



CHRIST THE KING SCHOOL ATHLETIC PACKET

Student Name: _____

Grade: _____

Address:

Home Phone: _____ Parent Cell Phone: _____

I, _____ have read the Christ the King School 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 it they have also agreed to abide by them.

My insurance company is: _____

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 Christ the King School.

1. Registration Form _____
2. Medical Release Form _____
3. Medical Treatment Form _____
4. Signed Concussion Form _____
5. Signed Players Code of Ethics _____
6. Signed Parent Code of Ethics _____

CKS ATHLETIC REGISTRATION FORM

Circle all sports your child is interested in playing.

Soccer

Basketball

Baseball

Girls on the Run

Flag Football

Rock Climbing

I have medical insurance: Yes

No

RELEASE FROM LIABILITY AGREEMENT:

I WILL NOT HOLD Christ the King School responsible for any injuries incurred while my child _____ is participating in sports events.

Signature of Parent _____ Date: _____

Address: _____

Phone:
(Home) _____ (Cell) _____

SPORT(S): _____

MEDICAL TREATMENT CONSENT FOR _____

I hereby authorize a physician(s), to administer emergency care to the above named student-athlete, to render any treatment or medical care to the above named student-athlete, to render any medical or surgical care that they deem necessary to protect his or her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

I hereby grant permission to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above.

I also hereby authorize hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for and treatment of any injury sustained by the above named student-athlete.

I understand that the terms hereof apply to the injury, illness or other medical problem or emergency that occurs as a result of or in connection with any aspect of athletic participation for Christ the King School including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

Student Athlete Signature and Date:

Parent/Guardian Signature and Date:

RELEASE OF INFORMATION AUTHORIZATION FOR _____

I hereby authorize the release of any and all information relating to the athletic participation of the above named student-athlete to the media and to college scouts and recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to athletic participation, including ability, attitude, and conduct.

Student Athlete Signature and Date:

Parent/Guardian Signature and Date:

CHRIST THE KING SCHOOL
MEDICAL RELEASE FORM

To be completed by parents/athlete before the athletic session in which he/she will participate and returned to the coach before the first practice.

This form must be seen by the physician ONLY if you need an exam.

Name: _____ Date of Birth: ___/___/___

Address: _____

Phone: _____

Parent Name (s) _____

1. We require that you have a complete physical examination by a physician or health care facility within two years of the end of the season. See reverse side for Physical Form.
2. If you have had an injury or illness that has lasted longer than a week in the six months prior to the date of this form, then you will need a statement from the physician regarding this condition with their assessment regarding your ability to participate in the sport.

Approximate date of last complete physical exam by a physician or health care facility. _____

Height: _____ Weight: _____ Name of Physician: _____

Health Care Facility: _____

Please answer the following questions by circling the appropriate answer (any YES answer requires a full explanation on an attached sheet).

1. Have you ever been told you could not participate in a sport? YES/NO
2. Have you ever been unconscious or lost memory from a blow to the head? YES/NO
3. Have you ever had a fracture or dislocation? YES/NO
4. Have you ever had a knee or ankle sprain? YES/NO
5. Have you ever had any other injuries? YES/NO
6. Are you under a physician's care now? YES/NO
7. Do you take any kind of medication every day? YES/NO
8. Have you had an illness lasting longer than one week? YES/NO
9. Do you have any allergies? (food, medication, hay fever, asthma, etc.) YES/NO
10. Have you been in the hospital for an operation OR for any reason? YES/NO

I give my permission for _____, to participate in the Vermont State CYO Basketball Tournament and certify that they are physically fit, and I release the parish and Diocese (Office of Catholic Formation) from any liability in the event of any injury resulting from an accident while participating in supervised practice and games.

Signature of Parent/Guardian: _____

Date: _____

#4-11/05 - use reverse side only if physical exam is necessary.

EVALUATION FOR COMPETITIVE SPORTS - INSTRUCTION TO PHYSICIANS

This young person is going to enter a program of strenuous activity. A general physical exam is important every two years to assess general health but more importantly, we should concentrate on the following things in this appraisal to prevent future harm.

GENERAL

- A. Cardiopulmonary System
- B. Abdomen
- C. Skeletal system, especially for flexibility of various joints
- D. Secondary sex characteristics.
- E. Review of medical history questionnaire filled out by parent and student.

CONDITIONS WHICH MAY GENERALLY ACT AS DISQUALIFIERS

- A. Enlargement of the spleen after mononucleosis or of the liver after hepatitis.
- B. Bleeding disorders.
- C. Asthma only during acute episodes or exercise-induced asthma not controlled by medication.
- D. Acute or chronic strains and sprains of joints.
- E. Epilepsy if uncontrolled by medication.
- F. Persistent hypertension not controlled by medication or salt restriction.
- G. Maturity ratings of 1-3 should not be competing with maturity ratings of 4-5 in contact or strenuous sports.
- H. Acute infection until fever-free for 48 hours. Herpes simplex- very contagious among wrestlers and should be disqualifying until all lesions are healed.

CONDITIONS WHICH DISQUALIFY ATHLETES FROM STRENUOUS SPORTS

- A. Physical signs suggesting mitral or aortic stenosis
- B. Coarctation of the aorta or prolapsed of the mitral valve or postinfectious cardities- needs to be evaluated by a cardiologist.
- C. Ectopic beats that do not disappear when the pulse rate goes above 140 with exercise - needs to be evaluated by a cardiologist.

CONDITIONS WHICH DISQUALIFY ATHLETES FROM CONTACT/COLLISION SPORTS

- A. Loss of paired organ - eye, kidney, testicle
- B. Concussions - if an athlete has one concussion, they should be removed from game; two concussions, disqualified for season; three concussions, disqualify permanently from contact/collision sports.
- C. Severe strain or sprain or fracture of a limb that has not been evaluated within three months before participating in a contact sport, athlete must prove that limb is back to pre-injury strength.

TESTS OF MUSCULO-SKELETAL CAPABILITIES

If the participant cannot do the following 5 tests, he/she should be re-evaluated by an orthopedist before being allowed to participate in strenuous activity.

1. Rotate his/her head in all directions
2. Do a shoulder shrug
3. Place both hands together behind head on neck
4. Bend and touch toes with knees straight
5. Duck walk with buttocks on heels

After reviewing his/her history and completing the physical exam based upon the above information, are there any restrictions on participation in physical activities for this athlete? Any recommendations prior to full activity in this desired sport?

NO _____

YES _____, please provide details below.

I feel this young person can participate in the sport(s) of his/her choice based upon the above information and providing he/she can pass the physical fitness requirements set forth by the coach and school in regards to this sport.

Date: _____ Signature of Physician: _____

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports following this Code of Ethics:

I will strive to be an example of the Christian spirit to my child through our participation in sports.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.

I will place the spiritual, emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child plays in a safe and healthy environment.

I will provide support for the athletic director, coaches, and officials working with my child to provide a positive, enjoyable experience for all and expect that my child will be respectful to them at all times.

I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will follow the chain of command and speak to the coach first about any problem concerning my child.

I will use what I learn to be an example for Christ's teachings of peace and social justice.

Signature _____ Date _____

PLAYERS' CODE OF ETHICS

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Code of Ethics:

I will strive to be a model of the Christian spirit through my participation in sports.

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.

I will attend every game and practice that is reasonably possible and notify my coach if I cannot.

I will expect to receive a fair amount of playing time.

I will do my very best to listen and learn from my coaches and other game officials.

I will treat my coaches with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents, coaches or the Athletic Director if it stops being FUN!

I deserve to play in an alcohol, tobacco and drug free environment and expect adults to respect that wish.

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will remember that sports are an opportunity to learn and have fun.

I will use what I learn to be an example for Christ's teachings of peace and social justice.

Signature _____ Date _____