



Mount Airy Christian Academy

"cultivating strong minds and passionate faith"

Athletic Participation Form 2015 /2016

Student-Athlete Name (Please Print):		Date:	
Request for Permission: We, the undersigned student and the student's parent/guardian, apply for permission to participate in athletics in the following sport(s):			
<input type="checkbox"/> Basketball		<input type="checkbox"/> Cheerleading	
<input type="checkbox"/> Track and Field		<input type="checkbox"/> Cross-Country	
<input type="checkbox"/> Soccer		<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Baseball		<input type="checkbox"/> Wrestling	
General Requirements – We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to the coach or the Athletic Director.			
Safety – For the safety of the student-athlete and the team, we understand that the student-athlete agrees to follow all rules given by the coach, to immediately report any unsafe practices, conditions or equipment, and to report any injury to the coach on the day that it occurs. We certify that the student-athlete is physically fit to participate in the sport(s) and understands that he/she is free to discontinue activity at any time he/she feels undue discomfort or stress.			
Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a MACA athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MACA can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability and even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.			
Release – In consideration of MACA allowing the student-athlete to participate in athletics, we agree to release and hold MACA, its coaches and other employees free, harmless, and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.			
Insurance – All students who participate in athletics must be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and effect during the student athlete's participation the following insurance policy:			
Insurance Company:		Policy No:	
Street Address:		Group No:	
City:	State:	Zip Code:	
CERTIFICATION AND MEDICAL AUTHORIZATION. We certify that all the information provided by us on this form is correct. We agree to abide by the school rules. If the student-athlete is injured while participating in athletics and MACA is unable to contact the parent, we grant MACA permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We further agree to permit our child to be transported to a medical facility by ambulance or other commercial vehicle. We accept the financial responsibility for such medical care or treatment.			
We, the undersigned student and parent, have read this document and understand all the expectations for athletic participation at my school.			
Student:		Date:	
Parent/Guardian:		Date:	

Athletic Medical History and Physician's Release

Name: _____ Date of birth: _____

MEDICAL HISTORY		Family Physician:	
To be completed by parents and student together. All "Yes" answers must be explained below.			
<ol style="list-style-type: none"> 1. Has anyone in the athlete's family died suddenly before age 50? 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? 3. Has the athlete ever been told that he/she has a heart murmur, heart problem, or high blood pressure? 4. Has the athlete experienced chest pains with exercise or felt any extra strong or irregular heartbeats? 5. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? 6. Has the athlete have a history of concussion (been "knocked out")? 7. Has the athlete ever had a broken bone or injury to any muscle or joint? 8. Has the athlete had any operations/surgery? 9. Has the athlete ever suffered a heat-related illness such as heat exhaustion or heat stroke? 10. Does the athlete have only one of any paired organ (if yes, circle: eye, ear, kidney, testicle, ovary)? 11. Does the athlete have any chronic medical conditions or see a doctor regularly for a particular problem? 12. List medications the student takes daily: 13. List allergies (medicine, environmental, insects): 14. Does the athlete wear glasses or contact lenses? 15. Are the athlete's immunizations up to date? Date of last tetanus shot: 	<ol style="list-style-type: none"> 1. YES NO 2. YES NO 3. YES NO 4. YES NO 5. YES NO 6. YES NO 7. YES NO 8. YES NO 9. YES NO 10. YES NO 11. YES NO 12. YES NO 13. YES NO 14. YES NO 15. YES NO 		
Please explain any 'YES' answer:			
I certify that the medical history on this form is complete and accurate.			
Athlete Signature: _____		Date: _____	
Parent/Guardian Signature: _____		Date: _____	
DOCTOR'S EXAMINATION			
Height:	Blood Pressure:	Vision Both:: 20/	Urine Analysis:
Weight:	Pulse:	Vision L: 20/	Specific Gravity:
Hearing:	Respirations:	Vision R: 20/	Protein:
ORGAN/SYSTEM	NORMAL	ABNORMAL (Explain)	
Eyes/Pupil			
ENT			
Heart			
Lungs			
Abdomen			
Genitalia			
Musculoskeletal			
Neurological			
Skin			
DOCTOR'S CERTIFICATION: I, the undersigned physician, certify that I have examined this student and find him/her medically: <input type="checkbox"/> Qualified <input type="checkbox"/> Qualified with conditions <input type="checkbox"/> Unqualified to participate in athletics.			
The conditions for qualification or the reason(s) for disqualification are stated below:			
Physician's Signature: _____		Street Address: (or office stamp)	
Date: _____	Telephone: _____	City: _____	State: _____ Zip: _____
The following are considered disqualifying conditions unless medical and parental releases are obtained: acute infections, growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity with functional loss, history of convulsions, and absence of one of any paired organ.			

Athletic Emergency Medical Authority Form

STUDENT'S NAME:			DATE OF BIRTH:		
(Last)	(First)	(Initial)			
Address:					
Doctor:			Phone:		
Insurance Company:		Phone:		Policy #:	
I consent and authorize MACA personnel to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.					
Known allergies/additional medical information:					
Date of Last Tetanus Shot:					
Parent Name:			Home #		
Parent Signature:			Work #		
Date:			Cell #		
Parent Name:			Home #		
Parent Signature:			Work #		
Date:			Cell #		
Other Contact			Home #		
Relationship:			Work #		
			Cell #		