

**RENTON CHRISTIAN SCHOOL
ATHLETIC DEPARTMENT
REGISTRATION AND PHYSICAL FORM**

SECTION I: STUDENT INFORMATION

Student/Athlete Name: _____
Last
First
Middle Initial

I.D. Number

Birth Date Grade

School attended last year: _____
School Name
City
State

SECTION II: MANDATORY ATHLETIC INSURANCE

Student's Name: _____

I have insurance coverage equivalent to or better than the Washington State Industrial Insurance Fee schedule for doctor's services or hospitalization and will continue to keep it in force throughout the sports season.

The name of my insurance company that is providing coverage is:

_____ Policy #: _____

I accept full responsibility for the cost of treatment or any injury that my student may suffer while taking part in the athletic program.

Signature of Parent or Guardian *Date*

SECTION III: INJURY RISK/PARENT PERMISSION

Student may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice by writing the name of sport opposite the season. My son/daughter has permission to participate in a school district athletic/activity programs as indicated below:

FALL: X Country... Football... Golf... Soccer... Tennis... Volleyball _____

WINTER: Basketball... Gymnastics... Wrestling _____

SPRING: Baseball... Golf... Soccer... Softball... Tennis... Track _____

Cheer Squad Yes No Additional Sport/Activity _____

Some athletic activities are more dangerous than others. Accidents can happen and risks of serious injury do exist. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bone joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death. Your signature indicates that you have completed all information accurately, that you have been advised of the injury risks that could occur during any properly supervised program activity, and that you have given permission for your son/daughter to participate.

STUDENT SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

SECTION IV: INFORMATION UPDATE

Please complete this only if there are changes in your emergency contact or demographic information.

Home Address: _____ Home Phone: _____

Person to call in case of injury: _____ Relationship: _____ Phone: _____

Medications in use: _____ Medicine allergic to: _____

Family doctor: _____ Doctor's phone number: _____

Mother's name: _____ Home phone: _____ Bus phone: _____

Father's name: _____ Home phone: _____ Bus phone: _____

SECTION V: MEDICAL EMERGENCY AUTHORIZATION

Name of student athlete _____ School _____

As parent or legal guardian, I authorize the team physician or in his/her absence, a qualified physician to examine the above named student and in the event of injury, to administer emergency care and to arrange for any consultation he/she deems necessary to ensure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered, including transport by emergency vehicles if necessary.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SECTION VI: PHYSICAL EXAMINATION

(Pages 3 and 4 are to be completed by a medical authority licensed to give physical examinations.)

Washington Interscholastic Activities Association (WIAA) regulation 18.13.0 requires that prior to the first participation in interscholastic athletics in a middle level school and prior to participation in a high school, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation.
- B. Documentation of satisfactory examination of the cardiopulmonary system.
- C. Documentation of satisfactory sport-specific orthopedic screening examination.
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestions for activity modification if necessary.

WIAA regulation 18.13.5 For each subsequent twenty-four month period the student shall furnish a statement or physical examination form signed by a medical authority licensed to perform a physical examination that provides clearance for continue athletic participation.

PRE-PARTICIPATION HISTORY AND PHYSICAL EXAMINATION

Name: _____ Birth Date: _____ Exam Date: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Sport: _____

HISTORY

Yes No

1. a. Have you had any illness/injury recently, or do you have an illness/injury now?
b. Have you had a medical problem, illness or injury since your last exam?
c. Do you have any chronic or recurrent illness?
d. Have you ever had any illness lasting more than a week?
e. Have you ever been hospitalized overnight?
f. Have you had any surgery other than a tonsillectomy?
g. Have you ever had any injuries requiring treatment by a physician?
h. Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)?
2. Are you presently taking ANY medications (including birth control pill, vitamin, aspirin, etc.)?
3. Do you have ANY allergies (medicines, bees, foods, or other factors)?
4. a. Have you ever chest pain, dizziness, fainting, passing out during or after exercise?
b. Do you tire more easily or quickly than your friends during exercise?
c. Have you ever had any problem with your blood pressure or your heart?
d. Have any close relatives had heart problems, heart attack or sudden death before age 50?
5. Do you have any skin problems (acne, itching, rashes, etc.)?
6. a. Have you ever had fainting, convulsions, seizures or severe dizziness?
b. Do you have frequent, severe headaches?
c. Have you ever had a "stinger" or "burner" or "pinched nerve"?
d. Have you ever "passed out" or been "knocked out"?
e. Have you ever had a neck or head injury?
7. Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
8. Have you had asthma or trouble breathing, or cough during or after exercise?
9. a. Do you wear eyeglasses, contact lenses, or protective eye wear?
b. Have you had any problem with your eyes or vision?
10. Do you wear any dental appliance such as braces, bridge, plate, retainer?
11. a. Have you ever had a knee injury?
b. Have you ever had an ankle injury?
c. Have you ever injured any other joint (shoulder, wrists, fingers, etc.)?
d. Have you ever had a broken bone (fracture)?
e. Have you ever had a cast, splint, or had to use crutches?
f. Must you use special equipment for competition (pads, braces, neck roll, etc.)?
12. Has it been more than 5 years since your last tetanus booster shot?
13. Are you worried about your weight?
14. FEMALES: Have you had any menstrual problems?
15. Do you have any medical concerns about participating in your sport?

*****ATHLETE SHOULD NOT WRITE BELOW THIS LINE*****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number)

PHYSICAL EXAMINATION

Age: _____ Pulse: _____
Height: _____ Blood Pressure: _____
Weight: _____ Visual Acuity: Left 20/_____
Right 20/_____

Optional

Urinalysis:
Body Fat %
HCT:
EXT VO2 Max:
Audiometry:

Normal

- 1. Head
- 2. Eyes (pupils). ENT
- 3. Teeth
- 4. Chest
- 5. Lungs
- 6. Heart
- 7. Abdomen
- 8. Genitalia
- 9. Neurologic
- 10. Skin
- 11. Physical Maturity
- 12. Spine, Back
- 13. Shoulders, Upper extremities
- 14. Lower extremities

Abnormal

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Assessment: Full participation
 Limited participation (describe limitation, restrictions):

Participation contraindicated (list restrictions):

DATE: _____ EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: _____ PRINT EXAMINER'S NAME: _____