

CENTRAL CATHOLIC HIGH SCHOOL- ATHLETICS

School Year: _____

Grade: _____

Sports (Please circle ALL that apply): FB CC BKB SCR SWM GLF TEN BSB LCR TRK

STUDENT CONTACT INFORMATION

Student Name: _____ DOB: _____ Age: _____

Social Security No.: _____ Home Phone No.: _____

Address: _____ City, Zip: _____

Mother / Guardian Name: _____

Work Phone No: _____ Additional No.: _____

Father / Guardian Name: _____

Work Phone No: _____ Additional No.: _____

IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship to Student: _____

Home Phone No.: _____ Work Phone No.: _____ Additional No.: _____

MEDICAL CONTACT INFORMATION

Family Doctor or Clinic: _____ Phone No.: _____

Family Dentist or Clinic: _____ Phone No.: _____

Preferred Hospital: _____

List all medications taken regularly and why: _____

List all known allergies: _____

MEDICAL INSURANCE INFORMATION

All athletes must be covered under some form of health insurance or the parent must sign a waiver of responsibility. Please indicate below which form of coverage you will be using:

_____ MILITARY COVERAGE

Sponsor Name: _____ Branch of Service: _____

Sponsor DOB: _____ Sponsor SS#: _____

_____ INDIVIDUAL OR GROUP MEDICAL- We are covered under our own group or individual major medical health insurance policy which provides benefits for our son.

Insurance Co.: _____ HMO _____ PPO _____

Address: _____ Phone No.: _____

Insured's Name: _____ Insured's Employer: _____

Insured's DOB: _____ Insured's SS#: _____

Group No.: _____ Policy No.: _____

_____ FOOTBALL SUPPLEMENTAL INSURANCE- We elect to purchase additional coverage for FOOTBALL. (If you have not received information regarding this policy, please speak to Coach Enrico.)

WAIVER OF LIABILITY

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the Texas Association of Private and Parochial Schools nor Central Catholic High School assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

We agree to accept full responsibility for all medical expenses incurred by our son while participating in the Central Catholic High School athletic program. We hereby release Central Catholic High School, its coaches, athletic trainers, teachers and administrators from any and all liability as a result of athletic-related injuries.

Parent / Guardian Signature: _____ Date: _____

Form completed in its entirety must be completed and signed by parent / guardian and returned to the Athletic Trainer or Head Coach before your son may participate in sports at Central Catholic High School.

A photocopy of this authorization shall be considered as effective and valid as the original.

CENTRAL CATHOLIC HIGH SCHOOL- ATHLETICS MEDICAL HISTORY

Student Name: _____ Date of Birth: _____

The Medical History AND Physical Examination Forms must be completed *annually* by a parent/guardian and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Explain YES answers below. Circle questions you don't know the answers to.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	c. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
2. a. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	d. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you had surgery in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	e. Have you ever had numbness or tingling in your arms, legs, hands or feet?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription, over the counter medication or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	f. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (Exm. Pollen, medicine, food, insect bites)?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5. a. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	9. a. Have you ever had unexpected shortness of breath from exercise?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	b. Do you cough, wheeze or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	c. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	d. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you use any protective or corrective equipment or devices that aren't usually used for your sport or position (exm. knee brace, special neck roll, foot orthotics, retainer for your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Has any family member or relative died of heart problems or of a sudden unaccepted death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	13. a. Have you ever had a sprain, strain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
i. Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome or an abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	b. Have you ever broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
j. Have you had a severe viral infection (exm. myocarditis, mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	c. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
k. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below		
6. Do you have any current skin problems (exm. itching, rashes, acne, warts, fungus, blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip		
7. a. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Upper Arm <input type="checkbox"/> Thigh		
b. Have you ever been knocked out, become unconscious or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Elbow <input type="checkbox"/> Knee		
If yes, how many times? _____			<input type="checkbox"/> Chest <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf		
When was the last time? _____			<input type="checkbox"/> Wrist <input type="checkbox"/> Ankle		
How severe was each one? Explain below.			<input type="checkbox"/> Hand/Fingers <input type="checkbox"/> Foot		
			14. a. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
			b. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
			15. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			16. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>

To the Parent / Guardian: Check any activity this student should be **EXCLUDED** from:

- | | | | | |
|-----------------------------------|-------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track & Field | <input type="checkbox"/> LaCrosse |

If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent / Guardian Signature _____ Student Signature _____ Date _____

CENTRAL CATHOLIC HIGH SCHOOL- ATHLETICS PHYSICAL EXAMINATION

Student Name: _____ DOB: _____ Age: _____ Grade: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____ / _____

Vision: R 20 / _____ L 20 / _____ Corrected: Y / N Pupils: Equal / Unequal

GENERAL ANATOMY

	Normal	Abnormal Findings	Initials
Appearance			
Eyes / Ears / Nose / Throat			
Auscultation of the heart- Supine			
Auscultation of the heart- Sitting			
Pulses			
Lungs			
Abdomen			
Genitalia			
Skin			
Hernia			
Liver / Spleen			
Spine			

MUSCULOSKELETAL

	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrists / Hands			
Hips / Thighs			
Knees			
Legs / Ankles			
Feet			

CLEARANCE

_____ Cleared for all sports

_____ Cleared after completing evaluation / rehabilitation for: _____

Must be cleared by: Dr. _____

_____ Not cleared for: (sports) _____ Reason: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners.

Printed/Typed/Stamped Name: _____

Address: _____ **Phone No.:** _____

Signature: _____ **Date of Exam:** _____

** Physical must be completed before a student participates in any practice (both in-season and out-of-season) or games / matches.

CENTRAL CATHOLIC HIGH SCHOOL- ATHLETICS

Texas Association of Private and Parochial Schools (TAPPS)

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any District or State contest.

Student Name: _____ **DOB:** _____

PARENT / GUARDIAN'S PERMIT

I hereby give my consent for the above student to compete in TAPPS approved contest, and travel with the director or other representative of the school on any trips.

Neither TAPPS nor the high school assumes any responsibility in case an accident occurs.

I have read and understand TAPPS rules on this form and agree that my son will abide by all of TAPPS' rules. **I understand that I may film or video tape any game in which my son participates, but the film/videotape may not be viewed by the athlete or coaches until the game is over. I understand that I cannot film or videotape any contest in which my son is not participating without permission of both teams involved.**

The undersigned agrees to be responsible for the safe return of all equipment owned by the school and issued to the above named student.

If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless TAPPS, TAPPS staff, TAPPS Executive Board, the school, and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent / Guardian Signature

Date

GENERAL INFORMATION

All students may attend baseball, basketball, football, and soccer camps in June and July, on non-school days prior to the starting date for TAPPS activities at the beginning of the school year.

School Coaches, or any School Personnel may not:

- Induce students for athletic purposes. Inducement includes but is not limited to the following:
 1. Providing or arranging the payment of tuition;
 2. Providing or arranging board;
 3. Providing or arranging lodging;
 4. Providing or arranging transportation;
 5. Providing or arranging a job for parent or student;
 6. Providing or arranging the payment of athletic camp registration;
 7. Payment of cash;
 8. Promise of a University or College Scholarship; and
 9. Any other valuable consideration to induce the student to enroll in a participant school.
- Transport, register, or instruct students in grades 9-12 from their school in baseball, basketball, football or soccer, except during the TAPPS season, or approved athletic period from the starting date for TAPPS activities at the beginning of the school year until TAPPS activities end in the spring, usually mid-May.
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in-school day athletic period in baseball, basketball, football or soccer.
- Have 9-12 grade students playing for them on a non-school team from the starting date for TAPPS activities at the beginning of the school year until TAPPS' activities end in the spring.

GENERAL ELIGIBILITY RULES

According to TAPPS standards, students are eligible to represent their school in interscholastic activities if they:

- Are less than 19 years old on September 1 preceding the contest;
- Have not graduated from high school;
- Are full-time, day students in the school, and have been in regular attendance at the school prior to September 1 of the current school year, or have been in regular attendance for 15 school days before the contest or competition; **in order to be eligible for district play or the play-offs**, a transfer student must have completed 15 days of attendance by: **September 22** for fall soccer, cross country and football; **January 9** for winter soccer, basketball, swimming and wrestling; and **March 1** for Golf, tennis, track and baseball.
- Are in compliance with the academic eligibility rules of the TAPPS Constitution, By-Laws and Contest Rules;
- Are enrolled in a four year, normal program of high school courses, and initially enrolled in the 9th grade not more than 4 years ago nor in the 10th grade not more than 3 years ago;
 - a. if enrolled in an Accelerated Christian Education school, he must be proceeding toward graduation on a credit basis, and on a passing basis with a regularly checked procedure by the member school to ensure they are in good academic standing;
 - b. if a home school student who has been "Grandfathered," meeting the requirements listed in Article V of the TAPPS Constitution;
- Have not represented a college in a contest;
- Are not in violation of the Awards Rule;
- Live with their parents or legal guardian, or full-time student at a boarding school, or have district/Board approval of Residency/Guardianship Certification (see forms manual);
- Were eligible for varsity competition according to the 15 school day rule prior to district certification.
- 9th-12th grade students shall not play for a coach from the TAPPS School he is attending on a non-school team from August 1st until TAPPS activities end in the Spring.

I have read the regulations cited above and agree to follow the rules.

Student Signature

Date

DO NOT SEND THIS FORM TO THE TAPPS OFFICE OR DISTRICT PRESIDENT UNLESS REQUESTED.
FOR FILE IN SCHOOL OFFICE ONLY.