

ATHLETIC PRE-PARTICIPATION FORM
for ALL RETURNING COVENANT ATHLETES in Grades 8, 10, 12

This form (front and back to be filled out by parent/guardian) is **due JULY 25 for all seasons** and must be on file PRIOR to athletic participation. There is no physician signature required on this form.

Mail completed forms to: 175 Hickory Street, Charlottesville, VA 22902, ATTN: Athletic Director.

Please print clearly in ink. Football players should NOT use this form.

Student's Name _____ Birthdate _____ Grade _____

Parents' Name _____ Home Phone _____

Address _____ Cell Phone _____

Family Doctor _____ Phone _____

Insurance Co. _____ Policy No. _____

Parents, please completely fill out this side of the form.

Use the space at the right to briefly explain "yes" answers or use a separate sheet if more space is needed.

YES NO

- 1. Have any members of your family, under age 50, had a heart attack?
- 2. Have you ever passed out while exercising?
- 3. Do you have a heart murmur or other heart problem?
- 4. Do you have high blood pressure?
- 5. Have you had, or do you now have, asthma?
- 6. Do you have wheezing or chest tightness when you exercise?
- 7. Have you ever dislocated or broken a bone or joint?
- 8. Have you ever been knocked out or had a concussion?
- 9. Have you ever been under a physician's care for a continuing medical problem?
- 10. Have you ever stayed in the hospital overnight?
- 11. Have you ever had surgery?
- 12. Have you ever had a seizure or epilepsy?
- 13. Have you ever had any blood disorders, including sickle cell trait anemia, etc?
- 14. Are you taking any medication (including asthma medication)?
- 15. Do you wear glasses or contacts for athletic competition?
- 16. Do you have allergic reactions to medications, food, bee stings, etc?
- 17. Do you wear braces or use a retainer?
- 18. Date of last tetanus immunization? Date: _____

ATHLETIC ACTIVITIES RELEASE FORM

I, the parent/guardian of _____ do hereby give my permission for my son/daughter to participate in ALL sports except for: _____. I understand that these sport activities involve physical risk and danger of injury. I have in effect a policy or medical insurance which will cover my son/daughter should he/she be injured in the course of participating in such activity or sport. I do hereby expressly release and discharge The Covenant School and its employees and agents from any and all liability which may arise out of the participation of my son/daughter in the above-stated sports or activities.

I consent to any and all emergency medical treatment, as deemed necessary by The Covenant School's staff or authorized agent, being provided for the above child without notice to me and without any further requests for permission from me.

Signature _____
(Signature of Parent or Guardian)

(Date)

Returning athletes (except football) in Grades 8, 10, and 12 may use this form.

This form (front and back to be filled out by parent/guardian) is to be used if a comprehensive physical form has been completed within the preceding year and if there is no significant change in health status within the year. There is no physician signature required on this form.

NAME _____ DATE _____

SEX _____ AGE _____ GRADE _____ HEIGHT _____ WEIGHT _____

Date of most recent physical exam _____

Since the last physical evaluation, have you experienced any of the following?
(Please indicate the date of the occurrence and type of treatment.)

	NO	YES
High blood pressure	_____	_____
Broken bones	_____	_____
Concussion	_____	_____
Fainted or passed out	_____	_____
Severe sprain or strain	_____	_____
Significant illness such as mono	_____	_____
Severe allergic reaction	_____	_____
Developed asthma	_____	_____
Other illness or accident resulting in missing 3 or more days of school/practice	_____	_____

Explain any "yes" answers: _____

To the best of my knowledge, this is an accurate representation of my child's interval history.

(Signature of Parent/Guardian) _____
Date



If you have any questions, please call The Covenant School Athletic Office at 434-220-7342.

Please keep a copy for your personal file.

The Athletic Activities Release Form on the first page will be reproduced and sent with the respective teams and is acceptable for emergency treatment as needed.