



MEDICAL RELEASE FOR SPORTS PARTICIPATION

NAME _____ PHONE # _____

SEX: M____ F____ DATE OF BIRTH_____ GRADE _____

HT_____ WT_____ B/P_____ P_____

IS THERE HISTORY OF:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fracture	Regular medications: _____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dislocation	_____
<input type="checkbox"/> Seizures	<input type="checkbox"/> Knee Problems	_____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Joints	Date of last Tetanus shot: _____
<input type="checkbox"/> Hernia	<input type="checkbox"/> Operations	_____
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease	_____

ALLERGIES:

Pollen
 Insect
 Drugs (please list) _____
 Other (please list) _____

PHYSICAL EXAMINATION (N-NORMAL, P-PATHOLOGY)

<input type="checkbox"/> Heart	<input type="checkbox"/> Lungs
<input type="checkbox"/> Hernia	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Abnormalities
<input type="checkbox"/> Extremities	<input type="checkbox"/> Tanner Stage

Indicate any known congenital defects:

ADDITIONAL COMMENTS:

The above exam shows satisfactory condition to engage in athletic participation. YES ____ NO ____

SPORT: _____ *(circle all sports with permission to participate)* baseball volleyball basketball
 soccer swimming softball
 lacrosse track/field hockey

REASON FOR DENIAL OF PERMISSION :

Signature of Physician: _____ Date of Exam _____



PARENT PERMISSION FOR SPORTS PARTICIPATION

Student Name _____ Date _____

Name of Parent/Guardian(s) _____

Address _____

Home Phone _____ Work # _____ Cell # _____

_____ has my permission to participate in
_____ during the school year _____. He/she will be expected
(sport)
to attend all scheduled practices and games. If needed, I understand that my
son/daughter is responsible for all equipment/uniforms issued, and if any of the
equipment/uniforms issued are not returned in proper condition, I am liable for their
replacement value.

In case of an emergency and I cannot be reached, call:

Name _____ Phone _____

Relationship to student _____

or

Name _____ Phone _____

Relationship to student _____

If I cannot be reached, I give my permission for the coach or a responsible school representative to have my child treated by a physician.

My child has received a medical release to participate in _____ and
(sport)
he/she has been in good health since, having no accidents or major illnesses.

Please indicate any allergies or health conditions that we should be aware of: _____

Parent Signature _____ Date _____



SPORTS CODE OF ETHICS

PARENTS

I hereby pledge to provide positive support, care, and encouragement for all children participating in youth sports by following this Parents' Code of Ethics.

I will remember my behavior, and that of my child, represents my school and reflect its philosophy.

I will practice and encourage good sportsmanship, effort, and teamwork from players, coaches, officials, and other parents at every game and practice.

I will not place a burden on my child to win games. The purpose of youth sports is to develop physical, mental, and social skills.

I will do my very best to make youth sports fun for my child.

I will never argue with or complain about a referee's call or decision.

I will support efforts to remove verbal and physical abuse from youth sports activities.

I will refrain from being a sideline coach or referee. I will attend games to provide positive support for all players on all teams.

I will support efforts to provide an environment for my child that is free from drugs, alcohol, and tobacco. I will personally refrain from their use at all youth sports events.

I will remember the game is for the players and not for the parents.

I will ask my child to treat ALL players, coaches, fans, and officials with respect regardless of race, gender, creed, or ability.

PLAYERS

I hereby pledge to provide positive support, care, and encouragement for all children participating in youth sports by following this Players' Code of Ethics.

I will remember to start each game with a prayer and model Christian values throughout any game or practice.

I will remember my behavior, and that of my players, represent my school and reflect its philosophy.

I will practice and encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice.

I will remember that sports participation is an opportunity to learn and have FUN, not just to please my parents or coach.

I will be on time for every practice and game that I can, and will notify my coach in advance if I cannot.

I will do my very best to listen and learn from my coaches.

I will try to do my best at every practice and game, working hard to improve my skills and self-discipline, and to help my team.

I will never argue with or complain about a referee's call or decision.

I will control my temper and resist the temptation to retaliate if I feel I've been wronged.

I will treat my coaches, other players, officials, and fans with respect regardless of race, gender, creed, or abilities, and I will expect to be treated accordingly.

I will do my very best in school.

I will play using the Laws of the Game.

I have read and will follow the **Sports Code of Ethics**.

Player _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

SCHOOL SAFETY DRIVER INFORMATION SHEET

A-4

Driver

Name _____ Date of Birth _____
Address _____ Home Phone # _____

Cell Phone # _____
Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____

Year of Vehicle _____

License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each Vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy* _____

- **Please note: the minimal, acceptable liability limit for privately-owned vehicles is \$100,000 per person/\$300,000 per accident for bodily injury and \$100,000 per accident property damage (or \$300,000 combined single limit).**

Certification: I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature _____ Date _____