



# BETHANYCHRISTIAN

PRESCHOOL - ELEMENTARY - MIDDLE & HIGH SCHOOL

## Office Use Only

Payment Verified:   
Comments:

### Student Information *(to be completed by guardian)*

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Sport: *(one sport per a form)* \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: *(circle one)* YS (6-8) | YM (10-12) | YL (12-14) | AS | AM | AL | AXL

### Guardian Information *(must be reachable information)*

Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

List any student limitations or cautions:

### Acknowledgments

**Medical Treatment:** In the event I cannot be contacted, I give permission for my child to receive emergency medical treatment by qualified medical personnel, and if needed, to be transported by ambulance or car to an emergency medical center for treatment. I further consent to the disclosure of any and all health information deemed immediately necessary for evaluation, and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, injections, drugs) to be performed for my child by a licensed physician in a hospital when deemed immediately medically necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that Bethany Christian School will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Bethany Christian School and its employees, school volunteers, independent contractors, directors and contributing agents of the activity, from all liability based on any damage, loss, or injury of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

**Communications:** I understand that it is my responsibility to read the Parent Handbook and return the agreement form attached to it to the coach of my child's sport. I also understand and agree that all official communication, regarding my child's sport, will be done through the InstaTeam app and I will be diligent in using this app as the main form of communication with the coach and AD's. Lastly, I agree to support the teamwork, fair play, family involvement and volunteer leadership of Bethany Christian School's Athletic Program.

**Fees & Dues:** I acknowledge that it is the policy of the Athletics Department to require full payment, for the sport listed, upon registration and that by submitting this form I consent to having my account automatically charged by the finance department. I understand that failure to pay on time will result in the removal of the student from this sport and place the family on probation for future sports. It is the sole responsibility of the parent/guardian to discuss any alternative solutions with the Athletics Director prior to registration. I have read and understand the above and have completed this form to the best of my ability.

Signature of student guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Season Dates: \_\_\_\_\_

Authorized Methods of Transportation: \_\_\_\_\_

**Conditions:**

1. When transportation is not provided by the school, the parent or guardian and student are responsible for transportation to and from the off-campus activity.
2. The parent or guardian and student understand that the school, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
3. Student athletes may be released to the custody of their parents/guardians only.
4. This form is **INVALID** without **TWO** signatures, one from the Parent/Guardian and a second from the Coach In-Charge. **DO NOT** give this form to the Athletics Director without **BOTH** signatures and **DO NOT** allow transport of said student without **BOTH** signatures.

Does your child have any special allergies, health problems or taking any special medications of which, we should be aware? If so, please explain:

**Medical Emergencies:**

I/We authorize the teacher or chaperone in charge of the field trip to seek medical treatment for my child.

I/We have read and understand the information above and accept the designated responsibilities.

**Granted** \_\_\_ **Denied** \_\_\_

I have read and discussed with the student the athletic regulation regarding travel. I hereby give my consent for Bethany Christian School to provide travel to athletic events. I also agree not to hold the school or anyone acting in its behalf responsible for any injury or death occurring to the above student in the company of such an activity or travel.

The above named student is covered by medical insurance provided by *(name of insurance or responsible part)*

\_\_\_\_\_ which will cover the cost of medical care resulting from injury or death.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature of Head Coach: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_



Florida High School Athletic Association

# Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Concussion

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

## Sudden Cardiac Arrest

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

## Concussions

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at [www.nfhslearn.com](http://www.nfhslearn.com). As well, I acknowledge optional educational opportunities in cardiac arrest at [www.sportsafetyinternational.org](http://www.sportsafetyinternational.org). Please go to [www.fhsaa.org/departments/health](http://www.fhsaa.org/departments/health) for further instructions to view the courses.

**I have been advised of the dangers of participation for myself and that of my child/ward.**

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date
-----------------------------------	------------------------------	------

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
-----------------------------------	------------------------------	------



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.  
**This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

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

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*