

Christ the King Catholic School
 1551 E Dana Ave. Mesa, AZ 85204
 (The Parent or Guardian should fill out this form with assistance from the student athlete.)

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____

Address _____ Phone _____

Personal Physician _____ Hospital Preference _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

	Yes	No		Yes	No
Have you had a medical illness or injury since your last check-up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	Do you cough, wheeze or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently being treated for an injury or condition?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on teeth or hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any prescription or non-prescription (over the counter) medications, pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies to medications? _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a strain, sprain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies to pollen, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any problems with pain or swelling in your muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box below.</i>		
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Do you get tired more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot
Have you had a severe viral infection (i.e., mononucleosis or myocarditis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your immediate family had the following conditions? Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Sudden death <input type="checkbox"/> High blood pressure <input type="checkbox"/>			Do you feel stressed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any current skin problems (itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you or have you ever used		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Smokeless tobacco <input type="checkbox"/> Cigarettes <input type="checkbox"/> Alcohol <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Recreational drugs <input type="checkbox"/>		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		
Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	When was your first menstrual period? _____		
Have you ever had a pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
			How much time do you usually have from the start of one period to the start of another? _____		
			How many periods have you had in the last year? _____		
			What was the longest time between periods last year? _____		

Explanation: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that truthful and accurate information is essential in properly determining whether the student should be cleared for athletic participation.

Signature of Parent/Guardian _____

Signature of Student Athlete _____

Date _____

ANNUAL PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____ Pulse _____ BP ____/____ (____/____. ____/____)

Vision R 20/ ____ L 20/ ____ Corrected: Y N Pupils: Equal ____ Unequal ____

NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL		
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary *		
Skin		
MUSCOLOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

*Having a third party present is recommended for the genitourinary examination.

Notes: _____

Cleared without restriction

Not cleared for: All sports Certain sports Reason: _____

Recommendations: _____

Name of Physician (print) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD / DO / NP / PA-C

Today's Date:

(To be completed by Physician)

Christ the King Catholic School
Mild Traumatic Brain Injury (MTB / Concussion)
Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all my injuries and illnesses to the school staff (e.g., coaches, Athletic Director). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and /or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

Christ the King Catholic School has provided me with specific educational materials including the CDC Concussion fact sheet.

- I have fully disclosed to the staff and my physician any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the Athletic Director.
- A concussion can affect my ability to perform everyday activities and affect my reaction time, balance, sleep and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that may result in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion, the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC, the following sports have been identified as high risk for concussion: baseball, basketball, football, soccer, softball, spirit-line and wrestling.

I represent and certify my parent/guardian and I have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian:

Print Name: _____ Signature: _____

Date: _____

Consent for EMERGENCY CARE

Christ the King Catholic School

School Year _____

As parent/guardian of _____ I do hereby give and grant to any medical doctor or hospital my consent for medical treatment for my child, in the event he/she should become ill or injured while participating in an interscholastic activity.

I understand that payment for any charges incurred are not the responsibility Christ the King Catholic School.

Family Physician

Insurance Carrier _____ Policy/Group # _____

Home Address

Home Phone

Emergency Contact Phone Number

Mother Cell _____ Work _____

Father Cell _____ Work _____

In the event that we cannot reach Mother/Father please provide two additional emergency contacts.

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent / Guardian signature

Date

Parent / Guardian Signature

Date

CYAA Sports Permission Form

Christ the King Catholic School

School Year _____

I/We, the parent(s)/guardian(s) of _____ request that my(our) child participate in the CYAA after school program at Christ the King. I understand that this will include travel to other schools and the parent/guardian is responsible for transportation.

Also, due to league fees, and the cost of officials, each participant will be asked to pay \$50.00 per sport. This is a **non-refundable** fee to those who drop out of the program, those who are suspended, or those who are ineligible due to grades or conduct.

This fee is due before the first game of each season. For a student who would like to investigate a sport they may attend beginning of the season practices without the fee, but all other paper work must be completed (Physical, Brain Trauma Acknowledgement, Codes of Conduct, Emergency Care Form).

Parent / Guardian Signature

Date

Daytime phone

Check Sports for participation:

Boys: _____ Flag Football

Boys: _____ Basketball

Boys: _____ Baseball

Girls: _____ Volleyball

Girls: _____ Softball

Girls: _____ Basketball



Christ the King Catholic School Code of Conduct – Student Athlete

All eligible student-athletes are encouraged to participate in the various CYAA activities. Students who choose to participate in CYAA activities must make a commitment to their team. To play on a CYAA school team is both a privilege and responsibility.

Any student-athlete participating in a CYAA activity is expected to:

1. Give fully of himself/herself during practice & games.
2. Be accepting of his/her honest mistakes.
3. Strive to win without placing undue pressure on self and/or teammates.
4. Recognize and respect the strengths and weaknesses of teammates.
5. Exhibit sportsmanship at ALL times – being a good winner as well as a good loser.
6. Accept the guidance of coaches.
7. Respect the decisions of officials and umpires.
8. Refrain from offensive language and actions.
9. Maintain a satisfactory academic record with no D's or F's as well as satisfactory behavior. This is a minimum standard ONLY and a parent may choose to adopt a higher standard for their student-athlete. This will provide the best learning environment for that individual student.
10. Not attend practice or games if ineligible.
11. Accept the responsibility of good behavior on campus and in the classroom at all times. Should there be a discipline notice earned, I understand it may affect my participation in sports.

I have read the Code of Conduct and agree to follow the guidelines listed above.

Student Signature

Date



**Christ the King Catholic School
Code of Conduct
Parents and Guardians**

Parents of children participating in the CYAA Program must be aware of the philosophy and guidelines as presented in the CYAA Handbook.

www.catholicschoolsphoenix.com

Parents/Guardians of student athletes are expected to:

1. Have a positive influence as spectators of the game. Parents should support coaches, officials, and players regardless of a win or loss.
2. Should be an example of cooperation and respect.
3. Refrain from offensive language and actions at all times. Taunting and/or swearing are not to be tolerated in the CYAA Sports Program. Actions of this nature will result in dismissal from activity.
4. Exhibit sportsmanship at ALL times – being a good winner as well as a good loser.
5. Respect the decisions of officials and umpires.
6. A parent/guardian who observes a coach whose behavior is not consistent with the CYAA guidelines or philosophy should make it known to the school Athletic Director, Principal, and CYAA Advisory Board in writing.
7. Understand that their child is expected to maintain satisfactory grades as listed in the Student Code of Conduct.

I have read the Code of Conduct listed above and agree to comply within established standards.

Parent Signature

Date

Parent Signature

Date