. Are you currently taking any prescription or non prescription (over the counter) medicines or pills?			34. Have you ever had a head injury or concussion?		
4. Do you have allergies to medicines, pollens, foods or stinging insects?			35. Date of last head injury or concussion: Date: _____		
5. Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?			36. Have you ever been hit in the head and been confused or lost your memory?		
6. Have you ever passed out or nearly passed out during or after exercise?			37. Have you ever been knocked unconscious?		
7. Have you ever passed out or nearly passed out at any other time?			38. Have you ever had a seizure?		
8. Have you ever had discomfort, pain, or pressure in your chest during exercise?			39. Do you have headaches with exercise?		
9. Have you ever had to stop running after 1/4 to 1/2 mile for chest pain or shortness of breath?			40. Have you ever had a numbness, tingling, or weakness in your arms or legs after being hit or falling?		
10. Does your heart race or skip beats during exercise?			41. Have you ever been unable to move your arms or legs after being hit or falling?		
11. Has a doctor ever told you that you have (check all that apply):  ___ High Blood Pressure            ___ Heart murmur ___ High cholesterol                ___ Heart infection			42. When exercising in heat, do you have severe muscle cramps or become ill?		
			43. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
12. Has a doctor ever ordered a test for your heart?			44. Have you had any other blood disorders or anemia?		
13. Has anyone in your family died suddenly for no apparent reason?			45. Have you had any problems with your eyes or vision?		
14. Does anyone in your family have a heart problem?			46. Do you wear glasses or contact lenses?		
15. Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death)			47. Do you wear protective eyewear, such as goggles or a face shield?		
16. Does anyone in your family have Marfan syndrome?			48. Are you happy with your weight?		
17. Have you ever spent the night in a hospital?			49. Are you trying to gain or lose weight?		
18. Have you ever had surgery?			50. Do you limit or carefully control what you eat?		
19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			51. Has anyone recommended you change your weight or eating habits?		
20. Have you had any broken or fractured bones or dislocated joints?			52. Do you have any concerns that you would like to discuss with a doctor?		
21. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			53. What is the date of your last Tetanus immunization? Date: _____		
			<b>FEMALES ONLY</b>		
22. Have you ever had a stress fracture?			54. Have you ever had a menstrual period?		
23. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			55. Age when you had your first menstrual period? _____		
			56. How many periods have you had in the last 12 months? _____		
24. Do you regularly use a brace or assistive device?			57. Do you take a calcium supplement?  <b>Explain "Yes" answers here:</b>		
25. Have you ever been diagnosed with asthma or other allergic disorders?					
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?					
27. Is there anyone in your family who has asthma?					
28. Have you ever used an inhaler or taken asthma medicine?					
29. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?					
30. Have you had infectious mononucleosis (mono) within the last three months?					
31. Have you ever had mono or any illness lasting more than two weeks?					

Parent/Guardian Signature: \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_



### PART III – PHYSICAL EXAMINATION

(Physical examination is required each school year after May 1 of the preceding school year and is good through June 30 of the current school year).

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HEIGHT: _____		WEIGHT: _____		SEX: _____	AGE: _____	DOB: _____	
*Tanner Stage or Maturation _____		Index: (males only) _____			BP: _____		
*Percent Body Fat: _____				* PULSE (rest) _____			
*Audiogram _____				*PULSE(Exercise) _____			
*Vision: Corrected (L) (R) _____ (Both) _____				*PULSE (Recovery) _____			
Uncorrected (L) (R) _____ (Both) _____				*FEV or Peak Flow (rest) _____			
				*FEV(Exercise) _____			
				*FEV(Recovery) _____			
	N	ABNORMAL		N	ABNORMAL		
Eyes			Cervical Spine/neck				
Ears			Back				
Nose			Shoulders				
Throat			Arm/elbow/wrist/hand				
Teeth			Knees/hips				
Skin			Ankle/feet				
Lymphatic			Marfan Screen				
Lungs			*Urine				
Heart			*Hemoglobin or HCT and or Iron stores				
Periphera l pulses			^Echocardiogram				
Abdomen			^Neuropsyc Testing				
Genitalia/hernia (male only)			^Pelvic Examination				

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

**CLEARED WITHOUT RESTRICTIONS**

Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_

Cleared for **Limited participation** (check and explain “reason” for all that apply):

Not cleared for (specific sports) \_\_\_\_\_

Cleared only for (specific sports) \_\_\_\_\_

Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION:** \_\_\_\_\_

Reason(s): \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

Recommend close monitoring during early conditioning because of weight/fitness/other U

Recommend restrictions or monitoring of weight loss or gain

Other \_\_\_\_\_

Reason(s): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ + M.D. Date of Examination\*\*

(MD, DO, LNP, PA)

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

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**



(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any school sports with the exception of:

I have reviewed the individual eligibility rules and I 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 risks vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risks inherent in sports through meetings, written forms or some other means.

Name of parent's/guardian's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with 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.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school athletic program, publication or video.

**PART V - EMERGENCY PERMISSION FORM**

(To be completed and signed by parent/guardian)

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_

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

Please list any allergies to medications, etc.

Has student been prescribed an inhaler or epipen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

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

\_\_\_\_\_ Daytime phone for emergency

\_\_\_\_\_ Evening phone for emergency

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

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

I certify all the above information is correct \_\_\_\_\_

Parent/Guardian Signature



# Athletic Department - '4 PART FORM'

rev. 9/2011

**THIS FORM GOES TO YOUR COACH! - COACH MUST POSSESS A COMPLETED FORM WHILE WORKING WITH THE STUDENT ATHLETE!**

Student Name \_\_\_\_\_ Team \_\_\_\_\_ Date of Birth \_\_\_\_\_ Season: FALL - WINTER - SPRING

## Participation Release

My signature below is to authorize and consent to my child's participation in interscholastic athletics as a student-athlete at Paul VI Catholic High School. I understand that the sport in which my child will be participating is potentially dangerous and that physical injuries may occur, requiring emergency medical care and treatment. I assume the risk of injury to my child that may occur in an athletic activity.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Electronic Communication Permission

My signature below verifies that my student-athlete \_\_\_\_\_ may communicate

*Print Son or Daughter's Name*

electronically (including text messages, email, phone, etc.) with his/her coach. List any exceptions: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Medical Information

Student Name \_\_\_\_\_ Jersey # \_\_\_\_\_ (Coach, Fill-in # once team is selected)

Best Telephone# \_\_\_\_\_ Alt #s \_\_\_\_\_

Emergency Contact: Who \_\_\_\_\_ Phone # \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Last Tetanus shot \_\_\_\_\_

Allergies/special medical conditions \_\_\_\_\_

Medicine Administered on field/court \_\_\_\_\_

Insurance (yes) (no) Information (Company/Policy#) \_\_\_\_\_

**RELEASE FOR TREATMENT:** I hereby release Paul VI Catholic HS and give permission to the attending physician or hospital to administer medical treatment in the event I cannot be reached.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Transportation Release

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to ride in school provided transportation to any off campus practice or game.

*Print Parent/Guardian Name*

*Print Son or Daughter's Name*

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to drive his/her vehicle or my vehicle to any off campus practice or game.

*Print Parent/Guardian Name*

*Print Son or Daughter's Name*

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ to ride with a teammate to any off campus practice or game.

*Print Parent/Guardian Name*

*Print Son or Daughter's Name*

In granting permission to drive or ride in private vehicles, I am signing a release of liability toward the Diocese of Arlington, Paul VI Catholic H.S. or any coach or employee at Paul VI. I am also releasing any driver my child may ride with.

Please list any stipulations/special instructions:

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date