



# Tuscaloosa Christian School

P. O. BOX 250 ! 1601 PRUDE MILL ROAD ! COTTONDALE, ALABAMA 35453  
(205) 553-4303 ! FAX (205) 553-4259 ! www.tcswarriors.org

Established 1969

## ATHLETIC DEPARTMENT

### STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

This application is to compete in interscholastic athletics for the above high school and is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of Tuscaloosa Christian School.

Student's Signature \_\_\_\_\_

#### PARENT'S OR GUARDIAN'S PERMISSION

"I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, except those crossed out on the Physical Examination Form by the physician, provided that such athletic activities are approved by Tuscaloosa Christian School; (2) to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities of such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic activities, or such travel."

Parent's Signature \_\_\_\_\_

PHONE(S): Home \_\_\_\_\_ Work \_\_\_\_\_ / \_\_\_\_\_  
(both parents)

In case of emergency & parents cannot be reached, another person to contact.

Person's name \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE COVERAGE:** Each student must be covered by insurance before participation in any of the sports mentioned on the Physical Examination Form. The school offers an individual insurance coverage beginning with first practice. Check with the school office.

Name of Insurance Co. \_\_\_\_\_ Family Plan \_\_\_\_\_ Ind. \_\_\_\_\_

**PLEASE NOTE:** This form must be filled out completely with the Physical Examination Form and returned to the school office before the student is allowed to practice and/or compete.

STUDENT / ATHLETE

Medical Release Form

Alabama Christian Education Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student / Athlete Name: \_\_\_\_\_

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director; 2) Coaches; 3) Trainers; 4) School Administration;
- 5) Insurance agent (Planned Benefits services)

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_

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The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians. *(Signing this portion of the form will prevent important medical information from being released to the school.)*

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Copy One Form Per Athlete)

ACEAA PRE-PARTICIPATION SCREENING CERTIFICATE

(Please Print)

Date \_\_\_\_\_

History & Physical

Full Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mo. Day Year

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race: \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

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

Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sports/Activities \_\_\_\_\_

**HISTORY** (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION. WITHHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

<b>HAS THE STUDENT EVER:</b>	<b>CHECK ONE</b>	<b>EXPLAIN IF YES</b>
1.		
a. been knocked out?	Yes ___ No ___	_____
b. had a concussion?	Yes ___ No ___	_____
c. stayed over night in a hospital?	Yes ___ No ___	_____
d. had an operation?	Yes ___ No ___	_____
e. had heat exhaustion or heat stroke?	Yes ___ No ___	_____
f. had a head or neck injury?	Yes ___ No ___	_____
g. had a back or spinal injury?	Yes ___ No ___	_____
h. had a heart murmur?	Yes ___ No ___	_____
i. had high blood pressure?	Yes ___ No ___	_____
j. had a heart problem?	Yes ___ No ___	_____
k. fainted while doing exercise?	Yes ___ No ___	_____
2. <b><u>DOES THE STUDENT:</u></b>		
a. take medicine everyday?	Yes ___ No ___	_____
b. wear glasses or contact lenses?	Yes ___ No ___	_____
c. wear dental appliances or hearing aids?	Yes ___ No ___	_____
d. have any allergies?	Yes ___ No ___	_____
e. have any chronic illness' (i.e. diabetes, asthma, seizures)?	Yes ___ No ___	_____
f. have any body parts missing?	Yes ___ No ___	_____
3. <b>HAS THE STUDENT'S MOTHER, FATHER, BROTHERS OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE?</b>	Yes ___ No ___	_____
4. <b>HAS ANY PHYSICIAN LIMITED THE STUDENTS ATHLETIC PARTICIPATION?</b>	Yes ___ No ___	_____
5. <b>HAS A STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE</b>		
a. hand?	Yes ___ No ___	_____
b. wrist?	Yes ___ No ___	_____
c. arm?	Yes ___ No ___	_____
d. foot?	Yes ___ No ___	_____
e. ankle?	Yes ___ No ___	_____
f. leg?	Yes ___ No ___	_____
g. other?	Yes ___ No ___	_____
6. <b>IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS?</b>	Yes ___ No ___	_____

ACTIVITY \_\_\_\_\_

The examination performed for this participation certificate is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some type of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission *and* consent to emergency and/or medical treatment for my son ( ), daughter ( ), ward ( ), and that the responses to the preceding questions are correct.

Signed: \_\_\_\_\_ Parent ( ) Guardian ( )  
 Signed: \_\_\_\_\_ Student

**ORTHOPEDIC EXAMINATION**

Normal	Abnormal	Check each item in appropriate column.	Describe every abnormality in detail. Enter Pertinent item number before each comment.		
_____	_____	1. Neck	_____		
_____	_____	A. Impingement Signs	_____		
_____	_____	B. Compression Test	_____		
_____	_____	C. Strength	_____		
_____	_____	2. Back	Scoliosis	Lordosis	Kyphosis
_____	_____	3. Upper Extremity	_____		
_____	_____	A. Shoulder	_____		
_____	_____	B. Elbow	_____		
_____	_____	C. Wrist	_____		
_____	_____	D. Hands	_____		
_____	_____	4. Lower Extremity	_____		
_____	_____	A. Hips	_____		
_____	_____	B. Knees	Quad Measurements 6" P:	R:	L:
_____	_____	• Valgus	_____		
_____	_____	• Varus	_____		
_____	_____	• Lachman	_____		
_____	_____	• Pivot Shift	_____		
_____	_____	• A/P Drawer	_____		
_____	_____	• Hamstrings	_____		
_____	_____	C. Ankle	Achilles' Flex	0-9°	10-19°
_____	_____	• Inversion Stress	_____		
_____	_____	• Eversion Stress	_____		
_____	_____	• Side to Side Talus Movement	_____		
_____	_____	• Anterior Drawing	_____		
_____	_____	D. Feet	_____		

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAMINATION**

Height: _____	Pulse: _____	Urine Glucose: _____
Weight: _____	B/P: _____	Urine Protein: _____
	Temp: _____	Urine Blood: _____

Visual Acuity:                      (Corrected)                      (Uncorrected)                      R: \_\_\_\_\_                      L: \_\_\_\_\_

**GENERAL MEDICAL EXAMINATION:**

Normal	Abnormal	Check each item in appropriate column.	Describe every abnormality in detail. Enter pertinent item number before each comment.		
_____	_____	1. HEENT	_____		
_____	_____	2. NECK	_____		
_____	_____	3. CHEST	_____		
_____	_____	4. CV	_____		
_____	_____	5. ABD	_____		
_____	_____	6. GU	_____		
_____	_____	7. HERNIA	_____		
_____	_____	8. NEURO	_____		
_____	_____	9. SKIN	_____		

This athlete                      (MAY)                      (MAY NOT) compete in athletics based on the data gathered in the examination.

\_\_\_\_\_ M.D. \_\_\_\_\_  
 \_\_\_\_\_ Date