



SPORTS PHYSICAL PACKET

Expiration Date _____ (for NURSE's Office use only) RETURN PAGE 1&2 to SCHOOL NURSE

PARENTS: Form must be **COMPLETED & SIGNED BEFORE** physical is administered. Failure to do so will result in student being denied participation in tryouts, practice, and/or competition. Form must be on file in the athletic office **the day before tryout.**

I. STUDENT INFORMATION SECTION (Please Print) Sport(s) _____

Name _____ Male Female Date of Birth _____
Home Phone _____ School Year _____ Grade _____
Address _____

Parent's/ Guardian's Name _____ Work Phone # _____
Parent's/ Guardian's Name _____ Work Phone # _____

<u>Check Yes or No</u>	<u>Yes</u>	<u>No</u>
Family member under 50 w/ heart attack of heart problem?	○	○
Medication currently being taken?	○	○
What Medication? _____		
Medical conditions currently under treatment?	○	○
Allergies (drugs/ food/clothing/medications/insects/ice)?	○	○
Have you ever had an illness, condition or injury that:		
Required hospital overnight, emergency room, X-rays?	○	○
Required an operation?	○	○
Caused you to see a doctor?	○	○
Caused you to miss several games or practices?	○	○
Birth deformities (one eye, one kidney, etc.)?	○	○
Any permanent deformity or disability?	○	○
Mental disorder or convulsions?	○	○
Fractures or other disabling injuries?	○	○
Have you ever "passed out" or been "knocked out"?	○	○

II. PHYSICAL EXAMINATION BY LICENSED STATE MEDICAL DOCTOR

Weight: _____ Height: _____ B.P: _____ Pulse: _____ Hearing: RT _____ LT: _____
Vision: RT _____ LT: _____ Skin _____ Eyes/Mouth _____
Chest- Heart- Murmurs- Rhythm _____
Lungs _____
Abdominal Exam _____
Spine _____
Upper Ext. Left _____ Right: _____
Lower Ext. Left _____ Right _____
Doctor's disposition: Cleared for ALL Athletic Practices and Games _____

If not, which sport should be omitted: Baseball _____ Basketball _____ Cheerleading _____
Color-Guard _____ Cross Country _____ Football _____ Golf _____
Marching Band _____ Soccer _____
Softball _____ Tennis _____ Volleyball _____

Requirements _____

Physician's Signature _____ Date _____

Please Stamp Physician's Name/Address/Phone:

III. Athletic Eligibility

A. Wake Christian Academy Policy



SPORTS PHYSICAL PACKET - Continued

1. The student must maintain a Grade Point Average (GPA) of 2.0 per semester. The student must not receive more than one "F" for the semester. Students with known learning problems may be exceptions - Administrator approval required.
 2. The student must NOT be on Disciplinary Probation.
 3. The student agrees that he/she will make every effort to exhibit Christ-honoring behavior in all aspects of athletic activity.
- B. North Carolina Independent School Athletic Association Policy (Football Only)
1. No player shall have reached his/her 19th birthday on or before August 1 of the current year.
- C. This application to represent Wake Christian Academy in interscholastic athletics is entirely voluntary on our part and is made with the understanding that we have read and agree with the eligibility standards. The student has met all eligibility standards and the parent gives permission for the student to participate.

IV. CONSENT FOR EMERGENCY CARE AND FINANCIAL RESPONSIBILITY

- A. 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 Wake Christian Academy. 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.
- B. Wake Christian Academy and employees shall not be held liable for personal injury occurring as the result of participation in an ATHLETIC ACTIVITY.

V. TRANSPORTATION PERMISSON

- o Applicant has permission to
- o Ride in Wake Christian Academy provided transportation for all activities
- o Drive his/her car to/from athletic practices/games (Separate written permission - See Athletic Handbook)

VI. INSURANCE COVERAGE

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

Signature of parent/guardian

Date

Insurance Company

Policy Number

PLEASE RETURN PAGE 1&2 to SCHOOL NURSE



SPORTS PHYSICAL PACKET - Continued

TERMS and CONDITION PAGE

ANY STUDENT WHO PARTICIPATES ON A WAKE CHRISTIAN ACADEMY SCHOOL SPONSORED ATHLETIC TEAM OR MARCHING BAND MUST HAVE SIGNED AND DATED PARENTAL PERMISSION FORMS ON FILE PRIOR TO THE FIRST DATE OF PRACTICE.

THE FOLLOWING TERMS AND CONDITIONS WILL APPLY.

- 1) THE STUDENT IS COVERED BY A SCHOOL SPONSORED PROGRAM AS A SECONDARY CARRIER TO INSURANCE CARRIED BY THE STUDENT'S FAMILY.
Medical Insurance Co. United States Fire Insurance Company Policy # UDG3635A
- 2) NO STUDENT IS ALLOWED TO BEGIN PRACTICE UNLESS WE HAVE A CURRENT PHYSICAL EXAMINATION FORM ON FILE WITH THE SCHOOL. THIS PHYSICAL IS VALID FOR TWELVE MONTHS FROM DATE OF EXAMINATION.
- 3) WHEN TRANSPORTATION TO AWAY GAMES OR EVENTS IS PROVIDED BY THE SCHOOL, ALL TEAM MEMBERS, BAND MEMBERS, CHEERLEADERS, COLOR GUARD, MANAGERS, STATISTICIANS, AND SCOREKEEPERS MUST TRAVEL TO THE GAME ON THE SCHOOL BUS OR VAN. *NOTE:* AT THE DISCRETION OF THE SCHOOL, A TEAM MEMBER LIVING IN THE VICINITY OF AN AWAY GAME MAY BE ALLOWED TO DRIVE TO THE GAME IF THE SCHOOL IS PROVIDED WITH A CONSENT FORM SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN IN ADVANCE. NO STUDENT OR TEAM MEMBER OTHER THAN A MEMBER OF THE DRIVER'S IMMEDIATE FAMILY WILL BE ALLOWED TO RIDE WITH THE STUDENT.
- 4) IT IS POSSIBLE THAT AN EMERGENCY SITUATION MIGHT ARISE WHERE THE DELAY OF APPROPRIATE MEDICAL PROCEDURES COULD ENDANGER A STUDENT PARTICIPANT. THE PARENT OR LEGAL GUARDIAN SHALL INDICATE, BY SIGNING BELOW, THAT ATHLETIC OR MARCHING BAND STAFF MEMBERS IN THE EMPLOY OF THE SCHOOL MAY ACT IN *LOCO PARENTIS*.
- 5) THE UNDERSIGNED HEREBY RELEASE WAKE CHRISTIAN ACADEMY INC. AND THEIR EMPLOYEES OR AGENTS FROM ANY AND ALL CLAIMS FOR DAMAGE TO PERSONS OR PROPERTY SUSTAINED BY OR ANY PERSON CLAIMING THROUGH THE NAMED STUDENT, RESULTING FROM ANY ACCIDENT, OCCURRENCE, OR CONDITION IN OR UPON THE PREMISES OF WAKE CHRISTIAN ACADEMY OR SUCH OTHER PREMISES AS MAY BE USED WHILE PARTICIPATING IN ATHLETICS OR MARCHING BAND TO INCLUDE COLOR GUARD. IT IS UNDERSTOOD THAT SPORTS (THIS INCLUDES MARCHING BAND) PARTICIPATION EXPOSES A STUDENT TO A RISK OF PHYSICAL INJURY, AND THE SPORT OF FOOTBALL CARRIES WITH IT THE INCREASED POTENTIAL FOR NECK AND HEAD INJURY.

WE HAVE READ THE FOREGOING PARENT PERMISSION FOR ATHLETIC AND MARCHING BAND PARTICIPATION STATEMENT, UNDERSTAND AND AGREE WITH THE REQUIREMENTS, AND HEREBY GRANT PARENTAL PERMISSION FOR: _____

STUDENT'S NAME

TO PARTICIPATE IN ALL SPORTS, ATHLETIC OR MARCHING BAND EVENTS AT WAKE CHRISTIAN ACADEMY SCHOOL FOR THE CURRENT [Sports Physical Packet 2017-18.docx](#) [Sports Physical Packet 2017-18.docx](#) SCHOOL YEAR

SIGNATURE OF PARENT/GUARDIAN

DATE

TELEPHONE NUMBER

EMERGENCY NUMBER

EMERGENCY NUMBER

SIGNATURE OF STUDENT

FAMILY PHYSICIAN

PHYSICIAN'S PHONE NUMBER



WAKE
CHRISTIAN ACADEMY

SPORTS PHYSICAL PACKET - Continued

EMERGENCY CONTACT INFORMATION - Part 1

Directions to Parent/Guardian: Please print and complete sections 1, 2 & 3.

Section 1: Personal/Emergency Contact Information

Personal Information:

Student Last Name, First Name: _____

Student Age: _____ Grade: _____ Birth Date: _____

Sport(s): _____

Guardian(s) Name: _____

Student Address: _____

Student Phone Numbers: (H) _____ (C) _____

Emergency Contact Information:

Mother's Name: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Father's Name: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Preference of Physician (and permission to contact if needed):

Physician's Name: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Holders Name: _____ Phone Number: _____

Policy No.: _____ Group/Plan No.: _____

Section 2: Medical Information

Medical Illnesses: _____

Last Tetanus Shot (Month/Year): _____

Allergies: _____

Prescription Medications: _____

(Any prescription medications that may be taken during competition require a physician's note.)

Previous Head/Neck/Back Injury: _____

Previous Heat-Related Problems: _____

Previous Significant Injuries: _____

Any Other Important Medical Information: _____

EME



SPORTS PHYSICAL PACKET - Continued

Section 3: Consent/Permission

Consent for Athletic Participation, Conditioning, Training and Health Care Procedures

I hereby give consent for my child to participate in the school's athletic program (including off-season conditioning and training) and to receive any necessary healthcare treatment including first aid, diagnostic procedures and medical treatment that may be provided by the treating physicians, nurses, athletic trainers or other healthcare providers employed directly or through a contract with the school or opposing team's school. The healthcare providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency I give permission for my child to be transported to the nearest emergency room based on local EMS protocols to receive necessary treatment.

Permission to Receive and Release Medical Records

I understand that Wake Christian Academy athletic trainers, the approved healthcare provider for Wake Christian Academy, may request information regarding the athlete's health status from a physician's office and I hereby give permission for the receipt and release of this information as it pertains to my child's ability to safely participate in athletics. In addition, should treatment be necessary, I give my permission for a physician's office to release medical information to allow for the timely treatment of my child by the approved health care provider for Wake Christian Academy. This request is to facilitate open communication between the athletic trainer and the treating physician in order to optimize patient care. This information cannot and will not be released to other parties without first being approved by the guardian or parent of the athlete. I understand that a copy of this form will be given to my child's coach in the event that healthcare treatment is needed.

I understand that I will be notified of the necessity of obtaining medical records.

Parent/Guardian Signature: _____ **Date:** _____

Athlete's Signature: _____ **Date:** _____



WAKE
CHRISTIAN ACADEMY

SPORTS PHYSICAL PACKET - Continued

Strength & Conditioning Guidelines

Student's Name : _____

Strength and conditioning programs are key elements to the success of all athletic teams. The focus of the Wake Christian Academy program is to prepare our student athletes for the physical demands of sports competition, increase overall individual fitness and reduce the risk of athletic injury. Our programs are designed for pre-season, in-season and off-season student athletes, and are conducted throughout the entire calendar year. A typical training schedule may include:

- General Warm-up
- Dynamic Warm-up
- Specific Warm-up
- Conditioning
- Strength and Power Training
- Stretching

In order to begin any strength and conditioning program the student athlete must have four documents on file with the Athletic Office.

1. A current Physical Exam Form (physical occurred within the last 12 months) signed and dated by physician.
2. Parent Permission Form completed and signed by both parent/guardian and student athlete.
3. School Athlete Medical Card completed and signed by both parent/guardian and student athlete.
4. Strength & Conditioning Permission Form complete and signed by both parent/guardian and student athlete.

It should be understood that having passed a physical examination does not necessarily mean that an athlete is physically ready to engage in strength and conditioning activities.

Athletes are strongly encouraged to have done some preparation of their own, taking into consideration the importance of proper hydration, nutrition, general physical condition and acclimatization to the current work environment. All athletes will be evaluated to determine their current level of physical condition and monitored throughout the duration of the program.

Student Acknowledgement:

I, _____ have read and understand the Wake Christian Academy
(print full name of student)

Strength & Conditioning Regulations and agree to comply with them as written. I acknowledge that my failure to comply with these rules/instructions may result in loss of strength and conditioning privileges. I am fully aware of the risks involved in any form of physical activity. I understand that even with the best instructions, proper use of equipment, and strict adherence to rules and regulations, injuries are still a possibility. I agree to accept these risks as a condition of my participation in the after school/summer strength and conditioning program.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)



CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.



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SPORTS PHYSICAL PACKET - Continued

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple students-athletes in each household.

Parent/Legal Custodian Name(s): _____

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

INTENDED SPORT(S): _____