



## HERITAGE CHRISTIAN ACADEMY STUDENT ATHLETE LIFESTYLE STATEMENT

Heritage Christian Academy (HCA) is a religious, non-profit Christian school representing Jesus Christ. HCA expects student athletes in grades 6 – 12 to be born-again Christians (Rom. 10:9-10; I Tim. 4:12; Luke 6:40). Student athletes will conduct themselves in a way that will not raise questions regarding their Christian testimonies. A Christian lifestyle should reflect the biblical perspective of integrity and appropriate personal and family relationships, business conduct and moral behavior. A student athlete is expected to demonstrate a teachable spirit, an ability to share love for others, a willingness to live contentedly under authority and a commitment to follow the Matthew 18 principle when an issue arises with fellow student athletes, coaches, or school staff.

The HCA Statement of Faith and Cooperation expects student athletes to maintain a lifestyle based on biblical standards of moral conduct. Moral misconduct includes, but is not limited to, sexual harassment, promiscuity, homosexual behavior or any other violation of the unique roles of male and female. (Rom. 1:21-27; I Cor. 6:9-20). HCA believes that biblical marriage is limited to a covenant relationship between a man and a woman.

HCA student athletes will maintain a lifestyle based on biblical standards of conduct. Failure to do so may result disciplinary action or, in some cases, expulsion from the team. It is the goal of HCA that each student athlete will have a lifestyle where "...He might have the pre-eminence." Col. 1:18.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**I understand that occasionally children in/attending activities and during the course of the regular school day may be photographed for the yearbook and promotional pieces. I do NOT want my child to be included in Heritage Christian Academy publications or used on the website.**

\_\_\_\_\_  
**Athlete Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



# Non-Enrolled Students Athletic History and Information

Student Athlete Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Sports Played *outside* of HCA/ year played: \_\_\_\_\_

\_\_\_\_\_

Sports Playing at HCA: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY/CONSENT FORM

List physical or health factors or allergies/sensitivities regarding your child:

\_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

In case of emergency and parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor/Phone #: \_\_\_\_\_

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

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Heritage Christian Academy, any of its agents or employees, arising out of such medical treatment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

## STATEMENT OF FAITH

1. God is self-existent, infinite, sovereign, the source of all truth and life. He is the Triune God: God the Father, God the Son, and God the Holy Spirit. Genesis 1:1; 1 Kings 8:27; Psalm 90:2, 115:3; John 14:6; Matthew 28:19
2. God is the Creator and Sustainer of the universe. Through creation He reveals His eternal power, infinity, diversity and divine nature. Creation is the general revelation of God. Genesis 1:1-23; Romans 1:20
3. The Lord Jesus Christ is God the Son. He is to have the preeminence in all things. The Lord Jesus, the expressed image of God the Father, is the only Savior of the world and the only mediator between God and man. Christ was born of a virgin. He was crucified, buried, and rose bodily from the grave. Christ will come again to establish His kingdom. Colossians 1:15-18; John 14:3, 6; 1 Timothy 2:5; Luke 1:34-38; Matthew 1:23, 3:17; 1 Corinthians 15:3-4
4. The Holy Spirit is God the Spirit sent by the Father to mankind. He is the Spirit of Truth sent to teach truth and to guide mankind into all truth. He convicts individuals of their disobedience to God; He presents the righteousness of Christ and convicts the world of the judgment at the cross. The Holy Spirit works in the unbeliever's life to bring him to Christ and to give new life. The Holy Spirit indwells the believer enabling him to obey God in the process of conforming him to Christ. John 14:16-17, 16:7-13; 1 Corinthians 6:19
5. The Bible is truth, the Living Word, the specific revelation of God to man. The Bible is inerrant, complete and is the final authority over man. Through the Scriptures man can have knowledge and wisdom about God, life and himself. John 17:17; 2 Timothy 3:16-17; 2 Peter 1:3; Romans 15:4; Matthew 5:18
6. God created man in His own image, after His likeness, for His glory. In his original state man had communion and fellowship with God. Man chose to disobey God. Disobedience to God is sin; thus sin entered the world. This resulted in man's separation from God, eternal death being passed on to subsequent generations and an imposed curse upon the rest of creation. Because of his sin nature, man omits God and thereby fails to relate himself and his knowledge to God. Genesis 1:26, 3:1-6; Romans 1:24-28, 5:12, 8:22-23
7. Man is given new life and is brought back into a proper relationship with God by personally trusting Jesus Christ the Lord, who shed His blood in payment for sin. An individual is redeemed by God's grace through faith, not works or service. 2 Corinthians 5:17; Romans 5:1-11; Ephesians 2:8,9; Titus 3:5
8. The believer matures into Christ-likeness as he submits to the Holy Spirit and obeys the Word of God. Being Christ-like is evidenced by the fruit of the Spirit, righteous living and good works. Maturing in Christ is a process evidenced by continual growth. Romans 8:29; 2 Corinthians 3:18; Galatians 5:22, 23; Ephesians 2:10; 2 Timothy 3:16-17
9. Prayer is the vital communion between God and man, enabling man to talk with God and to worship Him. Through prayer God's power and grace are made available to the believer. Philippians 4: 6,7; Matthew 6:9-15; James 1:5
10. Christ has established the church and is its Head. Individuals are to be related to a local church for Christian worship, instruction, fellowship and service. Ephesians 5:23; Hebrews 10:24-25

*I have read the doctrinal statement and supporting Scriptural references and affirm the convictions therein.*

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*Parent Signature*

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*Date*



# STUDENT ELIGIBILITY INFORMATION FORM and CHSAA Anti-Hazing Policy

I hereby give my consent for \_\_\_\_\_  
to compete in athletics for \_\_\_\_\_ High  
School in Colorado High School Activities Association approved sports, except as noted on the Physical  
Examination and Parent Permit Form, and I have read and understand the general guidelines for eligibility as  
outlined in the CHSAA Competitor's Brochure (as found on the CHSAANow.com website).

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CHSAA Competitor's  
Brochure.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is a statement on file with the  
superintendent or principal signed by his/her parent or legal guardian and a signed physical form certifying that  
he/she has passed an adequate physical examination within the past year, noting that in the opinion of the  
examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, (DC, Spc.)  
is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal  
guardian to participate; and, the parent and participant have read, understand and agree to the CHSAA  
guidelines for eligibility.

## CHSAA Anti-Hazing Policy

The Colorado High School Activities Association prohibits bullying, hazing, intimidation or threats. Hazing  
includes, but is not limited to humiliation tactics, forced social isolation, verbal or emotional abuse, forced or  
excessive consumption of food or liquids, or any activity that requires a student to engage in illegal activity. I  
understand that hazing of any type is not permitted in any CHSAA sanctioned activity.

I will not engage in any of the prohibited conduct. I further understand that it is my responsibility to  
immediately report any acts of hazing that I become aware of to a sponsor, teacher, counselor, school support  
staff, coach or administrator in my school.

By signing this acknowledgement, I affirm my responsibility to prevent and report hazing. I also understand  
that any violation of this could result in school or team consequences that could include dismissal from the  
activity or further disciplinary consequences and/or referral to law enforcement.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

## STUDENT ACADEMIC ELIGIBILITY

To be eligible a student must:

- Be a full time student (6 classes or more)
- Not have one “F” or two “D’s” at eligibility checks

Remaining eligible:

Heritage will conduct weekly grade checks (done every Wednesday) beginning the third week of the first, second, third, and fourth quarters. If an athlete is ineligible on a Wednesday, then he/she is ineligible until the following Wednesday. They may attend practice, but may not play in games. If a student has one “F” or two “D’s” at the end of the first semester, he/she is ineligible for the first two weeks of the second semester.

\*If students become ineligible three times during any one season, the student may no longer be able to participate and will lose the opportunity to letter.

NON HCA students who are homeschooled or have classes at FRCC are expected to provide grades on a weekly basis when requested from the HCA Athletic Secretary.

## ATTENDANCE AND PLAYING TIME GUIDELINES

- Students absent from any class period the day of the game will not be allowed to start (medical and dental appointments excepted). If the student misses more than 2 class periods, he will not be allowed to practice or play.
- Students are expected to be in school on time the morning following a game or may lose playing time at the next game.
- Coaches, in conjunction with the Athletic Director and principal, reserve the right to suspend a player from a practice and/or games(s) for any misconduct or behavior unbecoming to a Christian or to the team.

## FACILITIES, UNIFORMS AND TRANSPORTATION

The Lord has blessed us with equipment, shuttles, uniforms, and the use of facilities and playing fields. Everyone is expected to be a good steward with what we are allowed to use.

- Always leave the field and courts cleaner than the way you found them.
- Keep the school vehicles clean and neat. Please pick up after yourself.
- It is the student’s responsibility to keep their issued uniform washed, cleaned and in good shape.
- Uniforms must be turned in on time or be **assessed a late fee**.
- Lost or damaged uniforms must be paid for by the player.
- Report cards, final transcripts, and graduation cap and gowns will not be released until all items are returned or paid for.
- Players are responsible for shoes, socks, knee pads, shin-guards, etc.
- The coaches will specify what is to be worn for practices.
- Athletes must ride to away games in school vehicles or school-arranged car pools unless otherwise specified by the coach.
- Athletes may ride home with their parents, but not with other students unless given permission from a parent/guardian.
- Athletes that ride home with their parents following a game must notify the coach they are riding in another vehicle.
- Players and parents are responsible for transportation to and from practices and home games.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_



## HCA Parent/ Chaperone Volunteer Driver Form 2017-2018

***\*only necessary if you plan to be using your vehicle for student transportation***

For the concern and safety of all students, families and staff, please read and sign the following volunteer form before agreeing to be a Parent Driver and / or Chaperone for any HCA event or field trip.

If I am driving my own vehicle I will:

\_\_\_\_ I've attached a copy of my proof of current vehicle insurance and driver's license where it will be kept on file until either document expires.

\_\_\_\_ I will take only as many children in my vehicle as I have fully operating seatbelts.

**As a volunteer driver / chaperone I will:**

- Not make any unplanned stops while driving to or from the field trip or event destination, nor deviate from the planned itinerary.
- Stay with the group of drivers to ensure safety to the larger group.
- If applicable: I will share my cell phone number with other drivers for the purpose of communication due to an emergency.
- I will chaperone the students assigned to me by the classroom teacher or sponsoring teacher as directed per event or field trip.
- I will not text or unnecessarily use my cell phone while driving.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Full Name)

Signature: \_\_\_\_\_

The following is for homeschool families ONLY:

## HOME SCHOOL ELIGIBILITY REPORTING FORM

Home based and other students which meet statutory requirements shall be eligible. Statutory requirements state that a student in a home based education program must be registered with the school district of participation a minimum of 14 days prior to being considered a home schooled student. Students who do not meet statutory requirements shall be considered ineligible for interscholastic competition, but may practice (provided he/she is registered with the school district).

A student who registers at the beginning of the school year in a non-public home-based educational program may participate in the activities program at a public or private school. In the case of a private school, the student must be accepted for inclusion in the school program by the school and meet any criteria set by that private school.

When selecting a school, one must select the school that offers the greatest number of sports and/or activities in which the individual wishes to participate for their entire high school experience. Otherwise the transfer rule will be effect.

The statute requires that the home based educational program student "comply with all eligibility requirements imposed by the school of participation".

In order for the school of participation to determine if the home based educational program student is eligible, the following information must be provided to the school of participation by the home based teacher/administrator *upon request*. You will be contacted by the HCA Athletic Secretary when this information is needed.

*Example:*

List classes in which the student is currently enrolled.

CLASS/SUBJECT	GRADE	TEACHER
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I verify that the above information is correct

Home School Administrator/Teacher \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*please provide proof of registration with the school district to the HCA Front Office



# PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date \_\_\_\_\_ Exp. Date (good for 365 days) \_\_\_\_\_

## PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

**PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for \_\_\_\_\_ to compete in athletics for \_\_\_\_\_ High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the *Competitor's Brochure (CHSAANow.com)*.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to the General Eligibility Guidelines as outlined in the *Competitor's Brochure*.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

**NOTE:** It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

**NOTE:** The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

**PART II -- MEDICAL HISTORY**

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

MEDICAL HISTORY OF STUDENT & FAMILY			YES	NO	MEDICAL HISTORY OF STUDENT & FAMILY			YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	32.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you ever had herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Are you currently taking any prescription or non prescription (over the counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Do you have allergies to medicines, pollens, foods or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Date of last head injury or concussion:				
5.	Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	37.	Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Have you ever passed out or nearly passed out at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	40.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Has a doctor ever told you that you have (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			42.	When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Has anyone in your family died suddenly for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	44.	Have you had any other blood disorders or anemia?	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.)	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	47.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	48.	Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	49.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	50.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	51.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	52.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	53.	What is the date of your last Tetanus immunization? Date: _____				
FEMALES ONLY									
23.	Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	54.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
				55.	Age when you had your first menstrual period?				
24.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	56.	How many periods have you had in the last 12 months?				
25.	Have you ever been diagnosed with asthma or other allergic disorders?	<input type="checkbox"/>	<input type="checkbox"/>	57.	Do you take a calcium supplement?	<input type="checkbox"/>	<input type="checkbox"/>		
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b>					
27.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>						
28.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>						
29.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>						
30.	Have you had infectious mononucleosis (mono) within the last three months?	<input type="checkbox"/>	<input type="checkbox"/>						
31.	Have you ever had mono or any illness lasting more than two weeks?	<input type="checkbox"/>	<input type="checkbox"/>						

Parent/Guardian Signature: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

**PART III -- PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

\*Tanner Stage or Maturation Index? (males only): \_\_\_\_\_ BP: \_\_\_\_\_  
 \*Percent Body Fat: \_\_\_\_\_ Pulse: \*(rest) \_\_\_\_\_  
 \*Audiogram \_\_\_\_\_ \*(Exercise) \_\_\_\_\_  
 \*(Recovery) \_\_\_\_\_  
 \*FEV or Peak Flow (rest) \_\_\_\_\_  
 \* Vision: Corrected: (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_ \*(Exercise) \_\_\_\_\_  
 \*(Recovery) \_\_\_\_\_  
 Uncorrected (L) \_\_\_\_\_ (R) \_\_\_\_\_ (Both) \_\_\_\_\_

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^Echocardiogram		
Abdomen			^Neuropsych Testing		
Genitalia/hernia (male only)			^Pelvic Examination		

**\*WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

**^WITH SPECIAL INDICATIONS**

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

**I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.**

**CLEARED WITHOUT RESTRICTIONS**

Cleared **AFTER** further evaluation or treatment for: \_\_\_\_\_

Cleared for **Limited participation** (check and explain "reason" for all that apply):

Not cleared for (specific sports): \_\_\_\_\_

Cleared only for (specific sports): \_\_\_\_\_

Reason(s): \_\_\_\_\_

**NOT CLEARED FOR PARTICIPATION:**

Reason(s): \_\_\_\_\_

Other Recommendations:

Recommend monitoring during early conditioning because of weight/fitness/other  Recommend restrictions or monitoring of weight loss or gain

Other: Reasons: \_\_\_\_\_

**MD/DO, PA, NP, DE-SPC#, Signature:** \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_