



A RENEWANATION AFFILIATE

Athletic Handbook

Dear Athlete:

We appreciate your desire to be a part of Parkway Christian Academy athletics. We offer all registered students the opportunity to participate in a complete athletic program. This means we will seek to encourage and challenge you spiritually, physically and mentally. Our goals are outlined in this information packet, which all athletes must carefully read.

Included in this packet are the following, which must be completed properly and returned to the athletic department:

- 1. Parent Code of Conduct**
- 2. Code of Ethics-Athletes**
- 3. Warning to Athletes and Parents/Guardians**
- 4. Consent to Treat Minors**
- 5. Emergency Medical Information**
- 6. Student Accident Insurance and Athletic Participation Form**
- 7. Physician's Physical Evaluation**

We would like to encourage you to do your very best this year in all that you do in the classroom, at home, church and on the field or court. We will provide you with the opportunity to *excel*; we challenge you to make the most of the opportunity given.

God bless your year,

Troy Dixon

Troy Dixon
Athletic Director

PCA EAGLES ATHLETICS

FORWARD

Every aspect of PCA must have as its purpose to train young people to be like Christ. This is also true of the athletic program; athletics is an integral part of the process of training students for Christ. Both athletes and fans will learn many invaluable, practical lessons. It is our prayer that we will work together to make the PCA athletic program a tool in the hands of Christ - for His honor and glory.

WHAT IS CHRISTIAN ATHLETICS?

When the word Christian is used with athletics, it denotes a different style of athletics than that defined by the world.

The word Christian means Christ-like. Christian athletics, therefore, is a competitive event where the objective of the participants is to perform for Christ and bring honor to Him.

Phil. 3:12-14

What is winning? Common answers to that question are: "Defeating your opponent...Taking first place...Being the best." So this is winning? On the physical level, yes! But to the Christian there is more to victory than winning on the physical level. Being a winner from God's perspective is using and developing your abilities to the fullest potential with the purpose of glorifying God with those abilities.

I Corinthians 9:24-27

The Christian Winner's Creed: "I believe that a true winner always strives to do his best, never to the glory of self, but always to the glory of God. With the Lord's help I will strive to be a true winner today."

The Sportsman's Code of Conduct:

The Player

1. He lives clean and plays hard. He plays for the love of the game.
2. He wins without boasting, he loses without excuses, and he never quits.
3. He respects officials and accepts their decisions without arguing.
4. He never forgets that he represents the Lord, himself, his team and his school.

The Coach

1. He inspires in his athletes a love for the game and the desire to win.
2. He teaches them that it is better to lose fairly than to win unfairly.
3. He leads players and spectators to respect officials by setting a good example.
4. He is the type of person he wants his athletes to be.

The Official

1. He knows the rules.
2. He is fair and firm in all decisions. He calls plays as he sees them.
3. He treats players and coaches courteously and demands the same treatment for himself.
4. He knows the game is for athletes, and lets them have the spotlight.

The Spectator

1. He never boos a player or official.
2. He appreciates a good play, no matter who makes it.
3. He knows the school gets the blame or the praise for his conduct.
4. He recognizes the need for more sportsmen and fewer "sports."

PROGRAM

LEVELS OF PARTICIPATION OFFERED: The Board of Directors of PCA has authorized certain athletic programs for male and female students' participation in both Middle School and High School. Generally, varsity and middle school levels of participation are offered.

LEAGUE MEMBERSHIP

PCA is a full member of the VACA Conference. PCA competes in the in the South Region, Southwest District of the VACA Conference.

VACA Conference

North Region

North District

Crossroads
Fresta Valley
Leesburg
Riverfront
Shenandoah Valley

South Region

Southeast District

Faith Christian Academy
New Covenant
Temple
Timberlake
Westover

Central District

Blue Ridge
Grace Christian
Mt. Carmel
Ridgeview
Stuart Hall
United

Southwest District

Christian Heritage
Dayspring
Faith Christian School
Parkway Christian Academy
Pathway Christian School
Roanoke Valley Christian School
Southwest Va. Home School

PCA currently participates in the following sports: Fall Baseball 9-12 yr olds, Boys-Basketball, Wrestling, Golf, and Girls-Basketball.

PCA may participate in district, tri-district, and state competition.

GENERAL POLICIES

ATTENDANCE: Practice is an important aspect of team competition. Unexcused absence(s) from practice will result in ineligibility to start the next game or to play for the entire game, at the coach's discretion. Excessive unexcused absences may result in dismissal from the team. Students who miss more than ½ day of school are ineligible for participation in extra-curricular activities.

Respect for coaches is a must for effective team sports. Players may not exhibit a negative spirit toward their coach. Such action may result in expulsion from practice or the team.

SPORTSMANSHIP: Proper game conduct is important to the name of the school, but more importantly, to the name of Christ.

- a. Comments by athletes and coaches should be uplifting, positive and encouraging.
- b. Verbal abuse of athletes or referees is forbidden.
- c. Athletes must show respect for coaches and officials and may not be argumentative.
- d. Actions of athletes and coaches should set a positive, encouraging tone for the fans, etc.

- e. Discrimination against athletes or officials based on race, color, national or ethnic origin is forbidden.
- f. Conduct judged to be improper by the coach, an official, the Athletic Director, or school administration, may result in immediate benching.

UNIFORMS: A uniform will be issued to each player for the season. It is the athlete's responsibility to keep the uniform clean and in good condition. If the athlete loses the uniform assigned to them, he/she is responsible for funding the replacement cost of that uniform. Please see that the uniform is **WASHED AFTER EACH TIME IT IS WORN!** Uniforms that are not laundered after each use become stained and are not presentable to be worn for the following season and the appropriate replacement costs will be assessed. ****RETURN OF UNIFORMS: ALL UNIFORMS ISSUED MUST BE TURNED IN TO YOUR COACH ON THE LAST GAME DAY****

DRESS CODE: Students must travel to and from games in team uniforms, team warm-ups, team shirts, shirts and ties, or school dress code. Students are to look neat and clean at all times when representing PCA. **All shirts must be completely tucked in and worn at the natural waistline.** Students are not permitted to wear jewelry during practices or games.

DISCIPLINE

Students must always conduct themselves in a Christ-like manner and according to the school policies. Any athlete who participates in the possession of, or consumption of, alcoholic beverages, illicit drugs or tobacco, or who has in his/her possession drug paraphernalia, shall be automatically expelled from the team for that season.

Students are disciplined for the following:

- a. Disrespect to the coach or another adult or team member.
- b. Misconduct in the locker room at practice or during a game.
- c. Unexcused absence(s) from practice(s) or game(s).
- d. Inappropriate behavior on road trips.

When discipline is necessary, the coach will administer one of several options:

- a. Suspension from part of/all of practice(s).
- b. Suspension from one or more game(s).
- c. Suspension from the team.

Parents will be notified of all major disciplinary action either by phone or by written notice. The athletic director and the principal must sign a written notification of suspension from the team. The fee paid for participation on the sports team is not refunded if a student must leave the team for disciplinary reasons.

Students seriously violating the athletic disciplinary code may be expelled from the team after a meeting with the student's parents, coach, and athletic director.

School disciplinary action takes precedence over athletic practices or contests. Students must fulfill any discipline which is assigned after school before attending a sports practice or game.

ELIGIBILITY

To be eligible for practice, the student must be on the list of academically eligible students, and turn in their Parent Permission Forms and Physical Examination Form to the athletic office.

PHYSICAL EXAMINATION: An original physical form from the doctor's office must be on file in the office by the first practice. Prior to first practice for participation in middle school and high school sports, a student shall undergo a medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. A student shall furnish an original statement, signed by a medical authority licensed to perform a physical examination, which provides a clearance for continued athletic participation. A physical exam allows the student to play for 12 months.

Statisticians, managers, record keepers, ball boys, etc. must also have a Parent Permission Form on file in the office. They are not required to have a physical.

INSURANCE: If your student is covered by family medical insurance, please provide that information on the Consent to Medical Treatment of Minor Children. If they are not covered by family medical insurance, the school's insurance will cover your child.

The Athletic Director/Administrator will inform the coach, athlete and parents of any ineligibility due to grades or behavior.

STUDENT MEMBER OF SCHOOL: An athlete must be a regular member of the school he/she represents. A regular member is defined as a traditional student enrolled half time or more, exclusive of interscholastic athletic activities. Athletes must be registered and accepted before they turn out for a sport.

ACADEMIC ELIGIBILITY: It is a privilege to represent PCA in athletics. Each student athlete is expected to be a Godly example in the classroom, their sport (attitudes, actions, and conduct while playing the sport), and overall conduct when traveling to other schools. It is important that each student and parent understand each student athlete is here first and foremost to be a student. Any student athlete who is deemed to be a negative example for PCA will not be allowed to continue to participate in athletics.

Each student athlete will need to keep an overall minimum "C" average without any "F's" in any classes. This standard will be checked on a weekly basis beginning the first Friday after the sport begins to practice. The grades will be checked every Friday at the beginning of the day.

If a student athlete's grades fall below the minimum overall "C" average or has an "F" in a class, the student will not be able to participate in any way with the athletic team until the grades meet the standard again. This means that if the student athlete's grades fall below the standard the student athlete cannot practice, play in games, or travel with the team to the games. The period of ineligibility is from Friday to Friday.

It is the student athlete's responsibility to have all homework, tests, quizzes, etc. taken before the grades are checked on Friday afternoon. No student athlete will be allowed to do make-up work after the grades have been checked to change the result of the grade check.

ELIGIBILITY FOR ATHLETIC AWARDS

GENERAL REQUIREMENTS: Award recipients must be of high Christian character. If injured, the quarter requirements will be pro-rated. The athlete must attend all the games.

A student may not have been suspended or been involved in any serious school disciplinary action, or he/she may not have received any other serious team disciplinary action.

Coaches may, at their discretion, recommend for awards students who have not met the specific requirements, but have shown dependability, determination and effort in all practices and games. The athletic director gives final approval for this exception.

LETTER AWARD: All students playing on Varsity Level teams may receive a letter as outlined below:
Athletes not eligible for letters (i.e. Middle School athletes and those not meeting specific requirements) will receive a certificate of participation.)

A student must finish the season and be enrolled as a full-time student at the time of presentation to be eligible for a letter.

A student enrolling late in the season must participate for at least 50% of the season to be eligible for a letter and for post-season competition.

Letters will be awarded to those who meet specific requirements for the given sport.

If they fulfill the other general requirements, seniors are eligible for letters regardless of specific requirements if the coach deems them eligible.

Letters are given as follows:

1st year of eligibility - letter and emblem

2nd year of eligibility – stripe/bar

3rd year of eligibility – stripe/bar

4th year of eligibility – stripe/bar

SPECIFIC REQUIREMENTS: Middle School athletes and Intramural sports participants will not receive letter awards, but will receive a certificate of participation

Basketball: The athlete must compete in at least 50% of the game quarters to be eligible. The athlete must not have more than one technical foul (sportsmanship related).

ATHLETIC AWARDS

GENERAL REQUIREMENTS: Awards presented in each sport are: Most Valuable Player, Coaches, and Inspirational. Other awards are allowed with the approval of the athletic director.

Team and Individual Scholastic Awards are presented for eligible candidates.

SPECIFIC REQUIREMENTS:

Coach's Award: given to the athlete who has a coachable spirit in practice and games, seeks out advice on how to improve his/her skills, and is just a pleasure to coach.

Most Valuable Player: given to the athlete who makes the team and those around him the best that they can possibly be.

Inspirational Award: given to the athlete exhibiting an underlying spirit characterized by hard work and cooperation with the coach and team individuals throughout the year. This athlete exhibits the ideals and spirit of PCA athletics.

Athlete of the Year: recipients must demonstrate leadership qualities in Christian life, academics and athletics. He/she must be a born-again Christian, active in a local church, demonstrate outstanding citizenship, have at least a 3.0 cumulative grade point average, and letter in at least two sports. The Athlete of the Year award is chosen by the coaches in committee with the Athletic Director; the principal gives final approval. In the event there are no qualified recipients, no award will be given. The athlete must not have any serious misconduct incidents or a history of referrals.

TRANSPORTATION

All athletes will ride PCA transportation to games. They also will ride PCA transportation home unless they go home with their own parent. Coaches are responsible to provide supervision for their players on all bus rides, to ensure safety and appropriate behavior.

Permission for non-athletes to attend away games: A special permission slip has been designed for high school students who wish to attend away games held during school hours.

The permission slip(available in the school office) must be signed by the parent, all of the teachers of classes that will be missed, the athletic director, coach, supervising adult and principal. The principal will be last person to sign. **COACHES MAY NOT ALLOW ANY NON-ATHLETE STUDENT WHO DOES NOT HAVE A COMPLETELY SIGNED FORM TO ATTEND AN AWAY GAME.** The person who signs as supervisor is assuming the legal responsibility for the student's health and safety. Students will be charged a small fee for transportation. Alumni over the age of 18 may ride without parent permission or charge.

When using school transportation to away games, girls and boys will not be allowed to sit together. Students must follow rules and sit facing the front or to the side, never standing or facing backwards while bus is in motion.

Athletes may drive their own cars to practice with parent permission. Athletes may not transport other athletes/friends to/from practice.

Parent Code of Conduct

Form 1 of 7

PRE-SEASON PARENT MEETINGS

It is mandatory that each coach (with the assistance of the Athletic Director) holds a meeting with parents and prospective players for his/her team in the pre-season. This will afford the players' parents the opportunity to get to know each other, the coach and the support staff. This will also provide the Athletic Director and the coach the opportunity to communicate any special rules or guidelines he/she may have for their team and anticipated expenses for the parents in that sport. **This is a mandatory meeting for parents. Athletes are not to attend.**

PARENT GUIDE You can play an essential role in helping your child learn the values of winning and losing. Below are some suggested topics you can discuss with your child in these situations.

Values of Winning Help your child learn the values of winning by: Offering congratulations for winning, and identifying and discussing the efforts made by individuals and the team; Recognizing the improvement and growth of both individuals and the team; Emphasizing competitiveness and doing one's best.

Values of Losing Help your child learn from losing experiences by: Crediting the other team; Crediting the play of his/her opponent; Focusing on improvement by individuals and team; Discussing what was successful; Discussing what, if anything, individuals or the team could have done differently; Accepting the loss, setting individual goals, and moving forward.

Conduct: The importance of parents behaving as model spectators cannot be overstated. Parent who support the rules of conduct as defined on the back cover of this guide provide a role model for other parents and students alike. Of particular concern are parents who harass officials or make comments in the stands regarding judgment decisions made by the coach. This is counterproductive and tends to destroy the values of good sportsmanship and the game.

Issue or Concerns What are appropriate issues to discuss with the coach? This is often the question many parents have when their children are participating in sports.

Parents Are Encouraged to Discuss:

1. The treatment of their child
2. Ways to help their child improve
3. Concerns about their child's behavior
4. Coaches' philosophy
5. Coaches' expectations for their child and the team
6. Team rules and requirements
7. Sanctions incurred by their child
8. Scheduling
9. College participation

Parents are Not Encouraged to Discuss:

1. Placement on teams
2. Playing time
3. Strategies used by the coach during contests
4. Other student athletes

Special Note: It is very difficult to accept that your child is not playing as much as you hoped he or she would. Coaches are professionals. They make judgment decisions based on what they believe to be in the best interest of the team. The coach must take into account all members of the team, not just your son or daughter.

Coach or Program Complaints: It is imperative that parents respect the position of the coach and direct any concerns to the coach first. If you wish to discuss a problem or issue concerning your child, begin by contacting his/her coach. Often the problem or issue is resolved at this level

Steps for Resolution

1. First contact the coach
2. Contact the A.D.
3. Lastly, contact the Senior School Administrator

Productive Communication Please make an appointment to speak with the coach prior to, or after game day, for productive communication.

I agree to comply with the above policies and procedures.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

CODE OF ETHICS – ATHLETES

Form 2 of 7

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

Signature of Parent

Date

Signature of Student Athlete

Date

Athlete's Name Printed

A copy of this form must be kept on file in the Athletic Director's Office at the local high school on an annual basis.

WARNING TO ATHLETES & PARENTS/GUARDIANS

Form 3 of 7

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, transportation and numerous other exposures to risk of injury. Students and parents must assess the risks involved in such participation and make their choice to participate, in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students **must** adhere to that instruction and utilization and **must** refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious catastrophic or even fatal injury. If any of the foregoing is not completely understood, please contact your school principal for further information.

Student's Name _____

Sports _____/_____/_____

OUR SIGNATURES BELOW WILL ACKNOWLEDGE THAT WE UNDERSTAND AND HAVE READ THE MATERIAL CONTAINED IN THE WARNING TO ATHLETES & PARENTS/GUARDIAN AND GIVE PERMISSION FOR OUR STUDENT TO PARTICIPATE IN ATHLETICS AND BE TRANSPORTED, USING SCHOOL PROVIDED TRANSPORTATION.

Signature _____ date _____ Signature _____ date _____

Parent/Guardian Consent to Medical Care and Treatment of Minor Children

Form 4 of 7

Should an injury be sustained by your student, every effort will be made to contact the parent(s)/guardian immediately. Should the nature of the injury require immediate attention at a medical facility, the student will be transferred to the nearest facility in the best way possible for treatment and the parent(s)/guardian will then be contacted.

Hospitals may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents/guardians are not readily available to consent. Therefore, all parents must sign the Consent to Medical Care and Treatment of Minor Children below. In case of a medical emergency, this form will be taken with the child to the hospital.

I, _____, (please print) the natural parent/legal guardian

of _____, (please print) authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

****SIGNATURE OF ONE or BOTH PARENTS (if available) REQUIRED****

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Witness other than a family member

Emergency Medical Information

Form 5 of 7

Student's Name: _____ Male/Female

Date of Birth: _____ (circle one)

Allergies and Drug Reactions: _____

Chronic Illnesses: _____

Regular Medications: _____

Any previous/ongoing health problem: _____

Date of Last Tetanus Immunization: _____

Other Pertinent Data: _____

Student's Physician Name: _____

Physician's Phone Number: _____

Parent/Guardian's Address: _____

Parent/Guardian's Work Phone Number: _____

Dad Mom

Parent/Guardian's Home Phone Number: _____

Dad Mom

Parent/Guardian's Cell/Other Phone Number: _____

Dad Mom

Please provide your child's insurance information. If your child does not have insurance, please note that here. It will not affect your child's participation.

Name of Insurance Company: _____

Policy or Group Number: _____ Subscriber Name: _____

Should your child require emergency treatment, is there a preferred clinic, hospital or doctor?

Name of Doctor

Address

Phone

Name of Hospital

Address

Phone

Emergency Phone Numbers, other than parent: (we must have at least two)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Student Accident Insurance & Athletic Participation Form

Form 6 of 7

STUDENT NAME: _____ GRADE: _____

PARENTS: Please read the important information that follows. Your signature on this form releases your student for participation in Parkway Christian athletics and indicates your understanding of the conditions by which students will be permitted to participate.

I. PARKWAY CHRISTIAN ACADEMY ACADEMIC ELIGIBILITY REQUIREMENTS:

Not less than a 2.0 ("C") Grade Point Average (GPA) in previous grading period with no more than 1 "F", while working toward required graduation courses.

II. INSURANCE:

Although Parkway Christian Academy provides secondary medical coverage for all of our athletes, please provide the following insurance information as evidence of your student's existing medical coverage.

I have private insurance:

Name of Insurance Provider: _____ Policy No.: _____

Insured's Employer (If Group Plan) _____

III. AGE AND RESIDENCE STATEMENT:

Age: _____ Date of Birth: _____ Grade (Aug 08): _____

Has student attended any other high school than PCA? Yes No Name of School: _____

From _____ to _____ (Dates) City/State: _____

Did student participate in sports? Yes No If yes, which sports? _____

IV. PHYSICAL

An annual physical exam is required for a student to participate in interscholastic authorized school practice sessions, preseason try-outs and summer programs in any sport.

I have read this form and will abide by its provisions. I hereby give my consent for the above-named student to participate in sports including regularly scheduled trips by supervised school transportation. I certify that all information provided on this form is accurate and understand that Parkway Christian Academy shares no responsibility in the payment of medical fees incurred by injuries to participants in its athletics program. I will keep the insurance named in force during the time my student tries out, practices, or competes in athletics. I agree to be responsible for the safe return of all school equipment issued to the student, and I will pay for articles lost or damaged beyond normal use.

Signature of Parent or Guardian _____ Date _____

Athlete Contract

I, _____ understand all rules and regulations set down in this athletic handbook of the athletic department at PCA. I understand that if I break training or any of the governing rules of my sport, during the school year or at any other time (i.e. summer programs, summer leagues, tournaments, etc.), I am subject to dismissal from that sport. It is my responsibility to get from each coach the rules for that particular sport.

Signature of Student _____ Date _____

Physician's Certificate for Participation in School Sports

Form 7 of 7

Name of Student: _____ School Year: _____

Height: _____ Weight: _____ Sex: _____ Age: _____ Grade: _____

Sports to Participate in: _____

Eyes _____ Peripheral pulses _____

Ears _____ Cervical spine/neck _____

Nose _____ Back _____

Throat _____ Shoulders _____

Teeth _____ Arm/elbow/wrist/hand _____

Skin _____ Knee/hips _____

Lymphatic's _____ Ankles/feet _____

Heart _____ BP _____

Lungs _____ Pulse (rest) _____

Abdomen _____ (exercise) _____

Genitalia/hernia _____ Urinalysis _____

Please List:
Physical Limitations: _____

Allergies: _____

Is student presently taking medication? _____ If so, what type? _____

Significant past illness or injury: _____

Comments, Special Problems, etc.: _____

I certify that _____ (name of student) was examined and is physically fit to actively participate in after-school sports programs at Parkway Christian Academy.

Physician Signature: _____, M.D. Date: _____

Physician Name (please print): _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Medical History

This form should be completed by patient. The physician will review the answers with you.

- | | Yes | No |
|--|-------|-------|
| 1. Have you ever had any of the following?----- | _____ | _____ |
| heart murmur----- | _____ | _____ |
| high blood pressure----- | _____ | _____ |
| other heart problems----- | _____ | _____ |
| broken bones----- | _____ | _____ |
| weak joints-ankles, knees----- | _____ | _____ |
| concussion----- | _____ | _____ |
| operation----- | _____ | _____ |
| seizures or epilepsy----- | _____ | _____ |
| 2. Have you ever fainted or passed out?----- | _____ | _____ |
| 3. Have you ever been knocked out?----- | _____ | _____ |
| 4. Have you ever been hospitalized?----- | _____ | _____ |
| 5. Have you ever been had to stop exercising because of chest pain or shortness of breath? | _____ | _____ |
| 6. Have you ever had significant allergies?----- | _____ | _____ |
| hay fever----- | _____ | _____ |
| asthma----- | _____ | _____ |
| bee stings----- | _____ | _____ |
| foods----- | _____ | _____ |
| medications----- | _____ | _____ |
| 7. Do you take any medicine regularly?----- | _____ | _____ |

- 8. Have you had any illness lasting a week or more?----- _____
- 9. Have you had any blood disorders?----- _____
- 10. Has any family member had a heart attack, heart problems or other sudden death
before age 50?----- _____
- 11. Do you wear contact lenses; eye glasses or dental appliances?----- _____
- 12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc. ? _____
- 13. Menstrual History:
 - (a) What age started/stopped?----- _____
 - (b) Do you have any menstrual problems?----- _____
- 14. DATE OF LAST TETANUS IMMUNIZATION _____

Please explain any yes answers from above: _____

I certify that the above information is true and correct.

 Signature of Patient (Guardian)

Date: _____