

BETHLEHEM CHRISTIAN ACADEMY
ATHLETIC CONSENT, INSURANCE AND PHYSICAL FORM

*Parent's signature required in two places

PLEASE PRINT

Athlete Name _____ Age _____ Date of Birth _____

Address _____
(Street) (City) (State) (Zip)

Home Phone #: _____ Work# _____ Cell#: _____

In Emergency, Contact: _____ Work # _____ Cell#: _____

Additional Emergency Contact Information/Instructions: _____

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize not eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. Also, by signing this permission form parents agree to hold harmless Bethlehem Christian Academy and its agents (whether volunteer or paid staff) for any accident or injury that may occur while participating in athletics at Bethlehem Christian Academy. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (We) hereby give consent for _____ to:

(1) Compete in the following sports at Bethlehem Christian Academy,
_____.

(2) To accompany any school team of which the student is a member on any of its local or out-of-town trips;

(3) And, I hereby verify that the information on both sides of this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

*SIGNATURE(S) OF PARENT(S) _____ DATE _____

SIGNATURE OF STUDENT-ATHLETE: _____ DATE _____

INSURANCE INFORMATION

Insurance Provider: _____ Name of Insured: _____

Policy Number: _____ Insurance Provider Phone Number: _____

AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child may compete in athletics at Bethlehem Christian Academy. I also understand that this evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations.

In case of an emergency or accident on the school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention. I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

*SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S): _____ DATE _____

Relation to Student: Mother _____ Father _____ Other _____

MEDICAL HISTORY (TO BE FILLED OUT BY PARENT/GUARDIAN)

Please answer the following question, explain any YES answers:

- YES NO 1. Have you ever been hospitalized? _____
- YES NO 2. Do you have any chronic or ongoing illness? _____
- YES NO 3. Have you ever had a serious illness? _____
- YES NO 4. Have you ever had surgery or been advised to have surgery? _____
- YES NO 5. Have you ever passed out during exercise? _____
- YES NO 6. Have you ever had a chronic cough or recurrent bronchitis? _____
- YES NO 7. Have you ever had a bone or joint disorder, fracture, broken bone, dislocation, trick joint or arthritis? _____
- YES NO 8. Are you allergic to any medications? _____
- YES NO 9. Do you have any other known allergies? _____
- YES NO 10. Are there any conditions that would limit you from participating in any sports? _____
- YES NO 11. Are you taking any medication(s) regularly? IF YES, Name of Medicine: _____
Name of Doctor: _____
- YES NO 12. Have you had a Tetanus Immunization in the last 5 years? Date of Immunization _____

*******TO BE FILLED OUT BY PHYSICIAN ONLY*******

HEIGHT _____	WEIGHT _____	PULSE _____	BLOOD PRESSURE _____
	Normal Abnormal	Normal Abnormal	Normal Abnormal
1. E.N.T., Eyes	_____	_____	7. G-U System
2. Neck	_____	_____	8. Spine
3. Heart	_____	_____	9. Joints
4. Lungs	_____	_____	
5. Abdomen	_____	_____	
6. Hernia	_____	_____	

Notes: _____

Summary and Review: _____ Cleared, Unrestricted _____ Not cleared, further evaluation needed
Comments: _____

On the basis of the above examination, together with the medical history furnished to me by the student's parent or guardian, I have found no indications of physical or medical reason which would make it inadvisable for the above named student to engage in supervised athletic activities, except as indicated above.

Physician's Name, address and phone number (print or stamp): _____
Physician's Signature

Date of Examination