

Participation Tri-City College Prep Athletic

Student Information

Name _____ Birth Date _____

Address _____

Home Phone _____ Other Phone _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Waiver of Insurance

This memorandum of insurance is to certify that an athletic insurance plan has been offered to us through Tri-City College Prep High School.

We are aware of the said plan; but have chosen to use our own insurance company for the 2018-2019 school year. **Please Note: Student must have insurance before tryouts in order to participate in athletics at Tri-City Prep High School.**

Insurance Company _____

Parent/Guardian Signature _____ Date _____

School Insurance

We have elected to buy school insurance offered to us by Tri-City College Prep. High School for the 2018-2019 school year. We have completed the insurance request form and turned it in to the administrative office.

Parent/Guardian Signature _____ Date _____

Athletic Permission Form

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity may involve the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that I/We have read and understand this warning, and we agree to hold Tri-City College Prep High School harmless should an accident or injury occur.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Name of Student: _____

Physical Examination

Please Note: Arizona Interscholastic Association regulations prohibit acceptance of physical exams by Doctors of Chiropractic or Naturopathic MD.

Physicians: Please complete all the information below.

Height: _____ Vision (R) 20/ _____ Vision

Weight: _____ (L) 20/ _____ Corrected: Y/N

BP: _____ (B) 20/ _____ (circle one)

BP Reference Range: Vision Reference Range: Is corrected or uncorrected vision better than 20/50 with both eyes?

- 10-12 y/o, > 125/80
- 12-13 y/o, > 135/85
- 16-18 y/o, > 140/90

Cardiopulmonary Examination: Normal Abnormal Explain

Lungs	_____	_____	
Pulses	_____	_____	
Heart	_____	_____	

Musculoskeletal Screening:

Neck	_____	_____	
Shoulder	_____	_____	
Elbow	_____	_____	
Wrist	_____	_____	
Hand	_____	_____	
Back	_____	_____	
Knee	_____	_____	
Ankle	_____	_____	
Foot	_____	_____	

Tanner Stage: (Optional) 1 2 3 4 5

Hernia Evidence: Y/N (circle one)

Other: (Physical examination pertinent to historical information)

Recommendation:

_____ Pass
_____ Pass with restrictions: _____
_____ Deferred until: _____
_____ Failed. Reason: _____

Physician Signature: _____ Date: _____
Physical Examination Dr

**Tri-City College Prep. High School
Physical Examination Summary
Participation in Interscholastic Sports Activities**

Name: _____ Male/Female (circle one)
Age: _____ Grade: _____
Date of Birth: _____ Circle the sports you play:
Phone: _____
Family Physician: _____ Basketball Soccer Softball
Physician Phone: _____ Volleyball Rowing Golf _____

Instructions: Please review all the questions below and answer them as truthfully as possible. It is important to include all pertinent information. Parents or guardians must sign below.

Current Medications:

- | | Circle One | Explain |
|--|------------|---------|
| | Yes | No |
| 1. Has anyone in your family died suddenly before the age of 50? | Yes | No |
| 2. Have you ever passed out or felt dizzy during exercise? | Yes | No |
| 3. Do you have asthma or allergies? | Yes | No |
| 4. Have you ever broken a bone, worn a cast, or injured a joint? | Yes | No |
| 5. Have you ever been knocked out (concussion)? | Yes | No |
| 6. Do you have a chronic illness or see a doctor regularly? | Yes | No |
| 7. Do you have only one of any normally paired organ? | Yes | No |

For Women Only:

8. How old were you when you had your first period? _____
9. Do you have regular periods? Yes No

I have reviewed the above questions with my son or daughter and I give permission for my child to undergo a pre-participation physical evaluation and to participate in sports. **I understand the physicians my child may see may be of the opposite gender.**

Signature of Parent or Guardian: _____