

PARENTS:

**PLEASE COMPLETE THIS
FORM IN ITS ENTIRETY.
INCOMPLETE FORMS WILL
NOT BE ACCEPTED.**

North Raleigh Christian Academy Extra-Curricular Participation Form

THIS MEDICAL EXAMINATION AND FORM MUST BE COMPLETED ANNUALLY AND BE ON FILE IN RESPECTIVE SCHOOL PRIOR TO ANY ATHLETIC OR FINE ARTS PRACTICE OR COMPETITION

Please Print or Type

Student's Name: _____ Grade: _____
(Last) (First) (Middle)

Date of Physical: _____ Date of Birth: _____ Gender: M F Race _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Father's Name: _____ Daytime Phone: _____ Page/Cell _____

Mother's Name: _____ Daytime Phone: _____ Page/Cell _____

Legal Guardian: _____ Daytime Phone: _____ Page/Cell _____

Alternate Emergency Contact: _____ Daytime Phone: _____ Page/Cell _____

Family Physician: _____ Phone # _____ Orthopedist: _____ Phone # _____

Insurance Company Name: _____ Policy Number/s: _____

Medical Alerts: Are you allergic to any type of Medications, List: _____

Other allergic reactions, List: _____

Explain any other Medical condition that may pose problems for you during participation in activities: _____

Request for Permission: We, the undersigned student and the student's parent/legal guardian, apply for permission to participate in the following sports and/or fine arts groups. *Note: Weight lifting may be a required component of conditioning for any sport.*

Please check which activities you are giving permission for your son or daughter to participate in.

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Marching Band |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Softball | <input type="checkbox"/> Flag Core |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Swimming | <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Dramatic Productions |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> _____ |

Insurance: North Raleigh Christian Academy (NRCA) furnishes a Student Accident Insurance Policy that provides limited benefits for all students in the NRCA system who participate in school sponsored and supervised interscholastic athletic activities or fine arts.

The policy provides excess coverage for students with other insurance coverage, but it pays only when other benefits have been exhausted.

If your son or daughter should be injured while participating in a school sponsored or supervised interscholastic athletic or fine arts event, the following procedures must be followed to process a claim under the insurance provided by NRCA:

- Pick up a claim form from NRCA's Business Manager.
- See a physician within 30 days of the injury.
- Complete and submit the Accident Claim form. The claim form must be filed with the insurance company within 60 days of the injury and should include the Explanation of Benefits Form from your primary insurance carrier.

STUDENT'S NAME: _____

Date of Birth: _____

MEDICAL HISTORY:

Students and parents: This health record is a critical element in the determination of a student's risk of injury in extra-curricular activities. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.

1.	Has anyone in the student's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES	NO	DON'T KNOW
2.	Has the student ever stopped exercising because of dizziness or passed out during exercise?	YES	NO	DON'T KNOW
3.	Does the student have asthma (wheezing), hay fever or coughing spells after exercise?	YES	NO	DON'T KNOW
4.	Has the student ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES	NO	DON'T KNOW
5.	Does the student have a history of a concussion (being knocked out)?	YES	NO	DON'T KNOW
6.	Has the student ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES	NO	DON'T KNOW
7.	Does the student have a chronic illness or see a doctor regularly for any particular problem?	YES	NO	DON'T KNOW
8.	Does the student take any medication(s)?	YES	NO	DON'T KNOW
9.	Is the student allergic to any medications, foods, or bee stings?	YES	NO	DON'T KNOW
10.	Does the student have only one of any paired organ? (eyes, kidneys, testicles, ovaries, etc.)	YES	NO	DON'T KNOW
11.	Has the student had an injury in the last year that caused the student to miss three or more consecutive days of practice or competition?	YES	NO	DON'T KNOW
12.	Has the student had surgery or been hospitalized in the past year?	YES	NO	DON'T KNOW
13.	Has the student missed more than five consecutive days of participation in usual activities because of an illness, or has the student had a medical illness diagnosed that has not been resolved in the past year?	YES	NO	DON'T KNOW
14.	Are you, the student, worried about any problem or condition at this time?	YES	NO	DON'T KNOW
15.	Does the student have diabetes?	YES	NO	DON'T KNOW
16.	Is there a family history of diabetes?	YES	NO	DON'T KNOW

*Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Percent body fat (optional) _____ Pulse _____ Blood Pressure _____
 Vision: R _____/_____ uncorrected R _____/_____ corrected L _____/_____ uncorrected L _____/_____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Musculoskeletal: ROM, strength, etc.			
• Neck			
• Spine			
• Shoulders			
• Arms/hands			
• Hips			
• Thighs			
• Knees			
• Ankles			
• Feet			
11. Neuromuscular			
12. Diabetes – check appropriate answers	YES	NO	
IF YES, INSULIN-DEPENDENT	YES	NO	NON-INSULIN DEPENDENT YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments re: Abnormal Findings:

Please Print/Stamp

Physician's Name	
Street Address	
City, State, Zip Code	
Telephone	

I certify that I have examined this student and found him/her medically qualified to participate in sports or fine arts activities. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory).

Physician's Signature: _____ Date: _____

PARTICIPATION RESTRICTIONS:

Medical Authorization—As the parent or legal custodian of this student, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports or fine arts, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Risk of Injury – We acknowledge and understand that there is a risk of injury involved in athletic and fine arts participation. We understand that the student will be under the supervision and direction of a NRCA coach/director. We agree to follow the rules of the sport or fine arts group and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach/director nor NRCA can eliminate the risk of injury in sports. Injuries may and do occur. Injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics and fine arts.

We, the undersigned student and parent/legal guardian, certify that the information contained in this document is accurate and correct, and we agree to abide by the eligibility rules and regulations of the State Association.

Student:	_____	_____	Date _____
	(Signature)	(Printed Name of Student)	
Parent:	_____	_____	Date _____
	(Signature)	(Printed Name of Parent)	
Legal Guardian:	_____	_____	Date _____
	(Signature)	(Printed Name of Legal Guardian)	