

Athletic Participation Fee Form

To: Parents and Athletes

From: Athletic Director

Date: _____

Rationale

The payment of a participation fee is necessary for the Athletic Department to continue to offer this activity as a part of the athletic program. This fee must be paid by the first day of participation by the athlete so the budgetary obligations associated with this activity can be met.

Guarantee

The payment of this fee **does not** guarantee the athlete game participation time. Playing time is at the coach's discretion. Athletes who quit or are dismissed for disciplinary reasons **will not** have the Participation Fee refunded.

Fee

The fee for **each** sport is \$40 for student of Heritage Christian School. Please make all checks payable to Heritage Christian School.

Uniform Contract

The student athlete will be issued a school uniform at the beginning of the season. At the end of the season the student is responsible to return it, cleaned and in good repair. If a school issued uniform is lost or not returned, parents will be billed for the cost of replacing the uniform.

Athlete's Name

Sport

These forms must be turned in by the first day of practice:

_____ Fee

_____ Athletic Contract

_____ Insurance Waiver

_____ Emergency Medical Authorization

_____ Physical

Insurance Waiver

Purpose:

Every student athlete must present a completed Insurance Waiver or verification of school insurance in order to practice or take part in interscholastic athletics. This form is a statement from parents indicating they do not have school insurance.

_____ IS NOT COVERED BY SCHOOLS INSURANCE.
(Please **print** athlete's name.)

IT IS OUR UNDERSTANDING THAT **HERITAGE CHRISTIAN SCHOOL**, ITS ATHLETIC DEPARTMENT, AND ITS BOARD OF DIRECTORS WILL NOT ASSUME THE RESPONSIBILITY OR OBLIGATION FOR ANY MEDICAL BILLS OR DEBTS RESULTING FROM ANY INJURY TO THE ABOVE NAMED PLAYER WHILE PRACTICING OR PLAYING IN ANY PRACTICE SESSION, SCRIMMAGE, OR CONTEST.

Please check the appropriate space below:

_____ We do have private insurance for this athlete.

_____ We do **not** have private insurance for this athlete.

_____ Name of Insurance Company

_____ Policy Number

_____ Date _____
Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Street Address

City, State, Zip

Telephone

Part I – Emergency Medical Authorization

Purpose:

For parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

For: _____
Name of Athlete

Address _____

City/State/Zip _____

Phone _____

Name of School: Heritage Christian School

Parent/Legal Guardian _____

Work Telephone # _____

In the event reasonable attempts to contact me _____
(parent/guardian) are unsuccessful, I (We), the undersigned parent/legal guardian of _____, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Our preferred physician is _____ whose phone # is _____.

Our preferred dentist is _____ whose phone # is _____.

Our preferred hospital is _____.

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic director or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

Signature of Parent/Legal Guardian Date _____

List of restrictions/physical impairments:

List of special medication taken by child:

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male ___ Female ___ Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Date _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)

	Yes	No			Yes	No	
1.	_____	_____	Allergies to medication, pollen, stinging insects, food, etc.?	20.	_____	_____	Head injury, concussion, unconsciousness?
2.	_____	_____	Any illness lasting more than one (1) week?	21.	_____	_____	Headache, memory loss, or confusion with contact?
3.	_____	_____	Asthma or difficulty breathing during exercise?	22.	_____	_____	Numbness, tingling or weakness in arms or legs with contact?
4.	_____	_____	Chronic or recurrent illness or injury?	*****			
5.	_____	_____	Diabetes?	23.	_____	_____	Severe muscle cramps or illness when exercising in the heat?
6.	_____	_____	Epilepsy or other seizures?	*****			
7.	_____	_____	Eyeglasses or contacts?	24.	_____	_____	Fracture, stress fracture or dislocated joint(s)?
8.	_____	_____	Herpes or MRSA?	25.	_____	_____	Injuries requiring medical treatment?
9.	_____	_____	Hospitalizations (Overnight or longer)?	26.	_____	_____	Knee injury or surgery?
10.	_____	_____	Marfan Syndrome?	27.	_____	_____	Neck injury?
11.	_____	_____	Missing organ (eye, kidney, testicle)?	28.	_____	_____	Orthotics, braces, protective equipment?
12.	_____	_____	Mononucleosis or Rheumatic fever?	29.	_____	_____	Other serious joint injury?
13.	_____	_____	Seizures or frequent headaches?	30.	_____	_____	Painful bulge or hernia in the groin area?
14.	_____	_____	Surgery?	31.	_____	_____	X-rays, MRI, CT scan, physical therapy?
*****				*****			
15.	_____	_____	Chest pressure, pain, or tightness with exercise?	32.	_____	_____	Has a doctor ever denied or restricted your participation in sports for any reason?
16.	_____	_____	Excessive shortness of breath with exercise?	33.	_____	_____	Do you have any concerns you would like to discuss with your health care provider?
17.	_____	_____	Headaches, dizziness or fainting during, or after, exercise?				
18.	_____	_____	Heart problems (Racing, skipped beats, murmur, infection, etc.?)				
19.	_____	_____	High blood pressure or high cholesterol?				

Yes No Family History:

34. _____ Does anyone in your family have Marfan syndrome?

35. _____ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?

36. _____ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?

37. _____ Has anyone in your family had unexplained fainting, seizures, or near drowning?

38. _____ Does anyone in your family have asthma?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

39. Are you allergic to any prescription or over-the-counter medications? If yes, list: _____

40. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:
 A. _____ B. _____ C. _____

41. Year of last known vaccination: Tetanus: _____ Meningitis: _____ Influenza: _____

42. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____

43. Are you happy with your current weight? **Yes** _____ **No** _____ **If no**, how many pounds would you like to lose or gain?
 Lose _____ Gain _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____

2. How many periods have you had in the last 12 months? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - May **NOT** participate in the following (checked):

_____ Baseball _____ Basketball _____ Bowling _____ Cross Country _____ Football _____ Golf _____ Soccer
 _____ Softball _____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO

Licensed Medical Professional's Name (Printed) _____ Date of PPE _____

Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also **give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed) _____ Signature of Parent of Guardian _____

Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

Heritage Christian School Athletic Contract

For Parents and Athletes

In all aspects of life, followers of Jesus Christ are called to be excellent (1 Corinthians 9:24-27), not as a means of garnering accolades for themselves but rather for the glory of God (Colossians 3:23). We are called to humbly bring our best effort and seek excellence that focuses on “process” over “accomplishment” and this neatly applies to interscholastic athletics. Heritage Christian School strives to take advantage of every opportunity on the field and court to reinforce the pursuit of these goals through the athletic program:

Goals:

1. Compete in a God-glorifying manner

Colossians 3:16-17 - Let the word of Christ dwell in you richly, teaching and admonishing one another in all wisdom, singing psalms and hymns and spiritual songs, with thankfulness in your hearts to God. ¹⁷ And whatever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through Him.

2. Develop Christ-like character in student athletes

Titus 2:6-8 - Likewise, urge the younger men to be self-controlled. ⁷ Show yourself in all respects to be a model of good works, and in your teaching show integrity, dignity, ⁸ and sound speech that cannot be condemned, so that an opponent may be put to shame, having nothing evil to say about us.

3. Develop and refine fundamental skills

4. Establish positive relationships

Contract Expectations:

1. I understand the goals established for the Athletic Program at Heritage Christian School and will commit whole-heartedly to the pursuit of stated goals.
2. I will conduct myself in a Christ-like manner during practices and games. I realize that unsportsmanlike conduct is inconsistent with how Jesus asks me to behave and that it is the responsibility of my parents, coaches, Athletic Director and Principal to guide me in the pursuit of this goal.
3. I will strive for academic excellence as I realize the priority of developing my mind and investing in my school work. I will submit to the **Athletic Eligibility Policy** set for Heritage Christian School.
4. I will strive to be a godly role model for other students at Heritage Christian School by upholding school rules and interacting respectfully with students and authority figures. I realize I am a leader and will act accordingly submitting to the **Behavior Eligibility Policy** set for athletes at Heritage Christian School.
5. I will respectfully submit to the authority of Heritage Christian School coaches and his/her decisions regarding my participation on the athletic team. If a concern arises, I agree to faithfully follow the principles outlined by Jesus in Matthew 18 and reinforced in the **Protocol for the Resolution of Concern or Grievance Policy**.
6. I will respectfully submit to the authority of game officials and his/her decisions regarding my participation in the game.
7. I will faithfully attend all practices and games submitting to the **Practice/Game Attendance Policy**. Any expected absence from practice must be submitted in writing, preferably before practice that day. Those athletes not attending practice (unexcused absence) will not be allowed the same amount of playing time as those who attend all the practices.

I understand the expectations written above and commit, before God, to uphold them to the best of my ability.

Parent Signature

Date

Athlete Signature

Date