

CHRIST THE KING SCHOOL ATHLETIC PACKET

NAME OF STUDENT: _____ GRADE _____

ADDRESS: _____

PHONE #: _____

I _____ have read the Christ The King Code of Ethics, and have signed the same acknowledging that I understand and agree to abide by them. My parent/parents have also read the Parents code of Ethics and by signing them they have also agreed to abide by them.

My Insurance is provided by the following:

Name of Company: _____

Policy Number: _____

Insured: _____

I have had a physical on _____. This physical was conducted by Doctor _____, and cleared me to participate in athletics at Christ the King School.

Checklist of items needed to participate in Athletics at CKS:

1. Signed Players code of Ethics _____
2. Parent's code of ethics _____
3. Registration Form _____
4. Birth Certificate _____
5. Medical Release Form _____
6. Medical Treatment _____
7. Registration Fee \$25.00 _____

CKS ATHLETIC REGISTRATION FORM

NAME: _____

ADDRESS: _____

DATE OF BIRTH _____ GRADE _____

I give permission to my son/daughter to play the following sports for Christ the King School. (Circle ALL your choices)

FALL SPORTS: SOCCER X-COUNTRY CHEERLEADING

WINTER SPORTS: BASKETBALL CHEERLEADING

SPRING SPORTS: BASEBALL SOFTBALL TRACK GOLF

RELEASE from LIABILITY AGREEMENT:

I will not hold Christ the King School, Mount Saint Joseph Academy, or The College of St. Joseph responsible for any injuries incurred while my child is participating in sporting events.

Signature of Parent _____ Date: _____

Address _____ Phone: _____

Starting the 2008-09 school year, you will be required to register only once. The registration fee to participate in the above circled sporting program(s) is \$25 per student which will cover all sport except Golf and Tennis. This is payable to Christ the King School prior to participating in such sport.

Date paid: _____ Amount: _____ Method: _____

**Christ the King School
Competitive Sports**

Physical Examination for

STUDENT'S NAME _____ DATE OF BIRTH _____
GRADE _____

PARENT / GUARDIAN _____
PHONE # _____

ADDRESS _____

SPORTS PARTICIPATION IN _____ TODAY'S DATE _____

INSTRUCTIONS FOR PARENTS & STUDENTS: Please answer the following questions before presenting this form to the physician for a sports physical.

1. Have you ever been told you could not participate in a sport and why?
Yes No
2. Have you ever been unconscious or lost memory from a blow to the head?
Yes No
3. Have you had a fracture or dislocation in the last two years?
Yes No
4. Have you had a knee or ankle sprain in the last two years?
Yes No
5. Have you had any other injuries? Describe
Yes No
6. Are you under a physician's care now? For what?
Yes No
7. Have you had an illness/injury lasting more than a week in the last six months?
Yes No
Please explain.
8. Have you been in the hospital for an operation or to stay overnight?
Yes No
9. Have you ever felt faint or fainted during exercise?
Yes No
10. Has any family member suffered a heart attack before the age of 50?
Yes No
11. Do you have any worries about your health or questions you would like to discuss with a Physician?
Yes No

INSTRUCTIONS TO PHYSICIANS: This student is about to enter a program of strenuous activity. A Physical Exam is required every two years. Please review the sports questionnaire filled out by the student and parent and note the possible disqualifying conditions.

I. CONDITIONS WHICH MAY ACT AS DISQUALIFIERS:

- A. Enlargement of spleen after mononucleosis
- B. Bleeding Disorder
- C. Asthma – during acute episodes or exercise – induced asthma not controlled by medication
- D. Acute or chronic strains and sprains of joints
- E. Epilepsy if not well controlled by medication
- F. Persistent hypertension not controlled by medication / salt restriction
- G. Acute infection until fever-free for 48 hours

II. CONDITIONS WHICH MAY DISQUALIFY STUDENTS FROM STRENUOUS SPORTS:

- A. Physical signs suggesting mitral or aortic stenosis
- B. Coarctation of the aorta, prolapse of mitral valve, or post infectious carditis – need evaluation of cardiologist
- C. Ectopic beats that do not disappear when pulse rate goes above 140 with exercise – need evaluation of cardiologist

III. CONDITIONS WHICH MAY DISQUALIFY STUDENT FROM CONTACT/COLLISION SPORT

- A. Loss of paired organ – eye, kidney, testicle
- B. Previous retinal detachment
- C. Sever strain or sprain that has not been evaluated within three months to contact sport
- D. Concussion
 - one concussion – removed from the game
 - two concussions – disqualify for season
 - three concussions – need evaluation by neurologist or neurosurgeon before participating again

STUDENT'S NAME: _____

To the Physician: Please review the health questions on the reverse side:

Height _____ Percentile _____ Blood Pressure _____

Weight _____ Percentile _____ Last Tetanus Toxoid _____

MMR #2 _____

General: Muscular, Slender, Obese Normal Abnormal
(Please Explain)

Eyes - Vision Bilateral, Glass Appropriate for Sport, Contact Lenses? _____

Ears - Hearing Bilateral (any perforation) _____

Nose - Septal Deviation _____

Mouth - Caps, Loose Teeth, Orthodontic Appliances _____

Neck - Range of Motion, Thyroid _____

Lungs - Aeration, Abnormal Sounds _____

Heart - Size, Rhythm, Murmurs
Heart rate should be monitored after predetermined stress _____

Abdomen - enlarged liver/spleen, masses, hernia, bruits _____

Genitalia – Testes – Size – one or two, varocoele _____

Spine – flexibility – scoliosis _____

Extremities – strength – flexibility
Range of motion, joint/ligament stability,
Swelling – deformity, peripheral pulses _____

Neurological – Alert
Cranial nerve function, Peripheral nerve function _____

Other: _____

I feel this student can participate in the sport of _____ DATE OF PHYSICAL

choice providing he/she can pass the physical fitness test for that sport.

PHYSICIAN SIGNATURE OF

FORM REVIEWED BY _____ PRINT NAME OF
PHYSICIAN