

TRI-CITIES CHRISTIAN SCHOOLS ATHLETIC PHYSICAL FORM

Expiration Date <i>(for Athletic Office use only)</i>

PARENTS: Form must be **COMPLETED & SIGNED BEFORE** physical is administered. Failure to do so will result in student being denied participation in tryouts, practice, and/or competition. Form must be on file in the athletic office the day before tryouts.

This is a two page form. **COMPLETE BOTH SIDES.**

I. STUDENT INFORMATION SECTION (Please Print) Sport(s) _____

Name _____ o Male o Female Date of Birth _____
 Home Phone _____ School Year _____ Grade _____
 Address _____

Parent's/Guardian's Name _____ Work Phone # _____
 Parent's/Guardian's Name _____ Work Phone # _____

<u>Check Yes or No</u>	<u>Yes</u>	<u>No</u>
Family member under 50 - heart attack or heart problems?	o	o
Medications currently being taken? What?	o	o
Medical conditions currently under treatment.	o	o
Allergies (drugs/food/clothing/medications/insects/ice)?	o	o
Have you ever had an illness, condition or injury that: required hospital overnight, emergency room, x-rays? required an operation?	o	o
caused you to see a doctor?	o	o
caused you to miss several games or practices?	o	o
Birth deformities (one eye, one kidney, etc.)?	o	o
Any permanent deformity or disability?	o	o
Mental disorder or convulsions?	o	o
Fractures or other disabling injuries?	o	o
Have you ever "passed out" or been "knocked out" ?	o	o

II. PHYSICAL BY A LICENSED STATE MEDICAL DOCTOR

Physician's Notes: _____

BP _____ Pulse _____ Height _____ Weight _____
 Skin _____ Eyes/Mouth _____
 Chest - Heart - Murmurs - Rhythm _____
 Lungs _____
 Abdominal Exam _____
 Spine _____
 Upper Ext. Left _____ Right _____
 Lower Ext. Left _____ Right _____
 Doctor's disposition: Cleared for Practice/Games _____
 Requirements _____

Physician Signature _____ Date _____
 Please Stamp Physician's Name/Address/Phone: _____

III. ATHLETIC ELIGIBILITY

A. Tri-Cities Christian Schools Policy

1. The student must maintain a Grade Point Average (GPA) of 2.0 per quarter. The student can no "F's" in a quarter. Students with known learning problems may be exceptions - Principal approval required.
2. The student must NOT be on Disciplinary Probation.
3. The student agrees that he/she will make every effort to exhibit Christ-honoring behavior in all aspects of athletic activity.

B. Tennessee Association of Christian Schools Policy

1. The student who has not reached his/her 19th birthday on or before August 1 of the participating year, who is an undergraduate student of a league member school and who is considered qualified academically and otherwise by any member school may participate in league athletic contests.

C. This application to represent Tri-Cities Christian Schools in interscholastic athletics is entirely voluntary on our part and is made with the understanding that we have read and agree with the eligibility standards. The student has met all eligibility standards and the parent gives permission for the student to participate.

IV. CONSENT FOR EMERGENCY CARE AND FINANCIAL RESPONSIBILITY

- A. Be it known that I, the undersigned parent/guardian of the applicant for interscholastic athletic participation, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an ATHLETIC ACTIVITY conducted by Tri-Cities Christian Schools. This consent is intended for the entire current school year. I/We, as parent(s) or legal guardian(s) assume full financial responsibility for such action.

- B. Tri-Cities Christian Schools and employees shall not be held liable for personal injury occurring as the result of participation in an ATHLETIC ACTIVITY.

V. TRANSPORTATION PERMISSION

Applicant has permission to:

- Ride in Tri-Cities Christian Schools provided transportation for all activities
- Drive his/her car to/from athletic practices/games
- Ride with student drivers to/from athletic practices/games

VI. INSURANCE COVERAGE

- It is understood that as a parent/legal guardian, I accept full financial responsibility regarding medical treatment.

Signature of parent / guardian_____
Date