



**ATHLETIC PARTICIPATION FORM 2009-2010**

**DATE** \_\_\_\_\_

Check which sports you would like to participate in this school year:

- Volleyball    Basketball    Track    Cross Country    Cheer Team    Tennis
- Lacrosse    Wrestling    Golf    8-Man Football    Soccer

Athlete's Name: \_\_\_\_\_ Grade \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Health Care Information**

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Ph #: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group/Plan #: \_\_\_\_\_

My student athlete has permission to participate in competitive sports for King's Way Christian Schools and to attend activities related to those sports. While it is expected that reasonable precautions to avoid injury will be exercised by the coach and staff, I acknowledge that neither the school nor the coach are liable in any way should injury occur. I also acknowledge that each athlete is to be covered by medical insurance at all times provided by the parent/guardian while participating in KWCS sports.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TRAVEL CONSENT AND RELEASE

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King's Way Christian Schools relies at times on parents for transportation to and from athletic events that occur during school hours as well as non-school times, such as after school, weekends and holidays.

By signing this waiver, I authorize my student/athlete, \_\_\_\_\_, to travel in a private automobile to athletic events and practices during the \_\_\_\_\_ season. In the absence of this signed waiver, I acknowledge that I will be solely responsible for transporting my child to and from these activities.

I further acknowledge that King's Way Christian School, its employees or agents, has no responsibility to supervise the transportation of my student/athlete or to exercise supervision and control over my child when not in attendance at the designated activity.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



ATHLETIC MEDICAL FORM

DATE \_\_\_\_\_

**SPORTS PHYSICAL FORM**

TO BE COMPLETED BY PHYSICIAN

(SPORTS PHYSICAL IS GOOD FOR 2 SCHOOL YEARS)

Athlete's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: Male Female Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

BP: \_\_\_\_\_

Physical Exam:	Satisfactory	Unsatisfactory	Comment
<b>Respiratory:</b>	_____	_____	_____
<b>Cardiovascular:</b>	_____	_____	_____
<b>Neurological:</b>	_____	_____	_____
<b>Extremities:</b>	_____	_____	_____
<b>Teeth:</b>	_____	_____	_____
<b>Hearing:</b>	_____	_____	_____
<b>Orthopedic:</b>	_____	_____	_____
<b>Vision:</b>	_____	_____	_____
<b>Skin:</b>	_____	_____	_____

**Any significant illness or injury:** \_\_\_\_\_

I have examined this student athlete today and authorize him/her to engage in strenuous physical activity at King's Way Christian Schools. There are no restrictions to this athlete's participation at this time.

**Physician's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

**PARENT MEDICAL CHECKLIST 2009 - 2010**
**DATE** \_\_\_\_\_

TO BE COMPLETED BY PARENT

Please complete the following information as it pertains to your student athlete, including any medical conditions that might impact your child's participation.

I, the parent, will obtain a sports physical for my son/daughter to certify that my child is physically able to compete in athletic programs at King's Way Christian Schools.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Student Athlete's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Check the following information concerning your student:

	YES	NO	Please explain each YES
1. Concussions			
2. Neck Injury			
3. Heart Illness			
4. Respiratory			
5. Vision			
6. Asthma			
Inhaler Required?			
7. Allergies:			
Bee			
Peanut			
Other			
8. Hearing			
9. Diabetes			
10. Epilepsy			

 Please **circle** the following illness(es) and note **the year** your child was affected:

Pneumonia \_\_\_\_\_ Malaria \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Tonsils \_\_\_\_\_ Hernia \_\_\_\_\_ German Measles \_\_\_\_\_

Red Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Kidney Disease \_\_\_\_\_

Chickenpox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Other: \_\_\_\_\_

King's Way Christian Schools  
Concussion Information Sheet

**---- Required Signature on Back ----**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

## King's Way Christian Schools Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns to soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:-

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

King's Way Christian Schools  
Concussion Information Sheet

Student-athlete Name Printed

Student-athlete Signature

Date

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Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date