

Permission To Participate In Athletics

Both sides of this form are to be completed by parent or guardian only and must be turned in, along with a current physician performed physical before any participation, conditioning, games or practices will be allowed. Please print clearly in black or blue ink.

Athlete _____ Birthdate: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____

Phone: _____ Business Phone: _____

Allergies _____ Explain: _____

Asthma _____ Explain: _____

Seizures _____ Explain: _____

Current Medications: _____

Allergic to these medications: _____

I (we) do hereby permit my (our) son/daughter to participate in the athletic program at South Haven Christian School and to engage in all activities related to the team, including, but not limited to trying out, practicing, and playing in competitions. I (we) understand and assume all risk, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or brain associated with said participation, and recognizes the importance of following coaches' instructions regarding playing techniques, training guidelines, and team rules. As a part of this agreement to permit my (out) son/daughter to participate, I (we) also agree to provide all needed forms, fees, and information. I (we) acknowledge that we have been properly advised, warned and cautioned that participation in athletics can result in the athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury as a result of participation, it is my (our) desire to consent to my (our) son/daughter's participation.

EMERGENCY CONTACT INFORMATION: Persons to contact if parent(s) are unavailable

Name: _____ Phone: _____

Relationship to student: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray exam and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

OVER THE COUNTERMEDICATION ADMINISTRATION PERMISSION:

In the event of illness or injury where I am not available, I request that South Haven Christian School or its agents administer the following to the athlete named on this form.

Yes _____ No _____

Circle choice(s): Non Aspirin Pain Reliever or Ibuprofen Dosage: _____

Parent/Guardian Signature

Date

Athlete Signature

Date

South Haven Christian School Pre-Participation Evaluation
This form is to be completed by parent if student is less than 18 years old.
Please print using black or blue ink only.

Date: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Age: _____ Date of Birth: _____ Grade: _____

Personal Physician: _____ Phone: _____

EXPLAIN ANY "YES" Answers below:

- | | |
|---|-----|
| 1. Have you ever been hospitalized? | Y N |
| Have you ever had surgery? | Y N |
| Are you presently under a doctor's care? | Y N |
| 2. Are you presently taking any pills or medication? | Y N |
| 3. Do you have any allergies (medicines, bees or other stinging insects)? | Y N |
| 4. Have you ever passed out during or after exercise? | Y N |
| Have you ever been dizzy during or after exercise? | Y N |
| Have you ever had chest pain during or after exercise? | Y N |
| Have you ever had high blood pressure? | Y N |
| Have you ever been told you have a heart murmur? | Y N |
| Have you ever had racing of your heart or skipped heartbeats? | Y N |
| Has anyone in your family died of heart problems or a sudden death before age 50? | Y N |
| Has anyone in your family had Marfan's syndrome? | Y N |
| 5. So you have any skin problems (itching, rashes, acne)? | Y N |
| 6. Have you ever had a head injury? | Y N |
| Have you ever been knocked out or unconscious? | Y N |
| Have you ever had a stinger, burner or pinched nerve? | Y N |
| 7. Have you ever had heat cramps, heat illness or muscle cramps? | Y N |
| 8. Do you have trouble breathing or do you cough during or after exercise? | Y N |
| 9. Do you have any special equipment (pads, braces, neck rolls, eye guards, etc.)? | Y N |
| 10. Do you have any trouble with your eyes or vision? | Y N |
| Do you wear glasses or contacts or protective eye wear? | Y N |
| 11. Are you missing an eye, kidney or testicle? | Y N |
| 12. Have you ever sprained/strained, fractured, broken or had repeated swelling or other injuries or any bones or joints? | Y N |
| ___ Head ___ Shoulder ___ Thigh ___ Neck ___ Elbow ___ Knee ___ Foot ___ Forearm | |
| ___ Shin/Calf ___ Back ___ Wrist ___ Ankle ___ Hip ___ Hand | |
| 13. Have you had any other medical problems (infections, mononucleosis, diabetes, anemia, etc.) | Y N |
| 14. Have you had a medical problem or injury since your last evaluation? | Y N |

Explain your YES answers: List question number then explanation: _____

I hereby state that to the best of my knowledge, my answers to the above questions are correct:

Date: _____

Signature of athlete: _____ Date: _____

Signature of parent/guardian: _____ Date: _____