



HOLY + FAMILY SCHOOL

faith • citizenship • academic excellence

ATHLETIC REGISTRATION		Tshirt size S–XL: Sweatshirt size XS–XL:		
Student Name	Age	Grade	Youth or Adult:	Youth or Adult:
Student Name	Age	Grade	Youth or Adult:	Youth or Adult:
Student Name	Age	Grade	Youth or Adult:	Youth or Adult:
Address				
City/Zip				
Email Address	Cell Number:			
Your student has chosen to participate in a school athletic/activity program. The programs involve some dangers. Accidents happen and risks of serious injury do exist. Your signature indicates that you have been advised of this information.				
I hereby grant permission for my student to participate in all sports for the current school year.				
Parent or Guardian Signature			Date	
REQUEST FOR WAIVER OF ACCIDENT PLAN – INSURANCE INFORMATION				
I understand that my student cannot participate in athletic or activity programs unless he/she is covered by accident insurance or I, the parent/guardian, accept full responsibility for all accident coverage and hold the school and coaches harmless.				
<i>Please initial one or more of the following:</i>				
<input type="checkbox"/> I have insurance coverage and will continue to keep it in force throughout the interscholastic season(s).				
The name of the insurance company providing coverage is _____.				
<input type="checkbox"/> Please waive the requirement for accident insurance and allow my named student to participate. I accept full responsibility for the cost of treatment for any injury he/she may suffer while participating in the program.				
Parent or Guardian Signature			Date	
CONSENT TO MEDICAL CARE AND TREATMENT – EMERGENCY INFORMATION				
In the event of any medical emergency involving the above named student, I, the undersigned, as his or her parent or legal guardian, hereby grant authority and consent to administer or arrange for reasonable medical care for my child in the event that I cannot be contacted in time by reasonable means. For a medical emergency I further consent and grant authority to a physician, nurse or other appropriate health care provider to render whatever emergency care they deem necessary.				
Signature of Parent or Legal Guardian		Date		
Printed Name of Parent or Legal Guardian		Relation to Student		



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PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: _____

Birth Date: _____

Address: _____ City: _____ Zip: _____

HISTORY

- | | Yes | No | |
|------|-----|-----|--|
| 1 a. | ___ | ___ | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | ___ | ___ | Do you have any chronic or recurrent illness? |
| c. | ___ | ___ | Have you ever had any injuries requiring treatment by a physician? |
| 2. | ___ | ___ | Are you presently taking ANY medications (including vitamin, aspirin, etc.)? |
| 3. | ___ | ___ | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4 a. | ___ | ___ | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | ___ | ___ | Have you ever had any problem with your blood pressure or your heart? |
| c. | ___ | ___ | Have any close relatives had heart problems, heart attack or sudden death before age 50? |
| 5 a. | ___ | ___ | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| b. | ___ | ___ | Do you have frequent headaches? |
| c. | ___ | ___ | Have you ever been "knocked out" or "passed out"? |
| d. | ___ | ___ | Have you ever had a neck or head injury? |
| 6. | ___ | ___ | Have you ever had heat exhaustion, heat stroke, or heat cramps? |
| 7. | ___ | ___ | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 8 a. | ___ | ___ | Do you wear eyeglasses, contact lenses or protective eye wear? |
| b. | ___ | ___ | Have you had any problem with your eyes or vision? |
| 9 a. | ___ | ___ | Have you ever had a knee injury? |
| b. | ___ | ___ | Have you ever had an ankle injury? |
| c. | ___ | ___ | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | ___ | ___ | Have you ever had a broken bone (fracture)? |
| 10. | ___ | ___ | Have you any medical concerns about participating in track? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):



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Concussion and Sudden Cardiac Arrest Awareness Form

Participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student, you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial, which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness information sheet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in athletics.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date



Concussion and Sudden Cardiac Arrest Awareness Form

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe, and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury, or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of a concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Change in sleep patterns
- Nervousness or anxiety
 - Irritability
- More emotional
 - Confusion
- Concentration or memory problems
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Moves clumsily or displays incoordination
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Athlete's Code of Conduct

Name: _____ Grade: _____

Name: _____ Grade: _____

ATHLETE'S CODE OF CONDUCT

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social, and moral development of its students. It is within this context that the following Code of Conduct is presented.

As an athlete, I understand that it is my responsibility to:

Place academic achievement as the highest priority.

Show respect for teammates, opponents, officials, and coaches.

Respect the integrity and judgment of sport officials.

Exhibit fair play, sportsmanship, and proper conduct on and off the field.

Be committed to working hard at practices and meets.

Maintain a high level of safety awareness.

Refrain from the use of profanity, vulgarity, and other offensive language and gestures.

Adhere to the established rules and standards of the sport to be played.

Respect all equipment and use it safely and appropriately.

Win with character; lose with dignity.

Student Signature

Date

Student Signature

Date

Parent/Guardian Signature

Date