

FORM A

OUR LADY OF SORROWS SCHOOL Athletic Participation Agreement

Date: _____

I hereby request permission for my child to participate in Our Lady of Sorrows School athletics. I understand that my child and I are entering into a voluntary contract with Our Lady of Sorrows School for participation in school-sponsored athletic activities.

As a player, my child understands that he/she must fulfill all religious and academic responsibilities to Our Lady of Sorrows School and Parish and to conduct himself/herself as a committed Christian both in and out of school, in particular at any activity involving athletic competition representing Our Lady of Sorrows School. My child agrees to be bound by the rules and regulations regarding athletics, and to submit himself/herself voluntarily to the application of the rules.

As the parent of an athletic participant from Our Lady of Sorrows School, I understand my responsibility and obligation to see that my child fulfills his/her religious and academic responsibilities (including school work and homework assignments) and complies with the rules and regulations for participation in Our Lady of Sorrows School athletics. I agree to cooperate with, support, and be governed by the rules and regulations of Our Lady of Sorrows School as set forth by the Administration of Our Lady of Sorrows School, as published in the Parent/Student Handbook and the Athletic Handbook. I understand that I must be familiar with and accountable for these rules and regulations and the policies and procedures which govern participation in athletics representing Our Lady of Sorrows School.

I further agree that as an adult I will show respect for authority, and will avoid any activity or conduct which is in any way disrespectful, combative or confrontational, or questions the authority of the school Administration, the Coaching Staff, or the Officials.

As a player and parent, we acknowledge that a violation of the rules and regulations may result in forfeiture of eligibility to participate in athletics representing Our Lady of Sorrows School.

Our signatures indicate that we understand and accept these conditions for the participation of our student and family, which are binding through our child's completion of the current school year at Our Lady of Sorrows School.

Student Name (PRINT NEATLY): _____

Student Signature: _____

Parent Name (PRINT NEATLY): _____

Parent Signature: _____

FORM B

ATHLETIC REGISTRATION FORM FOR STUDENTS IN GRADES 6 – 8

STUDENT'S NAME _____ GRADE _____
(PRINT NEATLY)

I plan to participate in the following sports at Our Lady of Sorrows School:

GIRLS

_____ VOLLEYBALL *

_____ CROSS-COUNTRY *

_____ BASKETBALL *

_____ TRACK & FIELD *

_____ SOCCER *

BOYS

_____ CROSS-COUNTRY *

_____ BASKETBALL *

_____ TRACK & FIELD *

_____ SOCCER *

Parent's Signature _____ Date _____

Receipt # _____ Date _____

Forms must be turned in before the sport season begins.

FORM C

SPORTS INSURANCE WAIVER

I do not wish to utilize the School Sports Insurance Program.

My child, _____,

is covered by _____
(Name of Health Insurance)

POLICY NUMBER _____

HOME PHONE NUMBER _____

EMERGENCY PHONE NUMBER _____

I will not hold Our Lady of Sorrows School responsible for any injury incurred during practice sessions and/or during athletic events.

Parent's Signature _____ Date _____

Form D

PRE-PARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers on an additional sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in Our Lady of Sorrows School practices, games or matches.

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain on separate page. | | |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck | | |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist | | |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf | | |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Foot | | |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Record the dates of your most recent immunizations (shots) for: | | |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ Measles _____ | | |
| 7. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ Chickenpox _____ | | |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many times? _____ | | | Females Only | | |
| When was the last concussion? _____ | | | 18. When was your first menstrual period? _____ | | |
| How severe was each one? (Explain on separate page) | | | When was your most recent menstrual period? _____ | | |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? _____ | | |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? _____ | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? _____ | | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question five above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. *Our Lady of Sorrows School* assumes no responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by *Our Lady of Sorrows School*.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

Form E

PRE-PARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation each year. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side.

| MEDICAL | NORMAL | ABNORMAL FINDINGS | INITIALS * |
|---|--------|-------------------|------------|
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart-Auscultation of the heart in the supine position. | | | |
| Heart-Auscultation of the heart in the standing position. | | | |
| Heart-Lower extremity pulses | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS | INITIALS * |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for (circle): **Basketball** **Soccer** **Track & Field** **Volleyball** **Cross-Country** **Tennis**

Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.