



# Athletics Registration 2019-2020

## **Family Info**

Parents / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Dad's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Student Athlete Info**

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Gender:  Male  Female

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Allergies to medicine or other allergies: \_\_\_\_\_

Currently taking the following medication(s) for following condition(s): \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_

- Sports:  JV and Varsity Girls Volleyball (Grades 9-12)  JV and Varsity Girls Basketball (Grades 7-12)  Varsity Girls Soccer (Grades 7-12)
- Varsity Boys Soccer (Grades 7-12)  JV and Varsity Boys Basketball (Grades 9-12)  JV and Varsity Boys Baseball (Grades 7-12)
- Elementary/JH Girls Volleyball (Grades 4-8)  Elementary/JH Boys Basketball (Grades 4-8)

## **PERMISSION AND AGREEMENT**

*I have read and understand each page of the Arthur Okaw Christian Athletic Guidelines and I understand that all participants and their parents are expected to adhere to each guideline. Having read the attached Athletic Guidelines, I give my son / daughter permission to participate in athletics during the 2019 - 2020 school year. I also understand that my son / daughter must have a physical examination form on file for this school year in order to be permitted to practice for athletics.*

## **CONSENT & TREATMENT**

*We, the undersigned parents / guardians of the above named participant, grant permission for my student to participate in athletics for Arthur Okaw Christian. We have been advised of the nature and extent of the sport and represent to you that the participant is physically and mentally able to participate in this sport. We understand that the sport does present risk of injury, and we advised the participant of that possibility. We represent to you that we and the participant assume the risk of any such injury, and hold you, your employees and representatives harmless from any liability for injury to the participant while engaged in this sport which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury to participant. We also hold the athletic program and school, its employees and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this sport and agree to defend and indemnify the school, its employees and representatives against any claim or liability arising as a result of such conduct. If we are not personally present at these games/practices in which the participant is to participate, so as to be consulted in the case of necessity, the Coach, the Athletic Director, and the Administrator are authorized on our behalf to arrange for such medical and hospital treatment as deemed necessary and advisable by a physician for the health and well being of the participant. We the parents / guardians of the above listed participant give permission to the participant to carry over the counter medication (for things such as headaches, cramps, sore throat, etc.) and also give the participant permission to take such medications as the participant feels necessary while under the supervision of the coach.*

Signed Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Having read the attached Athletic Guidelines, I am willing to abide by these guidelines, and it is my desire to become a part of the athletic teams for the 2019 - 2020 school year.*

Signed Athlete: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# CODE OF CONDUCT

Arthur Okaw Christian sports programs play an important role in promoting the physical, social, emotional and spiritual development of children. It is therefore essential for parents, coaches and fellow athletes to encourage athletes to embrace the values of good sportsmanship. Moreover, adults involved in sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

**I therefore pledge to be responsible for my words and actions while attending, coaching or participating in a sports events with AOC Athletics and shall conform my behavior to the following code of conduct:**

1. I will remember that above all, I represent Jesus at these events and will pledge to uphold high standards of conduct with that in mind.
2. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety, or well-being of any coach, parent, player, participant, official or any other attendee.
4. I will not engage in the use of profanity.
5. I will treat any coach, parent, player, participant, official or any other attendee with respect.
6. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
7. I will not initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
8. I will respond with tactfulness and grace to hold all AOC representatives accountable to this standard of conduct.

**I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching or participating in a sports event with AOC Athletics I will be subject to disciplinary action, including but not limited to the following in any order or combination:**

1. Verbal warning issued by organization or school official.
2. Written warning issued by organization or school official.
3. Suspension or immediate ejection from a sports event issued by organization or school official who is authorized to issue such suspension or ejection by a school board.
4. Suspension from multiple sports events issued by organization or school official who is authorized to issue such suspension by a school board.
5. Season suspension or multiple season suspension issued by a school board.

_____	_____	_____
Participant's Name	Signature	Date
_____	_____	_____
Parent/Guardian's Name	Signature	Date



# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# Pre-participation Examination



## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_

Last

First

Middle

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_ PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_ ANP's Name \_\_\_\_\_

\*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.