

2019-2020 Cornerstone Christian Academy Athletic Packet

The CCA sports program desires to engage student athletes in a balanced environment of high-level competition and a positive athletic experience that is marked with discipline, camaraderie, tradition and respect. Even though winning is important, it is not first on the list determining success. Developing a student with integrity who loves God is the primary focus.

The athletic program at Cornerstone Christian Academy is an integral part of the total school program. While the academic program is the foundation of the school and is offered to all students on an equal basis, the athletic program is more selective and competitive. Student athletes have the opportunity to develop physical skills and abilities, work toward goals with other members of a team, and to promote Christian values and attitudes in a competitive atmosphere.

Shane Smith
Athletic Director

A new athletic packet, including a new physical, is required each school year. Only one physical is required per year regardless of how many sports you play.

You must turn in the completed athletic packet to the athletic office BEFORE trying out, practicing or participating in any sport.

When completing the packet:

- Physicals **MUST** be dated after May 1, 2019 and be completed by an M.D. or D.O.
- Please read the packet and sign in ALL places indicated.

Bring the completed packet (including physical) to the athletic office where you will receive a clearance form. Take that clearance form to your coach on the day of tryouts/practice/camp. Only one athletic packet is required each year.

CORNERSTONE CHRISTIAN ACADEMY
ATHLETIC/ACTIVITIES CONTRACT

PLEASE PRINT - Be sure to complete all information on this form.

Student's Name: _____ Age: _____

Birthdate: ____/____/____ Grade 2019-2020 : _____

Have you attended any OTHER high school? Yes _____ No _____
If yes, Name of School _____ City _____ State _____
Dates attended previous school: ____/____/____ to ____/____/____
Did you participate in varsity sports at another high school? Yes _____ No _____
<u>If you are entering Cornerstone Christian Academy as a 9th, 10th, 11th, or 12th grade athlete and you have previously attended another high school, you MUST complete the TCAF transfer paperwork.</u>

Address: _____ City: _____ State: _____

Parent/Guardian Name(s): _____ Cell #: _____

Parent Email: _____ Parent Work Phone: _____

In the absence of parent/guardian, please call (in case of illness or accident):

Name: _____ Relationship: _____ Phone: _____

Name of Family Physician: _____ Phone: _____

CONSENT

___ Yes ___ No The student named above has my permission to engage in co-curricular activities, including travel.

TRAINER CONSENT

___ Yes ___ No I give my permission to the Athletic Trainer to administer immediate first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment and/or recommended by the consulting physician.

TREATMENT CONSENT ___ Yes ___ No In the event of accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital or request their services. I (we) grant consent to any healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

**** IF YOUR ANSWER IS NO, PLEASE ADVISE THE SCHOOL AS TO WHAT ACTION YOU WOULD LIKE TAKEN.**

THIS FORM IS REQUIRED TO BE SIGNED

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I give my permission for _____, grade _____, to participate in all sports and after school activities, whether on or off campus, throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be notified of all trips away from the school premises. I further understand that I may revoke permission for a specific trip by written notice hand delivered to the principal more than one day prior to the trip. Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in the above-listed sports and activities, off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the participation in the sports, after school activities and any associated travel and activities. I/we agree to hold harmless Cornerstone Christian Academy, its affiliated organizations, employees, agents, and representatives, including administrators, teachers, coaches, assistants, volunteers and other drivers from any and all claims for liability, loss, and damages or actions for bodily injury, illness, death and or property damage occurring during or by reason of participation in said activity. In case of accident, injury, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist, and to administer medically reasonable and necessary first aid in the event of a non-life-threatening accident or injury. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital-care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred for any reasonable and necessary medical services being provided. I/we also agree to be financially responsible for emergency medical transportation. This agreement remains in effect through June 30, 2020.

Additionally, the student/parent participant, by virtue of their signature below agrees to abide by the rules put forth in the Student Handbook regarding their student/participant behavior during the aforementioned activity.

By: _____
Student/Participant Name (Print) Student/Participant Signature Date

_____ _____
Parent/Guardian Name (Print) Parent/Guardian Signature Date

THIS FORM IS REQUIRED TO BE SIGNED

FAMILY MEDICAL INSURANCE INFORMATION

Cornerstone Christian Academy requires proof of medical insurance for all student athletes in order for them to participate in interscholastic sports.

PLEASE FILL OUT THE FOLLOWING INFORMATION SHEET AND PROVIDE A COPY OF YOUR INSURANCE CARD:

PLEASE PRINT

Student's Name _____ Grade _____

Parent/Guardian's Name _____

Address _____ Phone _____

Medical Insurance Co. _____

Policy Number _____

** Please attach a copy of the student's medical care provider **

THIS FORM IS REQUIRED TO BE SIGNED

MEDIA RELEASE

Cornerstone Christian Academy highlights positive news, events and programs in publications such as newsletters, on our website, on social media, billboards, with press releases and occasionally in video productions.

Our Media/Photo release form allows you to withhold consent for the release of your child's photo or likeness in publications or productions such as those listed.

This includes:

- Newsletters
- Video productions
- Websites
- Social Media
- Press releases
- The Media release form DOES NOT govern publication of a student's name or photo: a) in site specific publications, such as a Yearbook (video or print), School Activity Program or School Athletic Program or b) by the news media.

MEDIA RELEASE: 2019/2020 School Year

I **GIVE PERMISSION** for my child's photograph or image to be used by Cornerstone Christian Academy and/or those acting under its permission and on its authority.

I **DO NOT GIVE PERMISSION** for my child's photograph or image to be used by Cornerstone Christian Academy and/or those acting under its permission and on its authority.

Student's Name: (Print Clearly)

Last

Middle

First

THIS FORM IS REQUIRED TO BE SIGNED

ATHLETIC EVENT TRANSPORTATION

Passenger Form

There are times when transportation will not be available for athletic practices and/or games. In this instance, private vehicles will have to be used, driven by adults. Written and signed permission from each athlete's parent(s) or guardian(s) for the student to be transported by private vehicle must be on file at the high school.

PARENT PERMISSION FOR ATHLETIC EVENT TRANSPORTATION

Non-School Transportation For

Student Name (Print)

_____ I hereby give my consent for my son/daughter to be transported by private vehicle for practices, games, interschool competitions and related activities when school transportation is not available during the season.

_____ We/I agree to release Cornerstone Christian Academy, its employees, agents, representatives, coaches and volunteers from any and all liability in connection with being transported by private vehicle.

THIS FORM IS REQUIRED TO BE SIGNED

Anabolic Steroid Statement

As a condition of membership in TCAF/CSAF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 524). By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under TCAF policies, there could be penalties for false or fraudulent information. We also understand that Cornerstone Christian Academy's policy regarding the use of illegal drugs will be enforced for any violations of these rules. These cumulative penalties and regulations, regarding any infractions of the Activities/Athletic Code, will be applied IN ADDITION TO and AFTER students have complied with the consequences of the regular school discipline program which may include suspension and expulsion. These penalties are cumulative during a student's tenure at CCA

OUR SIGNATURES BELOW ACKNOWLEDGE THAT I/(WE) HAVE READ AND UNDERSTAND THE FOLLOWING DOCUMENTS:

- **ATHLETIC/ACTIVITIES CONTRACT**
- **HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**
- **INSURANCE STATEMENT**
- **MEDIA RELEASE FORM**
- **TRANSPORTATION FORM**
- **CCA ATHLETIC HANDBOOK AND TCAF CODE OF CONDUCT**
- **CONCUSSION ACKNOWLEDGEMENT**
- **SUDDEN CARDIAC ARREST**
- **PHYSICAL EVALUATION FORM**

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

THIS FORM IS REQUIRED TO BE SIGNED

TCAF

ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the U.S. or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character and lose with dignity.

By: _____
Student/Participant Name (Print) Student/Participant Name (Sign) Date

THIS FORM IS REQUIRED TO BE SIGNED



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.
– Follow the rules of play.
– Make sure the required protective equipment is worn for all practices and games.
– Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is rest. Also avoid external stimulation such as watching television, music, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

THIS FORM IS REQUIRED TO BE SIGNED

Parent or Guardian Signature

Date

Student Signature

Date



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2015

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
 - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2015

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- The Cardiac section on the UIL Health and Safety website (uiltexas.org).

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)

THIS FORM IS REQUIRED TO BE SIGNED

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY REQUIRED REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last _____ times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION REQUIRED

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

TEXAS CHRISTIAN ATHLETIC FELLOWSHIP
Official Transfer Eligibility Statement

ONLY COMPLETE IF A NEW STUDENT TO CCA

Students who participated in a sport in either sub-varsity or varsity in ninth through twelfth grades during the current or previous school year at another school must have this form complete, as well as approved by the TCAF Director before they are eligible to participate at the varsity level in said sport.

Student Name _____

Former School _____

Address _____

Phone Number _____

Administrator/Principal _____

New School _____

Address _____

Phone Number _____

Administrator/Principal _____

Date of Transfer _____ Before School Year Began (circle one) YES NO

If no, give a brief reason for the transfer. _____

Please circle correct answer

1. Yes No Has the student ever practiced or participated in extracurricular athletic activities at another school? This includes before school, after school and during an athletic period.

2. Yes No Will or was the student 19 prior to **September 1** of the current year.

3. Yes No Did the student **ENROLL** in the 9th grade more than 4 years ago?

4. Yes No Has the student repeated a grade in High School?

5. Yes No Is the student enrolled in at least **4** classes at the present school?

6. Yes No Does the student presently reside with parent(s) (either birth or adoptive parents)?

7. Yes No Is the student a citizen of the United States?

8. Yes No Is the student presently under suspension or ineligible to participate in extracurricular activities at the previous school?

Prior to applying to the new school, has the student, family or representative of the family

9. Yes No Communicated with any coach at the school about ATHLETIC PARTICIPATION?

10. Yes No Communicated with any booster club member or school board member about ATHLETIC PARTICIPATION?

11. Yes No Attended a SPORTS CAMP at this school?

12. Yes No Participated on an AAU, CLUB, or similar team coached or operated by a coach at this school?

13. Yes No Participated in an OFF SEASON League on a team coached or operated by a coach at this school?

14. Yes No Been promised a SCHOLARSHIP for ATHLETIC PARTICIPATION from this school or representative of school?

16. Yes No Attended a tryout to determine eligibility for ATHLETIC PARTICIPATION at this school?

17. Yes No Has the student been promised payment of expenses or financial aid based on ATHLETIC ACTIVITY at this school?

18. Yes No Has the student been promised college scholarships or placement based on ATHLETIC ACTIVITY at this school?

19. Yes No Has the family agreed to pay individuals future sums for past or present representation in an ATHLETIC ACTIVITY?

Certification Statements

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. Furthermore, I (Administrator/Principal) certify that, to the best of my knowledge, no one connected with our school exerted upon the student or parents any inducements or privileges not afforded to any other student coming to our school who does not participate in athletics.

(BOTH SIGNATURES REQUIRED.)

School Administrator/Principal _____ Date _____

Athletic Director _____ Date _____

Certification of Parents

I certify that I (we), as parent(s), are not placing our child(ren) in this school strictly for athletic purposes and there was no pressure or inducements to us, or our child(ren), from anyone at this school. By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

Parent(s) _____ Date _____

Certification of Previous School

We certify that, to the best of our knowledge, that no undo influence was exerted upon the student or parents to transfer schools for strictly athletic purposes. We also certify that all student information is true and accurate.

School Administrator/Principal _____ Date _____

Athletic Director _____ Date _____