



# Athletic

## ATHLETIC PARTICIPATION FORM

### FOR STUDENTS PARTICIPATING IN ATHLETICS

#### I. CONSENT FOR APPLICATION

I, \_\_\_\_\_, give Victory Christian Center School permission for my child, \_\_\_\_\_, to take part in interscholastic athletics.

#### II. CONSENT FOR EMERGENCY CARE AND FINANCIAL RESPONSIBILITY

Be it known that I, the undersigned parent/guardian of the applicant for interscholastic athletic participation, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an athletic activity' conducted by Victory Christian Center School. This consent is intended for the entire current school year. I/we, as parent (s) or legal guardian (s) assume full financial responsibility for such action.

#### III. INSURANCE COVERAGE

It is understood that as a parent/legal guardian, I accept full financial responsibility regarding medical treatment.

Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_

Names of Insured Parent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Customer Service Phone: \_\_\_\_\_

#### IV. INSURANCE COVERAGE

It is understood that my child cannot try out or participate in any sport without a physical exam on file in the school office.

#### V. TRANSPORTATION

My child has permission to ride in Victory Christian Center School approved transportation for all activities.

#### VI. CRITERIA

Students must pass all courses. Students must display proper conduct at all times. Failure of courses or excessive discipline referrals will cause a student to lose his/her eligibility.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ ( H ): \_\_\_\_\_

( W ): \_\_\_\_\_ ( C ): \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ ( H ): \_\_\_\_\_

( W ): \_\_\_\_\_ ( C ): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

( H ): \_\_\_\_\_ ( C ): \_\_\_\_\_



# Medical

## MEDICAL HISTORY FORM

### FOR STUDENTS PARTICIPATING IN ATHLETICS

#### A. GENERAL INFORMATION

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

#### B. MEDICAL HISTORY (To be completed by parent or guardian)

1. Has the child had syncope (passing out)? ☐ Yes ☐ No
2. Has the child had exertional chest pain? ☐ Yes ☐ No
3. Has the child had shortness of breath at rest or beyond what would be expected with exertion, or does the child have asthma? ☐ Yes ☐ No
4. Has the child had excessive fatigability (tires easily)? ☐ Yes ☐ No
5. Has the child had significant musculoskeletal injuries? ☐ Yes ☐ No
6. Has the child had a head injury or concussion? ☐ Yes ☐ No
7. Does the child have hypertension? ☐ Yes ☐ No
8. Does the child have a history of a heart murmur or heart trouble? ☐ Yes ☐ No
9. Does the child have a previous chronic disease or illness? ☐ Yes ☐ No
10. Does the child have a history of mental retardation? ☐ Yes ☐ No
11. Is there a history of seizures? ☐ Yes ☐ No
12. Are there any physical handicaps or loss of organ(s)? ☐ Yes ☐ No
13. Previous hospitalizations or operations? ☐ Yes ☐ No
14. Is child under the care of a doctor? ☐ Yes ☐ No
15. Is the child taking any medications? ☐ Yes ☐ No
16. Is the child allergic to anything? ☐ Yes ☐ No

If yes to any of the above, please explain: \_\_\_\_\_

#### C. FAMILY HISTORY

1. Is there a history of sudden death in a family member? ☐ Yes ☐ No
2. If yes, what was the person's age and the cause of death? \_\_\_\_\_
3. Is there a family history of diabetes? ☐ Yes ☐ No
4. Is there a family history of heart trouble or heart attacks? ☐ Yes ☐ No

I verify the above history is accurate and current I, also, hereby give permission to Victory Christian Center School to provide medical treatment to my child in the event of a medical emergency.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



# Medical

## MEDICAL HISTORY FORM

### FOR STUDENTS PARTICIPATING IN ATHLETICS

Student's Name \_\_\_\_\_ Sport \_\_\_\_\_  
(Please Print or Type)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
1. ___ General Appearance	_____	_____
2. ___ Eyes	_____	_____
3. ___ ENT	_____	_____
4. ___ Heart	_____	_____
5. ___ Lungs	_____	_____
6. ___ Abdomen	_____	_____
7. ___ Genitalia (Males Only)	_____	_____
8. ___ Musculoskeletal	_____	_____
9. ___ Neurological	_____	_____
10. ___ Skin	_____	_____

Other (where indicated) \_\_\_\_\_

I certify that I have examined the above named student and that such examination revealed (conditions/no conditions) that would prevent this student from participating in the interscholastic sport listed.

Licensed to practice medicine in North Carolina? \_\_\_ Yes \_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

If student not qualified, list reasons for disqualifications \_\_\_\_\_

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, or testicle.)