

the year.

After School Sports Participation Form

Insurance Waiver, Emergency Release, Physical Exam

GIG HARBOR						
Student's Name:		School Year: 2011-2012				
Address:		City/State:				
Date of Birth:	Age:	Grade:	Home Phone:			
(Father) Work/Cell No.:		<u>(</u> N	lother) Work/Cell No			
Preferred Hospital:		Medical Insurance:				
Insured's Name:	Policy Num	ber:	Group Nu	nber:		
I, the undersigned, understar he/she is covered by accider many risks of injury including damage, paraplegia, quadrip impairment to other aspec accident/health insurance w policies cover interscholastic any injury my son or daugh athletic program.	nt/health insurance but not limited to legia, serious injusts of my son's which will cover into athletics.) I, the legions.	e. I further unde o serious neck and ry to virtually any or daughter's botterscholastic athle undersigned, acce	rstand that participation d/or spinal cord injuries of organs and/or bones, depty, general health and etics. (Please check your upt full responsibility for t	in all sports can involve which may result in brain eath, or serious injury or well-being. We have policy carefully. Not all the cost of treatment for		
I,interscholastic athletics during School and/or authorized em received by my son or daugh further agree that Lighthous will not be held responsible authorize the team physician the event of injury, to admir surgeon, he deems necessary	ng the school year inployees or volunt ther while engage se Christian School for payment of m in or, in his absence inister emergency of to insure proper of	rs of 2011-2012 a teers of said school d in athletic activ I, authorized emp nedical services re e, a qualified phys care and to arrang care of any injury.	and 2012-2013. I agree to shall not be held liable ities sponsored by Lighth loyees, board members sulting from such accide ician to examine the above	that Lighthouse Christian for accidents or injuries house Christian School. I or student organizations nts or injuries. I hereby we named athlete and, in		
I understand that the dange				e but are not limited to		
those risks listed above. I athletics. I also recognize regarding techniques, trainin that as a representative of L Jesus Christ, I must maintain reflect the utmost level of Ch uphold the following behavio	have read the ab the importance of and other team lighthouse Christia the highest stand oristian commitme	oove and recognize of cheerfully and rules, etc. and again School, the contacts of personal data. As an assurant	te the dangers of partici I respectfully following ree to obey such instructi nmunity of Gig Harbor, a lecorum, sportsmanship,	pating in interscholastic the coach's instructions on. I further understand nd the Body of our Lord fairness and grace which		
1. I will hold a 70% average	-					
			ne is scheduled. Excepti legal appointments or			
3. I will attend all practices	-		d absence has been arran	-		
	-	_	ited may result in disciplin	-		
4. I understand that I will signed release from my		participate if I am	injured until I provide th	e athletic director with a		
5. I will strive to be a posit		model.				

Parent Signature: _____Student Signature: _____

6. I understand that illegal use, possession or sale of any drugs tobacco or alcohol whether at school, home or in the community is reprehensible and grounds for immediate expulsion from all extracurricular activities for

Sports Physical Examination (To be completed by physician)

Name:				Age:	Exam Date:
ʻulse:	Height:	Blood Pressure:	Weight:	Visual Acuity: Left 20	/Right 20/
Normal	Hood	Abnormal			
	Head				
	Eyes (pupils), ENT	·			
	Teeth				
	Chest				
	Lungs				
	Heart				
	Abdomen	-			
	Genitalia				_
	Neurologic				
	Skin				
	Physical Maturity				
	Spine, Back				
	Shoulders, Upper	extremities			
	Lower extremities				
	nt: 🗆 Full participd participd participation and		ontraindicated (describe limitations and/c	r restrictions below)
st Recom	nmendations (equip	ment, taping, rehabilita	ation, etc.)		
				Urinalysis:	Optional
				Body Fat %:	
hysician'	s Signature:			НСТ:	
Physician's Signature:			===	ax:	
		Date:		A !	
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Pre-participation History and Physical Examination

This form is not required as long as the conditions of 18.13.0 are met.

Name:		Birth Date:	Exam Date:					
Address:_		City:	Zip:					
Phone:		Cell:	Sport:					
		History						
Yes	No							
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· ···		Have you had any problem with your eyes or vision? Do you wear any dental appliance such as braces, bridge, plate of	r retainer?					
		Do you wear any dental appliance such as braces, bridge, plate or retainer? Have you ever had a knee injury?						
		Have you ever had an ankle injury?						
		Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?						
.9								
.o								
		Must you use special equipment for competition (pads, braces, neck roll, etc.)?						
32								
		Are you worried about your weight?						
		Females: Have you any menstrual problems?						
		Have you any medical concerns about participating in your sport?						
		******Athlete Should Not Write Below This L						
Examiner'	s con	nments on all YES answers (refer to question number):						