



ST EDITH CYO PHYSICAL EXAMINATION FORM

Please answer all questions thoroughly. This information is important for your child's safety. All information will be kept confidential unless needed in an emergency situation. The Health History portion must be signed by a licensed physician or nurse practitioner.

Name: _____ Phone: (____) - _____

Address (Street, City, Zip) _____

Date of Birth: _____ Sex _____ Age _____ Grade _____

HEALTH HISTORY INFORMATION

Height _____ Weight _____ Blood Pressure _____

Have you experienced any of the following: (Please provide dates on space provided)

Allergy to Bee Stings	Developmental Disability	Hernia
Allergy to Medication	Diabetes	Hypertension
Arthritis	Ear Infection	Lung Disease
Back Injury	Epilepsy	Kidney Problems
Balance Problems	Fainting Spells	Rheumatic Fever
Bladder Control Problems	Frequent Colds	Seizures
Bronchitis	Head Injury	Sleep Walking
Chicken Pox	Heart Disease/Defect	Stomach Upsets
Constipation	Hemophilia	Stroke
Other	Other	Other

If you check any of the above, please explain: _____

Do you have any sensory, physical, or cognitive disabilities? Yes ___ No ___ If yes, explain: _____

Do you have any mobility impairment? Yes ___ No ___ If yes, explain: _____

Is there evidence of a hernia? Yes ___ No ___ If yes, would athletic competition be injurious? _____

Heart Condition: (circle one) Satisfactory Unsatisfactory Lung Condition: (circle one) Satisfactory Unsatisfactory

Is the general condition of the eyes, ears, feet, mouth, and nose satisfactory? Yes ___ No ___ If no, explain: _____

Other Allergic Reactions? _____

Any Dietary Restrictions? _____

Has the participant been treated or hospitalized in the last 24 months? If yes, for what injury or illness? _____

Participating Sports: Football Soccer Volleyball Cheerleading Basketball Baseball Softball

I certify that on this day of _____, I have examined the above individual and recommend HIM/HER as physically able to compete in all the supervised athletic activities listed above except for: _____.

Signature of Examining Physician/Practitioner: _____ Phone: (____) - _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____ Relationship: _____

Address: _____ Phone: Home: (____) - _____ Work: (____) - _____

Secondary contact: _____ Relationship: _____

Address: _____ Phone: Home: (____) - _____ Work: (____) - _____

In the event of an emergency, I give permission to the St Edith CYO organization and their staff or designated personnel to hospitalize and/or secure proper treatment for my child. I have indicated any medical information that will ensure the proper treatment and well being of my child.

Signature of Parent or Legal Guardian Date

In the event of minor injuries or illnesses at the St Edith Sports Camps only, I give St Edith Nursing Staff permission to administer Tylenol for headaches, Motrin for inflammation, and Gas-Ex for stomach aches. I have indicated any known allergy information that will ensure the proper treatment and well being of my child.

Signature of Parent or Legal Guardian Date

Please note: If the participant has an allergy requiring an epinephrine kit or pen, asthma requiring an inhaler or currently taking medications, an extra set of these items should be turned in to your Team Nurse so that your child has immediate access to these items at all times during practice sessions, games and at camp.

ACKNOWLEDGEMENT OF RISK – PROOF OF INSURANCE

Participation in sports requires an acceptance of risk of possible injury. As an athlete, you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury.

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I _____ (Participant signature) student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

I _____ (Parent or Legal Guardian signature) parent or legal guardian of above named student athlete have read the above and recognize the risk in participation and of possible injury.

The student athlete is covered by an insurance policy in effect for the school year: **2016 – 2017**.

Name of Insurance Company: _____ Policy or Group # _____

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our parish/school, all CYO parishes/schools, and the CYO athletic office wish to make it clear that CYO sports are an educational activity. Athletes, parents, and friends must be aware of our expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

- It is expected that as participants and spectators, we will support in a positive way our own team, remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game officials sent to the game to administer these educational activities.
- At all times, it is expected that we will respect one another; adults and student athletes alike. This especially includes our opponents and officials, without whose involvement, sports contests would not occur.

Signatures of Student Athlete and Parents/Guardians indicate that they have read and understand the above.

Student Athlete Parent/Guardian Parent/Guardian