

STUDENT ATHLETE FORMS PACKET





SPORTS MEDICINE



REQUIRED FORMS AND TESTS TO BE COMPLETED PRIOR TO FIRST PRACTICE

In order to participate in any athletic sport every athlete in grades 7-12 must complete the following forms and tests and return them to **Coach Hutson, Head Athletic Trainer** prior to the first practice. Athletes will not be allowed to participate until all forms and tests are completed and returned.

- Student Acknowledgement of Rules (signed by student athlete and parent every year)
- Physical Evaluation and Medical History Form (to be completed by parent every year)
- Pre-participation Physical Evaluation Physical Examination (to be completed by physician every year)
- Screenings Form – required only for 7th, 9th and ALL NEW STUDENTS
- Contract and Consent Form (Regarding alcohol, tobacco, and substances) (signed by student athlete and parent every year)
- ImPACT Baseline concussion test (to be completed once in 7th/8th grade and once in HS)

ALL FORMS AND TEST INSTRUCTIONS CAN BE FOUND ON myParishConnection ATHLETICS WEBPAGE UNDER FORMS AND DOCUMENTS OR THE SPORTS MEDICINE TEAM PAGE

Parent

- I hereby give my consent for the above named student to compete in TAPPS approved contests and travel with the director or other representative of the school on trips. Neither TAPPS nor the member school assumes any responsibility in the case of accident or injury.
- I hereby agree to be responsible for the safe return of all equipment owned by the school and issued to the above named student.
- I understand that even though protective equipment is worn by the student athlete where needed, the possibility of accidental injury remains. Neither TAPPS, TAPPS Representatives nor the TAPPS member school assumes responsibility should an accident occur.
- If, in the judgment of the school, the above named student requires immediate care and treatment as the result of injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative; and do hereby indemnify and save harmless, TAPPS, TAPPS Staff, TAPPS Executive Board, TAPPS Executive Committees, TAPPS Representatives, the member school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.
- I understand that I may film or video any game in which my son/daughter participates, but the film or video may not be viewed by the athletes, school representatives or coaches until such time as the contest is concluded. Any such video will not be used to review actions or officials' decisions.**
- I understand that I cannot film or video any contest in which my son or daughter is not participating without the written permission of both schools involved in such contest. Violation of this policy may result in sanctions against the student athlete and school.
- I understand that if my son/daughter is ejected or removed from a contest that sanctions will be imposed. These sanctions include the following:

First Ejection: \$50.00 fine assessed to the member school	Second Ejection: Minimum \$100.00 fine
Minimum one (1) game suspension	Minimum two (2) game suspension
- I understand that if the ejection or removal from the contest occurs in a playoff contest, the minimum penalty will be as follows: \$150.00 fine assessed to the school and a minimum one (1) game suspension to be served at the next playoff game or carried forward to the first contest the following year.
- I attest that my son / daughter will abide by all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest Rules.
- I understand that if my son / daughter is not in compliance with all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest Rules, my son / daughter, the school team and the TAPPS member school may be subject to sanctions and penalty.
- I understand in accordance with the TAPPS By-Laws that the burden of proof in establishing the eligibility of my son / daughter rests with me.
- In the event of an investigation I will provide all documentation requested and authorize the member school to release all documentation requested by TAPPS.
- I understand that a Medical History Form and Physical Examination must be completed each year prior to participation in practice or contests.**
- I will report my son / daughter's injury and illness to the school.
- I will review and have my son / daughter review the following information on the TAPPS Education page found at www.tapps.net:**

Fan Behavior – Parent

Fan Behavior – Student

I understand that the executive management, control and final authority of this association (TAPPS) rests with the TAPPS Executive Board.

We hereby attest that the information presented on this form is correct as indicated by initials or checkmarks beside each item. We understand that failure to provide accurate and truthful information could result in sanctions and penalties to the student, team and member school.

Student Signature / Date

Parent / Guardian Signature / Date



PHYSICAL EVALUATION AND MEDICAL HISTORY



This PHYSICAL EVALUATION AND MEDICAL HISTORY FORM must be completed annually by parent (or guardian) student in order for the student to participate in Parish Episcopal School and or T APSS sponsored athletic activities.

STUDENT NAME (PRINT) _____ GENDER: _____ AGE: ____ DATE OF BIRTH ____/____/____

HOME ADDRESS: _____

HOME PHONE: _____ PARENT CELL: _____

GRADE LEVEL: _____ SCHOOL YEAR: _____

PERSONAL PHYSICIAN: _____ PHYSICIAN PHONE: _____

In case of emergency contact:

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required annually before any participation in Parish Episcopal School and or TAPPS sponsored athletic practices, games or matches.

Table with 4 columns: Question, YES, NO, YES, NO. Contains 49 medical questions and a body part checklist.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the Texas Association of Parochial Schools, nor the Parish Episcopal School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless Parish Episcopal School, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness of injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

Student Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Parent Signature: _____ Date: _____

For school use only

The Medical History Form reviewed by: Name: _____ Date: _____



PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION



STUDENT NAME (PRINT): _____
 GENDER: _____ AGE: _____ DATE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ % BODY FAT: _____
 PULSE: _____ BLOOD PRESSURE: ____/____ (____/____/____)

Brachial blood pressure while sitting

VISION: R 20/____ L 20/____ CORRECTED: YES____ NO____ PUPILS: EQUAL____ UNEQUAL:____

In keeping with the requirements of the Texas Association of Private and Parochial Schools, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation in the first and third years of high school. This form must be completed if there are yes answers to specific questions on the student's annual **MEDICAL HISTORY FORM**.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart- Auscultation of the heart in supine position			
Heart – Auscultation of the heart in standing position			
Heart – Lower Extremity Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			

*Initials for station –based examination only

MUSULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			
Other			

CLEARANCE

- Cleared for participation
- Cleared for participation after completing evaluation/ rehabilitation for: _____
- Not cleared for participation

Recommendations: _____

Provider Name: _____ Date of Examination: _____
 Provider Signature: _____
 Provider Address: _____
 Provider Phone Number: _____



SPORTS MEDICINE

2012-2013 School Year

Required Screenings for Athletes going into 7th, 9th, and ALL NEW STUDENTS only
(This form to be completed by a physician along with the required Physical & Medical History Form)

The following screenings are required by the Texas Department of State Health Services. The required Physical & Medical History Form must also be completed by a physician and returned to the athletic trainer before the athlete is allowed to participate in any sport.

- *VISION/HEARING: required for 7th & All New Student Athletes*
- *ACANTHIOS NIGRICANS: required for 7th & All New Student Athletes*
- *SPINAL: required for 9th & All New Student Athletes*

Student Name _____ Gender ____ Grade 2012-13 _____
Date of Birth _____

VISION/HEARING SCREEN required for 7th grade & All New Students

Vision: Right Eye 20/____ Pass _____ Fail _____
Left Eye 20/____ Pass _____ Fail _____

Screened with glasses/contacts? _____ Referral? _____

Hearing: Right Ear _____ Pass _____ Fail _____
Left Ear _____ Pass _____ Fail _____

Screened with Hearing Aids? _____ Referral? _____

ACANTHOSIS NIGRICANS SCREEN required for 7th grade & All New Students

Results: POSITIVE _____ NEGATIVE _____

SPINAL SCREEN required in 9th & All New Students

Spinal: Normal ____ Abnormal ____ Referral? _____

Physician Signature _____ Date _____

Parish Episcopal School



Parish Athletics

Contract & Consent Form

(Regarding Alcohol, Tobacco and Substances)

This form must be completed and signed before the Student-Athlete will be permitted to participate in extracurricular sports & related activities. The completed form will be kept on file at the School. The Contract & Consent Form is binding for twelve months from the signing date.

As a Parish Student-Athlete, I, (please print name) _____, pledge not to use Alcohol, Tobacco, or Illegal Drugs.

I further pledge to not misuse Prescription Drugs.

I further pledge to not use Anabolic Steroids or any other Illegal Performance Enhancing Drugs.

As a participant in any Parish event, I hereby grant permission to be tested for substance use/abuse/misuse, as detailed above.

I understand that participation in extracurricular sports & related activities is a privilege and not a right, and I understand that my actions reflect on my position as a Parish Student-Athlete, and my actions, whether good or bad, are a direct reflection on the entire school community.

I also agree to reach out to any classmate that I believe may have a problem with any of the above mentioned substances by notifying teachers, coaches, counselors, or administrators.

I fully understand that any violation of this contract may result in disciplinary action, up to and including suspension and expulsion from my extracurricular sports & related activities participation.

Parent/Guardian: (sign) _____ Date: _____

Student-Athlete: (sign) _____ Date: _____

Student-Athlete: (print) _____

Rev. 10.4.11



Parish Episcopal School - ImPACT Test Instructions

- *Test must be taken with a MOUSE, preferably on a desktop.*
- *Environment must be FREE FROM DISTRACTIONS (No TV, No CELL PHONES).*
- *You cannot pass or fail this test – its an individualized measurement.*
- *Testing time is about 45 minutes.*

- 1) Go to the link: <http://www.impacttestonline.com/benhogan>
- 2) Enter the following customer code **JMGG46676W**
- 3) Click on “**Launch Baseline Test**”
- 4) Click on “**English**” or “**Spanish**” (choose the language that is most comfortable for you)
- 5) Read the instructions: “**Before you begin...**” then click “**next**”.
- 6) Read: “**The ImPACT testing process is made up of three components...**” then click “**next**”
- 7) Click the circle next to “**unsupervised**”
- 8) In the “**School/Organization**” box click on the down arrow and select “**Parish Episcopal School**”
- 9) Fill in your date of birth
- 10) Continue filling in your information and begin the exam.
- 11) **DIRECTIONS ARE LISTED AT THE BEGINNING OF EACH MODULE – READ CAREFULLY. INSTRUCTIONS ARE NOT TIMED, BUT MOST MODULES ARE.**

For questions or more information, please contact Jimmy Hutson 972-852-8780.