

ATHLETIC PARTICIPATION FORM

This form is to be filled out completely and filed in the Academy office before the student can participate in the school athletic programs.

Student _____ Grade _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____ Phone _____

Family Physician _____ Phone _____

 Address _____

I hereby apply for permission to play the following sports:

I certify that the information contained in this application is correct, and I agree to abide by the Academy's eligibility rules and regulations as stated in the handbook.

signature of parent

Date

PARENTAL PERMISSION

As parent or legal guardian of _____, I hereby give my consent for his/her practice and play in the athletic events listed above. I also grant permission for any treatment deemed necessary for conditions arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I agree to the need for a screening medical examination and certify that the medical history listed is accurate to the best of my knowledge. If my child's sports physical is being performed at OCA, I understand that the exam is cursory and meant to screen out physical conditions that might limit my child's ability to participate in physical activity safely, and that this physical is in no way assurance that every and all subtle medical conditions could be detected by such an exam.

signature of parent

Date

MEDICAL HISTORY
(To be completed by parents)

Student _____ Birthdate _____
Mo/Day/Year

Is there a known history of:	Yes	No
A. Birth defects (heart defect, one kidney, etc.)?	_____	_____
B. Chronic medical conditions (asthma, diabetes, hypertension, s	_____	_____
C. Medical conditions currently under treatment?	_____	_____
D. Fractures or other disabling injuries?	_____	_____
E. Any permanent deformity or disability?	_____	_____
F. Allergy (drugs, food, clothing, etc.)?	_____	_____
G. Significant chest pain during or after physical activity?	_____	_____
H. Passing out during or after physical activity?	_____	_____

Explain any above questions answered "yes": _____

SURGICAL HISTORY
(List year of surgery and procedures performed)

YEAR	PROCEDURE
_____	_____
_____	_____
_____	_____

CURRENT MEDICATIONS and DOSAGES

NOTES

EXAMINATION

Student Name _____ Date of Birth _____
Height _____ Weight _____ Blood Pressure _____ Pulse _____

Urinalysis: Protein = POS NEG Glucose = POS NEG

Visual Acuity: Right eye = ____/____ Left eye = ____/____ Both eyes = ____/____

Normal		Abnormal	Describe Abnormality
1. _____	Eyes	_____	_____
2. _____	ENT	_____	_____
3. _____	Heart	_____	_____
4. _____	Lungs	_____	_____
5. _____	Abdomen	_____	_____
6. _____	Genitalia (males)	_____	_____
7. _____	Musculoskeletal	_____	_____
8. _____	Neurological	_____	_____
9. _____	Skin	_____	_____

Other (where indicated): _____

I certify that I have examined this student and find him/her medically (qualified) (not qualified) to compete in the sports listed on reverse side.

South Carolina License Number: _____ Expiration date: _____

Doctor's Signature

Date

Address

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, or testicle.)