

CATHOLIC GRADE SCHOOL SPORTS CONFERENCE STUDENT ATHLETIC PARTICIPATION APPLICATION

This form is effective from the date indicated on the form, until the end of the current school year. This form must be on file in the School office prior to any student participating in either tryouts or appropriate athletic practice or competition.

Student's Last Name	First	Middle Initial	Application Date	
	erscholastic athletics fored any of the eligibility rules and regulation	ns		
his/her school. I agree to allow the discharge the Diocese of St. Augus	hereby give my consent for the above s above-named student to be a passenger stine, Bishop Erik T. Pohlmeier,	student to engage in school in a privately operated vehic Scho	cle to and from athle ool, its agents and e	activities as a representative of tic events. I hereby release and
Date	Signature of Parent or Guardian	1		
Street Address	City	·	Zip	Tel. #
operations, which may be deemed being to grant authority to administ which may now or during the course every reasonable effort is made to	atures appear below, do hereby consent to advisable by his/her physicians and surgeter and to perform all and singularly any e of the patient's care be deemed advisable contact parents/guardians prior to admit and I submit authorization for responsible	eons as a result of his/her pa examinations, treatments, a ble and necessary. This form tting the patient for necessary	articipation in athletic anesthetics, operation will be used only in ary treatment. Cons	c activities. The intention hereof ons, and diagnostic procedures a case of emergencies and after ent is also given for release of
Jacksonville Orthopedic Institute to training for and participation in athle and can only be shared with a co information may concern the stude	hereby authorize the physicians, athletic release information regarding my student stics atSchach, athletic director, or school official ir ent athlete's medical status, medical conmation. This protected information may beSchool athletics.	athlete's protected health in nool. This information is only n connection with participat idition, injuries, prognosis, of	nformation and regan to be used for the b ion in interscholasti diagnosis, athletic p	rding any injury or illness during betterment of the student athlete c sports. This protected health participation status, and related
SIGNATURES (both required):	D.			
		rent or Guardian		
ranniy Physician		_ Emergency rel. #		
Notwithstanding such warnings, and	ACKNOWLEDGEMENT O do hereby personnel of es, brain damage, paralysis or even d with full knowledge and understanding of to particip	of the risk of serious injury to	e been fully advised I named above may he sport of o our/my child name	d above which may result, we/l
Witnesses		Signature of Parent/Guardia	an	
		Date		
A Physical exam forms mus	t be on file with the school before tryouts/p	oractice.		
B Medical history on reverse	e side must be completed by parent or gua	ardian.		



CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAI	ME:			DOB:				
CIRCLE YES OF	R NO (FURTHER DESCR							
YES NO								
YES NO	HISTORY OF HEART (OR BLOOD VESSEL	DISEASE				_	
YES NO	LIVER OR KIDNEY PR	OBLEMS						
YES NO	PREVIOUS STROKES	S – C.V.A.						
YES NO	PREVIOUS STROKES - C.V.A							
YES NO								
YES NO								
YES NO								
YES NO	SENSORY DISTURBA	NCFS						
YES NO	ARTHRITIS OR JOINT	PROBLEMS						
YES NO	SPECIAL DIET RESTR	RICTIONS						
YES NO	PRESENTI Y HAVE AN	NY METAL IMPLANT	S					
YES NO	PRESENTI Y HAVE A	PACEMAKER	·				_	
YES NO	ANY PRESENT VISUA	I PROBLEMS						
YES NO	ANY PRESENT VISUAL PROBLEMSANY PRESENT HEARING PROBLEMS (HEARING AID)							
YES NO	ANY INITISAL REACTI	ON TO HEAT OR C						
YES NO		ON TO TIEAT ON O	OLD					
YES NO		DATES)						
LIGI CONNENT								
							_	
LIST PREVIOUS	MAJOR HOSPITALIZATION	N/SURGERIES					_	
							_	
DADENIT OR OL	IA DDIANI OLONIA TUDE	-			DATE			
	JARDIAN SIGNATURE				DATE			
				BY PHYSICAN				
		FIIIO	ICAL LAAW	IDI FIIISICAN				
Height (inches)								
Blood Pressure								
Vision				Contacts/glasses				
	WNL	ABN			WNL	ABN		
HEENT				ANKLE				
NECK								
LUNGS				STABILITY				
LIEADT				FEET				
				KNEE				
GENITALS				MCL				
				LCL				
NECK				ΔCI				
CDINE				ACL				
SHOULDED				PCL				
STABILITY	ſ			MENISCUS				
IMDINICEN	и ИЕNТ			PATELLA PAIN				
				ADDDEHENSION				
MDICT				APPREHENSION				
WKISI				CREPITATION				
HAND				FUNCTIONAL TEST				
піг				ONE LEG HOP				
אובבסס בו יסדי יי		VEO	NO	FULL SQUATS				
	ER EVALUTION	YES	NO					
	PARTICIPATION	YES	NO					
COMMENTS:								
PHYSICIAN'S/NI	URSE PRACTIONER'S/PH	YSICIAN'S ASSISTA	NT"S SIGNAT	URE		DATE		