

Student's Name _____ Grade _____
School: _____ School Year _____
Sport(s) Participating: _____

Southwest Learning Centers Athletic Participation Requirements

Parent(s)/Guardian(s) and Student-Athlete Participating in Athletics:

PLEASE READ THE FOLLOWING STATEMENTS CONCERNING PARTICIPATION IN SOUTHWEST LEARNING CENTERS ATHLETICS AND RESPOND WITH YOUR SIGNATURE(S).

Consent to Participate:

Consent is hereby given for the named student to engage in athletics as approved by SLC.

It is agreed that financial responsibility for securing care of athletic injuries is a matter between the parent(s)/guardian(s) and the health care provider. SLC cannot pay health care providers for treatment of any students.

It is further agreed that the parent(s)/guardian(s) and student will assume the legal responsibilities for the personal safety and action of the above named student while traveling to and from practices and games when transportation is not provided by SLC. When transportation is provided by SLC, policy requires students to travel to and from on that bus. Any exceptions must be arranged with the school prior to departure and in accordance with the athletic travel policy.

Acknowledgement of Injury Risk

We the parent(s)/guardian(s) and the student-athlete are aware that preparation for and participation in athletics involves a risk of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical activity.

Personal Medical Notification

For my own protection I, the student-athlete, agree to inform the coach at my school and/or all health care providers, **BEFORE** receiving therapy or treatment of any kind, if I am taking any drugs, medication, supplement, or using any ointment, liniments, balms, or have an implant in my body. We the parent(s)/guardian(s) and student-athlete understand and acknowledge that any combination of the above and certain therapy may cause serious medical problems to the student-athlete. If the student is under the care of a licensed health care professional, a written course of treatment must be on file with the school.

Notification of Injuries

In order to protect the student/athlete at all times, SLC coaches will share information concerning the care, disposition, and treatment of athletic injuries only with the treating physician, team physician athletic trainer, and other coaches on a need to know basis only for the time that the student is in high school. Any information released to third parties will be done only with permission of the parents and students.

Physical Examinations

Southwest Learning Centers recommends an annual athletic physical.

It is not a requirement for participation in activities.

Authorization for Health Care Services

I/We hereby designate the team coach or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, surgery, and any other health care services as may be recommended in an emergency because of illness or injuries while preparing for or participating in interscholastic athletics. I/We hereby assume all financial responsibility for all health care services provided.

Accidental/Health Insurance

Accidental/Health Insurance is the responsibility of the student's parents/guardians

EMERGENCY CONTACT INFORMATION

Student Name

Date of Birth

Parent/Guardian Name

Home Phone #

Parent Work Phone #

Parent/Guardian Name

Home Phone #

Parent Work Phone #

Emergency Contact

Relationship

Phone #

Medication(s) Student is taking: _____

Known Allergies to Medication or Foods: _____

Does your child have any medical conditions that would affect their participation in any physical activity.
If yes please explain below:

We the parent(s)/guardian(s) and the student-athlete have completely read, fully understand and voluntarily accept and agree with all of the above terms and conditions (pages 1 & 2). We also verify all information provided is correct.

Parent/Guardian Signature

Relationship (Print)

Student-Athlete Signature

Date

Sports Pre-Participation Medical Evaluation

Name _____ Age _____

Height _____ Weight _____ Blood Pressure _____ / _____ Pulse _____

Visual Acuity

_____ with correction _____ w/o correction
 Left: 20/ _____ Right: 20/ _____
 With contact lenses? _____ yes _____ no

General Appearances

Pupils: L _____ greater than _____ equal to _____ less than R
 Eyes E.O.M.: _____
 Ear/Nose/Throat: _____
 Lymph Nodes: _____
 Cardiac: _____
 Chest: _____
 Abdomen: _____
 Genitals: _____ not examined _____
 Skin: _____
 Maturity Assessment –Tanner Stage _____
 Other/Remarks: _____

Musculoskeletal Examination (Screening examination only)

General Posture/Gait _____
 Neck & Spine _____
 Shoulders _____
 Elbow, Wrist, Hand _____
 Hips _____
 Knees _____
 Ankles/Feet _____

Key: Normal _____
 Abnormal _____ *
 Ligament Laxity (0,1,2,3)

If Abnormal, explain below:

DETAILED EXAMINATION FOR SELECTED AREAS

Complete this section only if there is an abnormality on the musculoskeletal screening exam above, (e.g. if there is an abnormality on the screening exam of the knee only. You do not have to do all the parts of this exam section; you only have to do it when indicated. In this section, range of motion and strength should be evaluated.)

Neck

Flexion/Extension _____
 Rotation Left/Right _____
 Lateral Flexion Left/Right _____
 Axial Compression _____

Shoulder

	Right	Left
Flexion/Extension	_____	_____
Abduction/Adduction	_____	_____
Internal/External Rotation	_____	_____
Impingement Signs	_____	_____
Instability Testing	_____	_____

Knee

	Right	Left
Flexion/Extension	_____	_____
Quadriceps Tone/Symmetry	_____	_____
Patella		
Patella Tendon	_____	_____
Tracking/Subluxation	_____	_____
Tibial Tubercle	_____	_____
Medial Collateral Ligament	_____	_____
Lateral Collateral Ligament	_____	_____
Anterior Cruciate Ligament	_____	_____
Posterior Cruciate Ligament	_____	_____
Menisci	_____	_____

Lower Extremity

Flexibility/Biomechanics	Right	Left
Groin/Hip Flexors	_____	_____
Hamstring	_____	_____
Quadriceps	_____	_____
Calf/Heel Cords	_____	_____
Leg Lengths	_____	_____
Q Angle	_____	_____

Ankle

	Right	Left
Plantar Flexion	_____	_____
Dorsiflexion	_____	_____
Inversion	_____	_____
Eversion	_____	_____
Ligaments Stress Tests		
Anterior Drawer	_____	_____
Inversion/Talar Tilt	_____	_____
Foot	_____	_____

Maturity Statement for Contact Sports

Statistics indicate that there may be an increase in the number of injuries in contact sports for those students who are not of a comparable maturity level as other participants. If you think this student might be subject to potential injury because of his/her stage of development, please discuss this with him/her and/or the parent(s)/guardian(s).

Sports Certification Statement

I hereby state that I have reviewed this student's medical history and I certify that on this date I examined this student and that on the basis of this examination and the student's medical history as furnished to me, it is permissible for the student-athlete to participate as indicated below.

_____ **Cleared** for all classifications

_____ **Cleared** after completing evaluation/rehabilitation for: _____

_____ **Not cleared for:**

_____ Contact/Collision (flag football, soccer)

_____ Limited Contact (basketball, volleyball)

_____ Non Contact

_____ Strenuous (tennis)

_____ Non-Strenuous (golf)

Licensed Health Care Provider Signature

Date of Examination

Printed Name

Circle Degree: MD DO PAC CNP DC

Address

Phone

