

Tri-City College Prep Athletic Participation Packet

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 Myers-Steven & Toohey.

We are aware of the said plan; but have chosen to use our own insurance company for the 2023-2024 school year. Please Note: Student must have insurance before tryouts in order to participate in athletics at Tri-City Prep.

Insurance Company _____

Parent/Guardian Signature _____ Date _____

Myers-Steven & Toohey Insurance

We have elected to buy Myers-Steven & Toohey Insurance for the 2023-2024 school year. We have completed the insurance request online and will provide proof of insurance to the school.

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

BP Reference 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

<u>Cardiopulmonary Examination:</u>	<u>Normal</u>	<u>Abnormal</u>	<u>Explain</u>
Lungs	_____	_____	
Pulses	_____	_____	
Heart	_____	_____	
<u>Musculoskeletal Screening:</u>			
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
Physical Examination Summary
Participation in Interscholastic Sports Activities

Name: _____ Male/Female (circle one)

Age: _____ Grade: _____

Date of Birth: _____

Circle the sports you play: Basketball Soccer Volleyball Mountain Biking Archery Golf

Phone: _____

Family Physician: _____

Physician Phone: _____

Instructions: Please review all the questions below and answer them as dutifully 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 preparticipation 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:

Physical Examination Summary