

**THE COVENANT SCHOOL
ATHLETIC PRE-PARTICIPATION FORM**

This form is **due July 25 for all seasons** and required to be on file PRIOR to athletic participation for:

- All new Covenant athletes
- Returning students in Grades 7, 9, and 11
- All football players

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

Student's Name _____ Birthdate _____ Grade _____
 Parents' Name _____ Home Phone _____
 Address _____ Cell Phone(s) _____
 Family Doctor _____ Phone _____
 Insurance Co. _____ Policy No. _____

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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have any members of your family, under age 50, had a heart attack?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever passed out while exercising?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have a heart murmur?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have high blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have any other heart problems?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you had, or do you now have, asthma?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have wheezing or chest tightness when you exercise?
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever dislocated or broken a bone or joint?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever been knocked out or had a concussion?
<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever been under a physician's care for a continuing medical problem?
<input type="checkbox"/>	<input type="checkbox"/>	11. Have you ever stayed in the hospital overnight?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had surgery?
<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had a seizure or epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	14. Have you ever had any blood disorders, including sickle cell trait anemia, etc?
<input type="checkbox"/>	<input type="checkbox"/>	15. Are you taking any medication (include asthma medication)?
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you wear glasses or contacts for athletic competition?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you have allergic reactions to medications, food, bee stings, etc?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you wear braces or use a retainer?
		19. Date of last tetanus immunization? Date: _____

Please explain any "yes" answer(s) on a separate sheet.

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 _____ Date _____
Parent or Guardian

TO BE FILLED OUT BY A PHYSICIAN

Student's Name _____

Height: _____ Weight: _____ Sex: _____ Age: _____

Blood Pressure: _____

RIGHT

LEFT

VISION: Uncorrected _____

Corrected _____

Eyes _____ Ears _____ Nose _____ Throat _____

Teeth _____ Skin _____ Lungs _____ Heart _____

Abdomen _____ Back _____

Cervical spine/neck _____ Upper Extremities _____

Lower Extremities _____ Genitourinary (Hernia) _____

I have reviewed the medical information above and make the following recommendations for his/her participation in athletics:

Full participation in contact and non-contact sports
 Requires additional evaluation- Reason: _____

Limited participation- Reason: _____

No participation- Reason: _____

Physician's Name (Please Print) M.D.

Physician's Signature M.D.

Date

If you have any questions, please call The Covenant School Athletic Office at 220-7342. This form is required for all new Covenant athletes, for those in Grades 7, 9, and 11, and for all football players. Please keep a copy for your own personal file.

This Athletic Activities Release Form may be reproduced to travel with respective teams and is acceptable for emergency treatment as needed.