



After School Sports Participation Form

Insurance Waiver, Emergency Release, Physical Exam

Student's Name: _____ School Year: 2011-2012

Address: _____ City/State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____ Home Phone: _____

(Father) Work/Cell No.: _____ (Mother) Work/Cell No. _____

Preferred Hospital: _____ Medical Insurance: _____

Insured's Name: _____ Policy Number: _____ Group Number: _____

I, the undersigned, understand that the above named student cannot participate in interscholastic athletics unless he/she is covered by accident/health insurance. I further understand that participation in all sports can involve many risks of injury including but not limited to serious neck and/or spinal cord injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually any organs and/or bones, death, or serious injury or impairment to other aspects of my son's or daughter's body, general health and well-being. We have accident/health insurance which will cover interscholastic athletics. (Please check your policy carefully. Not all policies cover interscholastic athletics.) I, the undersigned, accept full responsibility for the cost of treatment for any injury my son or daughter may suffer while participating in the Lighthouse Christian School interscholastic athletic program.

I, _____ (Parent Name) hereby grant permission for my child to participate in interscholastic athletics during the school years of 2011-2012 and 2012-2013. I agree that Lighthouse Christian School and/or authorized employees or volunteers of said school shall not be held liable for accidents or injuries received by my son or daughter while engaged in athletic activities sponsored by Lighthouse Christian School. I further agree that Lighthouse Christian School, authorized employees, board members or student organizations will not be held responsible for payment of medical services resulting from such accidents or injuries. I hereby authorize the team physician or, in his absence, a qualified physician to examine the above named athlete and, in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury.

TO BE UNDERSTOOD BY BOTH ATHLETE AND PARENT

I understand that the dangers of playing or practicing in interscholastic athletics include but are not limited to those risks listed above. I have read the above and recognize the dangers of participating in interscholastic athletics. I also recognize the importance of cheerfully and respectfully following the coach's instructions regarding techniques, training and other team rules, etc. and agree to obey such instruction. I further understand that as a representative of Lighthouse Christian School, the community of Gig Harbor, and the Body of our Lord Jesus Christ, I must maintain the highest standards of personal decorum, sportsmanship, fairness and grace which reflect the utmost level of Christian commitment. As an assurance of my pledge to maintain this sacred, I agree to uphold the following behavioral and academic standards:

1. I will hold a 70% average to maintain my athletic eligibility.
2. I will be present for the entire school day on which a game is scheduled. Exceptions will include: family bereavement or emergencies, verified doctor, dental or legal appointments or other excused absences arranged in advance.
3. I will attend all practices and competitions unless an excused absence has been arranged with the coach prior to the absence. Failure to attend practice or games as indicated may result in disciplinary action.
4. I understand that I will not be allowed to participate if I am injured until I provide the athletic director with a signed release from my doctor.
5. I will strive to be a positive Christian role model.
6. I understand that illegal use, possession or sale of any drugs tobacco or alcohol whether at school, home or in the community is reprehensible and grounds for immediate expulsion from all extracurricular activities for the year.

Parent Signature: _____ Student Signature: _____

Sports Physical Examination
(To be completed by physician)

Name: _____ Age: _____ Exam Date: _____

Pulse: _____ Height: _____ Blood Pressure: _____ Weight: _____ Visual Acuity: Left 20/____ Right 20/____

Normal

Abnormal

_____	Head	_____
_____	Eyes (pupils), ENT	_____
_____	Teeth	_____
_____	Chest	_____
_____	Lungs	_____
_____	Heart	_____
_____	Abdomen	_____
_____	Genitalia	_____
_____	Neurologic	_____
_____	Skin	_____
_____	Physical Maturity	_____
_____	Spine, Back	_____
_____	Shoulders, Upper extremities	_____
_____	Lower extremities	_____

Assessment: Full participation
 Limited participation and/or Participation contraindicated (describe limitations and/or restrictions below)

List Recommendations (equipment, taping, rehabilitation, etc.)

Physician's Signature: _____

Print Physician's Name: _____

Physician's Phone: _____ Date: _____

Optional
Urinalysis: _____
Body Fat %: _____
HCT: _____
H=EST VO2 Max: _____
Audiometry: _____

Pre-participation History and Physical Examination

This form is not required as long as the conditions of 18.13.0 are met.

Name: _____ Birth Date: _____ Exam Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Sport: _____

History

- | Yes | No | |
|-----------|-------|--|
| 1. _____ | _____ | Have you had any illness/injury recently, or do you have an illness/injury now? |
| 2. _____ | _____ | Have you had a medical problem, illness or injury since your last exam? |
| 3. _____ | _____ | Do you have any chronic or recurrent illness? |
| 4. _____ | _____ | Have you ever had any illness lasting more than a week? |
| 5. _____ | _____ | Have you ever been hospitalized overnight? |
| 6. _____ | _____ | Have you had any surgery other than tonsillectomy? |
| 7. _____ | _____ | Have you ever had any injuries requiring treatment by a physician? |
| 8. _____ | _____ | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 9. _____ | _____ | Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)? |
| 10. _____ | _____ | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 11. _____ | _____ | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| 12. _____ | _____ | Do you tire more easily or quickly than your friends during exercise? |
| 13. _____ | _____ | Have you ever had any problem with your blood pressure or your heart? |
| 14. _____ | _____ | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 15. _____ | _____ | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 16. _____ | _____ | Have you ever had fainting, convulsions, seizures or sever dizziness? |
| 17. _____ | _____ | Do you have frequent severe headaches? |
| 18. _____ | _____ | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| 19. _____ | _____ | Have you ever been "knocked out" or "passed out"? |
| 20. _____ | _____ | Have you ever had a neck or head injury? |
| 21. _____ | _____ | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 22. _____ | _____ | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 23. _____ | _____ | Do you wear eyeglasses, contact lenses or protective eye wear? |
| 24. _____ | _____ | Have you had any problem with your eyes or vision? |
| 25. _____ | _____ | Do you wear any dental appliance such as braces, bridge, plate or retainer? |
| 26. _____ | _____ | Have you ever had a knee injury? |
| 27. _____ | _____ | Have you ever had an ankle injury? |
| 28. _____ | _____ | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| 29. _____ | _____ | Have you ever had a broken bone (fracture)? |
| 30. _____ | _____ | Have you ever had a cast, splint, or had to use crutches? |
| 31. _____ | _____ | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 32. _____ | _____ | Has it been more than 5 years since your last tetanus booster shot? |
| 33. _____ | _____ | Are you worried about your weight? |
| 34. _____ | _____ | Females: Have you any menstrual problems? |
| 35. _____ | _____ | Have you any medical concerns about participating in your sport? |

*****Athlete Should Not Write Below This Line*****

Examiner's comments on all YES answers (refer to question number): _____
