



# Sacred Heart Academy Athletics Permission to Participate

All blanks must be completed

## Athletic Participation/Parental Consent/Physical Examination Form

Separate examination is 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 Female

(To be filled in and signed by the student)

Name

(Last)

(First)

(MI)

Student I.D. #

N/A

Home Phone

Emergency Phone

Home Address

(City)

(State)

(Zip Code)

Date of Birth

Place of Birth

This is my

year in Sacred Heart

Catholic School and am currently in the

grade.

### INDIVIDUAL ELIGIBILITY RULES

**Attention Athletes!** In order to represent your school and be eligible for any athletic activity, the athlete:

- must meet all eligibility requirements prior to the first tryout/practice date
- must be a properly enrolled student and in good regular attendance at the school at the time you participate
- must meet all promotion requirement for the previous school year in order to be eligible for the fall semester
- Promotion is defined as "progressing to the next grade level." Students retained either by the school or the parents will be ineligible
- must maintain passing grades during each semester and throughout the participation in athletic activities
- must be in good standing with the school the student is looking to participate in
- must have achieved a 2.0 grade point average in the semester preceding participation in an activity
- must not have reached your fifteenth birthday on or before the first day of August of the current school year
- must, if you miss five or more days of practice due to illness or injury, receive a medical release from a licensed physician before practicing or playing
- must not practice or play if ineligible
- must not participate (practice or play) in any athletic activity if assigned to In-School Suspension (ISS) or temporarily suspended from school during the assigned time
- must not accept prizes, merchandise, money or anything that can be exchanged for money as a result of athletic participation

Eligibility to participate in middle school athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by the School, Arlington Diocese and the Federal Government. If you have any questions regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your school for interpretations and exceptions provided under the school rules.** Meeting the intent and spirit of school standards will prevent you, your team, school and community from being penalized.

**NOTE: INDIVIDUAL SCHOOLS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

I have read the condensed individual eligibility rules of the Catholic School that appear below and believe I am eligible to represent my present middle school in athletics.

Student Signature

Date

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

Parent/Guardian Signature: \_\_\_\_\_ Athlete's 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<sup>th</sup> of the current school year)\*\*

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

HEIGHT: _____	WEIGHT: _____	SEX: _____	AGE: _____	DOB: _____
*Tanner Stage or Maturation Index: (males only) _____			BP: _____	
*Percent Body Fat: _____		<b>LAST TETANUS</b> _____		Pulse: *(rest) _____
*Audiogram _____				*(Exercise) _____
				*(Recovery) _____
*Vision: Corrected (L) _____ (R) _____ (Both) _____				*FEV or Peak Flow (rest) _____
Uncorrected (L) _____ (R) _____ (Both) _____				*(Exercise) _____
				*(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		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych 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
  - 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 \_\_\_\_\_



# Sacred Heart Academy Athletics Permission to Participate

All blanks must be completed

## 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 of the following sports that are not crossed out: baseball, basketball, cheerleading, field hockey, football, soccer, softball, track, volleyball, wrestling, cross country.

I have reviewed and understand 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 risk vary significantly from one sport to the another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she is insured through.

Name of Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risk 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. I grant this permission knowing that my child/ward could be seriously injured resulting in sizeable medical costs for which I am responsible.

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.

Additional I give my consent and approval that the above named student's picture and name may be printed in any catholic school athletic program, publication or video.

## PART V - EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

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

CATHOLIC SCHOOL: Sacred Heart Academy CITY: Winchester

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 Sacred Heart Catholic School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime Phone # (where to reach you in an emergency) \_\_\_\_\_

Evening Phone # (where to reach you in an emergency) \_\_\_\_\_

\*Please make sure phone numbers are current for the duration of participation

\*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