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 Myers-Steven & Toohey.

We are aware of the said plan; but have chosen to use our own insurance company for the upcoming 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 upcoming 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:  Corrected: YIN

(circle one)

|  |  |  |  |
| --- | --- | --- | --- |
| 10-12 y/o, > 125/8012-13 y/o, > 135/8516-18 y/o, > 140/90 |  |  |  |
| Cardiopulmonary Examination: Lungs  | Normal | Abnormal | Explain |

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

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

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.

|  |  |  |
| --- | --- | --- |
|  | Circle One | Explain |
| l. 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 |  |
| 1. Do you have only one of any normally paired organ?

**For Women Only**:1. How old were you when you had your first period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Yes | No |  |

Current Medications:

|  |
| --- |
| 1. 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