



**ATHLETIC PHYSICAL FORM**

SCHOOL NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

SPORT(S) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PART I STUDENT INFORMATION**

NAME \_\_\_\_\_ FEMALE/MALE AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ID # \_\_\_\_\_ ARE YOU A UNITED STATE CITIZEN? YES NO

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ BEEPER # \_\_\_\_\_

**PART II PARENTAL/GUARDIAN INFORMATION**

FATHER \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

MOTHER \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ CELL/PAGER # \_\_\_\_\_

**PART III-A SCHOOL BOARD INSURANCE INFORMATION**

IN ACCORDANCE TO SCHOOL BOARD RULE 6Gx13 -6A-1.61, INTERSCHOLASTIC ATHLETICS, SENIOR HIGH SCHOOLS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport.** Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased. Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100% of all bills for any one accident. Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. **All School Board-approved insurance is non-refundable.**

**PART III-B PARENTAL INSURANCE INFORMATION**

**PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:**

NAME OF INSURED \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_

INSURANCE CO. PHONE # \_\_\_\_\_ GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

FOR ATHLETIC OFFICE USE ONLY: Insurance: \$13.00 \_\_\_\_\_ \$45.00 (FB) \_\_\_\_\_ \$18.00 (SFB) \_\_\_\_\_

GPA: 1st Semester \_\_\_\_\_ 2nd Semester \_\_\_\_\_



**TO BE COMPLETED BY MEDICAL STAFF AND PHYSICIAN**

**NAME:** \_\_\_\_\_

CIRCLE ONE: **MALE**    **FEMALE**

	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
HEIGHT			
WEIGHT			
DO YOU WEAR GLASSES OR CONTACTS?    YES / NO			
VISION: LEFT 20/ _____			
RIGHT 20/ _____			
BLOOD PRESSURE			
PULSE			
SKIN			
NOSE, MOUTH, THROAT			
NECK GLANDS / LYMPH NODES			
CHEST, LUNGS			
HEART			
ABDOMEN			
HERNIA			

**ORTHOPEDIC EXAMINATION**

	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
SPINE			
HIP                    (R)    (L)			
SHOULDER        (R)    (L)			
ELBOW            (R)    (L)			
WRIST             (R)    (L)			
KNEE              (R)    (L)			
ANKLE             (R)    (L)			
FOOT              (R)    (L)			
GAIT			
POSTURE			

**ASSESSMENT**

**ONE OF THE FOLLOWING MUST BE CHOSEN FOR THIS ATHLETE TO PARTICIPATE.**

1.  Full, unlimited participation \_\_\_\_\_
2.  Limited participation, indicate sport and/or type of limitation \_\_\_\_\_
3.  Clearance pending release by family physician \_\_\_\_\_
4.  No athletic participation \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

I have read and understood the previous information. Furthermore I have reviewed my child's health history form and agree that it is accurate and complete. I give consent for the medical staff to perform the pre-season sport physical examination on my child, which I understand is not a substitute for regular check-ups and care from our own family physician. I also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my child, if necessary, at any physical, practice, or game upon my absence. My signature in the space below indicates that the requirements have been carefully read and permission is granted for my child to participate in all interscholastic athletics, with the exception of

(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN \_\_\_\_\_  
(Please print name.)

SIGNATURE \_\_\_\_\_  
Father  Mother  Guardian

DATE \_\_\_\_\_

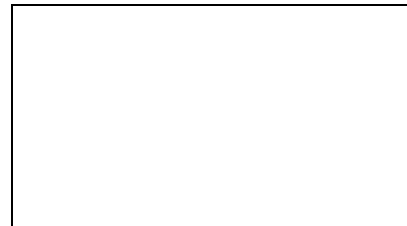
SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

BY \_\_\_\_\_ WHO PRODUCED A FORM OF LEGAL IDENTIFICATION OR IS  
PERSONALLY KNOWN TO ME.

NOTARY NAME \_\_\_\_\_  
(Please print name.)

NOTARY SIGNATURE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



(NOTARY SEAL)

### SPORTSMANSHIP AGREEMENT

**Dear Parents/ Guardians:**

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to complete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness, and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son/daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provides a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a *privilege* to participate and not a right.

As parents, you have committed yourselves to certain responsibilities and obligation as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guideline and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By signing below, I agree to and understand the contents contained in this letter.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)