

The attached pages must be completed in full prior to participation, including try outs, in athletics at Advent School. Please be sure to include all information on all forms.

Have the attached **Athletic Physical Examination** form completed, both sides, and have it signed by your child's physician. This is a completely different physical form from the standard physical form issued at your child's well child visits. A well child visit physical form will not be accepted for athletic participation.

- **The first page must be completed and signed by a licensed physician.** The physical evaluation is valid for only 365 days from the day of the examination.
- The second page is completed by the parent/guardian. Please include signatures at the bottom of the page.
- Read all information on the **Advent Athletic Participant Permission** form and have both parent and student sign.
- Circle any/all sports that you are allowing your child to participate in. (Circling a sport does NOT indicate a promise of participation on your part. It simply indicates permission should interest and eligibility requirements be met at the time of try outs.)
- Parent(s)/guardian(s) and student athlete sign and date the last page indicating you are aware of and accept responsibility for abiding by the guidelines and complete the insurance information section.
- The \$100 Athletic Fee will be automatically withdrawn during the fall, winter and spring sports seasons. It will be billed to your account and you will have the choice to pay it immediately or it will be withdrawn after 10 days.
- Notify the office immediately if any contact information on the registration form changes. (The registration information will be used in case of an emergency unless we are notified of a change.)

Your child cannot participate in tryouts, practices or games without the completed **Athletic Physical Examination form and the signed **Advent Athletic Participant Permission** form.**

Advent Athletic Participant Permission

Eligibility: In order to be eligible for any athletic activity, try outs, practice or competition, the student athlete must:

- Meet all eligibility requirements as stated in the Student Handbook
- Complete an Advent Athletic Participation Packet in its entirety and hand it in to the school office prior to the first day of try outs / practice. Please note: Physicals are valid for only 365 days from date of the examination
- Give proof of insurance coverage (part of Athletic Packet).
- If 5 or more days of practice are missed due to illness or injury, you must receive a medical release from a licensed physician before practicing or playing.
- Be present 50% of the school day to participate in practice or competition
- NOT participate nor play if ineligible

Transportation: Advent provides transportation to some athletic competitions and practices. If transportation is provided by an Advent owned vehicle, Advent's liability coverage is applicable to any vehicular accident. If student transportation is by a private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. All student athletes who travel with a team to any away athletic event must return with the team unless both the coach and legal custodian agree that it is beneficial for the student athlete to ride home with the legal custodian. Student athletes may not ride with any other person without written parent/legal custodian permission.

Uniforms: For most teams, the student athlete will be given a uniform to use for the season. If it is a uniform that is lent them by the school, it is understood that by taking the uniform they are assuming responsibility for maintaining its condition and for returning it upon completion of the season. Failure to return a complete, clean uniform in good condition will result in a cost to the student athlete's family to replace the uniform. Depending on the sport and article of clothing, they may be required to purchase part or all of the uniform in order to participate.

Sportsmanship: It is recognized that participation in school interscholastic athletic events is a privilege and an opportunity to represent Advent School's ministry and philosophy. All athletes and fans are expected to conduct themselves in a manner that promotes good sportsmanship at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts and/or language from our coaches, players, or fans will not be tolerated. Failure to comply will lead to dismissal from the activity and may jeopardize future participation.

Student Athlete Pledge: As a student athlete, I understand that I am a role model and a representative of Advent School and my team. I understand the spirit of fair play while playing hard to win is expected and demanded of me. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, inappropriate gestures, and unnecessary physical contact. I accept the responsibility and privilege of representing the school, my team and the Advent community.

Parent Pledge: As a parent, I understand that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the student athletes. I must show respect for all players, coaches, spectators, and competitors. My language and actions will be uplifting and encourage the spirit of fair play and good sportsmanship while cheering for victory. I will refrain from any and all negative language and actions as a spectator. Any concerns, issues or disagreements will be handled in a civil and individual manner with the coach and/or Athletic Director away from the student athletes. I accept the responsibility and privilege of representing the school, the team, my child and the Advent community.

Insurance: All student athletes must show proof of medical insurance coverage which covers student accidental injury or illness. Parents' medical insurance may provide this coverage to their child(ren) or an individual student accident insurance policy may be purchased that covers accidental injuries occurring during school-sponsored activities. Advent School is **not** responsible for students' accidental injuries or illnesses including those occurring in interscholastic competitions.

Please indicate below the insurance by which coverage will be provided.

Name of Insurance Company

Policy Number

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of an Advent athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes; however, it is understood that risk of injury still exists. I/We authorize Emergency Medical Treatment for our student athlete should the need arise for such treatment while under the supervision of the school. I/We freely, knowingly, and willingly choose to accept and assume the risk of injury that might occur from participation in athletics.

Media: I understand that by allowing my child to participate as a student athlete with Advent School that pictures and/or videos may be posted or published in a variety of formats to including but not limited to: brochures, yearbooks, school website, marketing materials, CDs/DVDs or press releases in local papers.

Permission: I give permission for my child to participate in any of the following sports that are **circled**.

Soccer Volleyball Basketball Cheerleading Track Tennis Golf Softball Baseball

I grant my child permission to be transported to and/or from a competition or practice by an approved Advent driver. (please circle) **YES NO**

Emergency contact #: _____

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

ATHLETIC PHYSICAL EXAMINATION FORM
TO BE COMPLETED BY PHYSICIAN ie, MD, DO, PA, NP
(Unable to accept Chiropractors signatures)

Name _____ Social Security No. _____ Sport _____
 Height _____ Weight _____ Blood Pressure _____ Pulse _____ Temp _____

Vision; R20/ _____ L 20/ _____ Corrective Lenses Yes ___ No ___ Corrected Vision R20/ L20/ ___

Immunization Dates: Measles or MR _____ TD or Tetanus _____

Physical Exam (Please elaborate on **any** abnormality in the history)

	Normal	Abnormal	Describe Abnormality in Detail
Head, Face and Scalp			
Mouth, Nose & Throat			
Tonsils in () out ()			
Ears			
Eyes			
Neck (thyroid)			
Lymph nodes			
Lungs and Chest			
Breasts			
Heart			
Vascular system			
Abdomen (include hernias)			
Genitalia			
Musculoskeletal (strength and range of motion)			
Neck			
Shoulders			
Elbows			
Hands/Wrists			
Spine			
Knees			
Ankles			
Feet			
Skin			
Neurologic			

Assessment:

Recommendations/preventative measures:

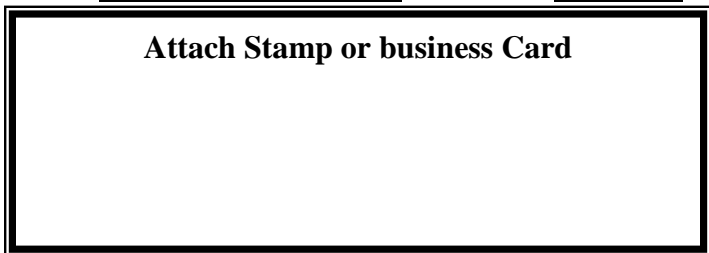
CLEARANCE (CIRCLE APPROPRIATE CATEGORY)

1. No limitations to contact/collision
2. Limited contact/impact
3. No – contact
 - a. strenuous
 - b. non-strenuous
4. Clearance deferred until seen by team physician or specialist

Physician's Name _____

Physician's Signature _____

Phone: _____ Date: _____



Sport _____

Male or Female _____

PHYSICAL SCREENINGThis screening physical exam is for the purpose of participation in intercollegiate athletics at **Phoenix College**.

This physical exam is a confidential document. Please answer medical history questions accurately.

NAME _____ BIRTHDATE _____ SOCIAL SECURITY _____

ADDRESS _____ HOME PHONE NUMBER _____

EMERGENCY PHONE NUMBER _____

CITY STATE ZIP

Explain ALL "YES" answers below. Yes No**Yes No**

1.	Have you had a medical illness or injury since your last sports physical?			26.	Do you cough, wheeze, or have trouble breathing during or after activity?		
2.	Do you have an ongoing illness?			27.	Do you have asthma?		
3.	Have you ever been hospitalized overnight?			28.	Do you have seasonal allergies that require treatment?		
4.	Have you ever had surgery?			29.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position?		
5.	Are you currently taking prescription or over the counter medications or using an inhaler?			30.	Have you had any problems with your eyes or vision?		
6.	Have you ever taken supplements or vitamins to help you gain or lose weight or improve your performance?			31.	Have you ever had a sprain, strain, or swelling after injury?		
7.	Do you have any allergies? Is yes, to what?			32.	Have you broken or fractured any bones or dislocated any joints?		
8.	Have you ever had a rash or hives develop during or after exercise?			33.	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
9.	Have you ever passed out during exercise?			*** If YES #30 – 32, circle appropriate location and explain below. Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Hip, Thigh, Knee, Shin/Calf, Ankle, Foot			
10.	Have you ever been dizzy during or after exercise?						
11.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?						
12.	Have you ever had chest pain during or after exercise?			34.	Do you want to weigh more or less than you do now?	More	Less
13.	Have you ever had racing of your heart or skipped beats?			35.	Do you lose weight regularly to meet weight requirements for your sport?		
14.	Have you had high blood pressure or high cholesterol?			36.	Record the dates of your most recent immunizations for:		
15.	Have you ever been told you have a heart murmur?				Tetanus	Measles	
					Hepatitis B	Chickenpox	
16.	Has any family member died of heart problems or of sudden death before the age of 50?			Explain ALL "YES" answers here: Include date where applicable			
17.	Have you had a severe viral infection (for example mononucleosis or myocarditis) within the last month?						
18.	Has a physician ever denied or restricted your participation in sports for any heart problems?						
19.	Do you have any current skin problems?			FEMALE ATHLETES ONLY			
20.	Have you ever had a head injury or concussion? If yes, how many and the year.			37.	When was your first menstrual period?		
21.	Have you ever had a seizure?			38.	When was your most recent menstrual period?		
22.	Do you have frequent or severe headaches?			39.	How much time do you usually have from the start of one period to the start of another?		
23.	Have you ever had numbness or tingling in your arms, hands, legs or feet?			40.	How many periods have you had in the last year?		
24.	Have you ever had a burner or stinger, or pinched nerve?			41.	What was the longest time between periods in the last year?		
25.	Have you ever become ill from exercising in the heat?			42.	Is there any possibility you may currently be pregnant?		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Date _____

Signature of parent** _____ Date _____

**Must be signed by parent/guardian if athlete is under the age of 18.