



Pre-participation Physical Evaluation for RCS Athletic Department

Completed form must be kept on file by the school and is valid for 365 calendar days from the evaluation date as written on page 2.

Part 1. Student Information (to be completed by student and parent, please print legibly)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth _____/_____/_____
 School: _____ Grade: _____ Sport(s): _____
 Home Address: _____ Home Phone: (_____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship to Student: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____ Pager: (_____) _____
 Personal/Family Physician: _____ City/State: _____ Office #: (_____) _____

Part 2. Medical History (to be carefully completed by student and his/her parent/guardian(s) to help detect possible risks)

- | | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| 1. Have you had a medical illness or injury since your last check-up or sports physical? | ___ | ___ | 24. Have you ever had a stinger, burner, or pinched nerve? | ___ | ___ |
| 2. Do you have an ongoing medical condition? | ___ | ___ | 25. Have you ever become ill from exercising in the heat? | ___ | ___ |
| 3. Have you ever been hospitalized overnight? | ___ | ___ | 26. Do you or any members of your family have a history of sickle cell trait or sickle cell disease? | ___ | ___ |
| 4. Have you ever had surgery? | ___ | ___ | 27. Do you cough, wheeze, or have trouble breathing during or after exercise? | ___ | ___ |
| 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | ___ | ___ | 28. Do you have asthma? | ___ | ___ |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight, or improve your performance? | ___ | ___ | 29. Do you have allergies that require medical treatment? | ___ | ___ |
| 7. Do you have any allergies (for example; to pollen, medicine, food, latex, or stinging insects)? | ___ | ___ | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example; knee brace, special neck roll foot orthotics, retainer on your teeth, or hearing aid)? | ___ | ___ |
| 8. Have you ever had a rash or hives develop during or after exercise? | ___ | ___ | 31. Have you had any problems with your eyes or vision? | ___ | ___ |
| 9. Have you ever passed out during or after exercise? | ___ | ___ | 32. Do you wear glasses, contacts, or protective eyewear? | ___ | ___ |
| 10. Have you ever been dizzy during or after exercise? | ___ | ___ | 33. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | ___ | ___ |
| 11. Have you ever had chest pain during or after exercise? | ___ | ___ | 34. Have you broken any bones or dislocated any joints? | ___ | ___ |
| 12. Do you get tired more quickly than your friends do during exercise? | ___ | ___ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, joints, or back? | ___ | ___ |
| 13. Have you ever had racing of your heart or skipped heartbeats? | ___ | ___ | <i>If yes, check appropriate blank and explain below:</i> | | |
| 14. Has a doctor ever said you have (check all that apply): | ___ | ___ | ___ | ___ | ___ |
| ___ high blood pressure | ___ | ___ | ___ | ___ | ___ |
| ___ high cholesterol | ___ | ___ | ___ | ___ | ___ |
| ___ heart murmur | ___ | ___ | ___ | ___ | ___ |
| ___ heart infection | ___ | ___ | ___ | ___ | ___ |
| 15. Has any family member or relative ever had a heart attack or died suddenly before age 50? | ___ | ___ | ___ | ___ | ___ |
| 16. Have you had a severe viral infection (for example; myocarditis, mononucleosis, or mumps) | ___ | ___ | ___ | ___ | ___ |
| 17. Has a physician ever denied or restricted your participation in sports for any heart problems? | ___ | ___ | ___ | ___ | ___ |
| 18. Do you have any current skin problems (for example; itching, rashes, acne, warts, ring-worm, or blisters) | ___ | ___ | ___ | ___ | ___ |
| 19. Have you ever had a head injury or concussion? | ___ | ___ | ___ | ___ | ___ |
| 20. Have you ever been knocked out, become unconscious, lost your memory, or were confused? | ___ | ___ | ___ | ___ | ___ |
| 21. Have you ever had a seizure? If so when: _____ | ___ | ___ | ___ | ___ | ___ |
| 22. Do you have frequent or severe headaches? | ___ | ___ | ___ | ___ | ___ |
| 23. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ___ | ___ | ___ | ___ | ___ |

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge our answers to the above questions are complete and correct. With the signature below, I also give permission for my child to be examined.

Athlete: _____ Date: _____ Parent/Guardian: _____ Date: _____
sign here signature required prior to exam

Part 3. Physical Examination (to be completed by licensed MD, DO, PAC, or CRNP after history and consent forms are completed).

Student's Name: _____ Age: _____ Date of Birth _____/_____/_____
 Height: _____ Weight: _____ BMI (optional) : _____ Pulse: _____ Blood Pressure: _____/_____, (_____/_____, ____/____)
 Visual Acuity: Right 20/_____, Left 20/_____ Corrected: YES NO Pupils: Equal _____ Unequal _____

| MEDICAL | Normal | Abnormal Findings | Initials* |
|------------------------|--------|-------------------|-----------|
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Hearing | | | |
| Lymph Nodes | | | |
| Heart | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand/Fingers | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot/Toes | | | |

Part 4. Assessment of Examining Physician/ Physician Assistant/ Nurse Practitioner

 Cleared without restriction
 _____ Cleared, with recommendations for further evaluation or treatment for: _____

 Not Cleared for: _____ All Sports _____ Certain Sports: _____
 Reason: _____

Recommendations/Referrals: _____

Signature of Physician: _____ Date: _____/_____/_____
 Name of Physician (print) _____ Date: _____/_____/_____
 Address of Physician: _____
 Phone of Physician: _____

Place Stamp Here



Resurrection Christian School

Boldly Christian · Academically Equipped · Globally Prepared

This form must be completed in detail and filed in the athletic office before the student will be allowed to practice or compete in athletics.

Please print

Student (Last,First,M.I.) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____

Email Address _____

Name of Parent/Legal Guardian _____

Sport(s) participating in _____

Athletic Insurance

It is the responsibility of the parent or guardian to provide accident/health insurance coverage for their student as a condition of the student's participation in interscholastic athletic practices and competitions; Resurrection Christian School does not independently provide such insurance coverage.

I hereby give my consent for medical treatment deemed necessary by physician for medical treatment.

Name of Company _____

Policy # _____

Parent/Legal Guardian
Signature _____ Date _____

Interscholastic Athletic Contract and Consent
For Student Participation

By signing below, parents/guardians give their consent for _____ (student) to participate in interscholastic athletics through the student's high school.

Although serious injuries are not common in supervised interscholastic athletics, it is impossible to eliminate their occurrence. Participation in interscholastic athletics includes certain risks and dangers particular to each sport, including the risk and dangers particular to each sport, including the risk of injury ranging in severity from minor to catastrophic and long term. By signing below, student and parents/guardians acknowledge that they understand and voluntarily assume the risks of participation in the sports for which consent has been given as indicated in the preceding paragraph.

Parents/guardians authorize student to receive, emergency medical care for more serious injury or illness that may occur during or in connection with athletic practices, competitions, or transportation to and from practices and competitions.

By signing below, student and parents/guardians acknowledge and represent that they have received and read the Resurrection Christian School Handbook, and acknowledge that they are subject to the terms and conditions of those documents. Student and parents/guardians also agree to comply with the coach's team rules and to exercise good sportsmanship at all practices and competitions.

By signing below, student and parents/guardians release and hold harmless Resurrection Christian School, members of its board of education, employees, authorized volunteers, and agents from any and all liability, claims, cause of action, damages and demands of any kind whatsoever that student and/or parents/guardians may have against the school, members of the board, employees, authorized volunteers and or agents for any and all damages, including personal injury to the student, that may arise out of or in connection with student's participation in interscholastic athletics pursuant to this "Interscholastic Athletic Contract and Consent for Student Participation."

Parent/Legal Guardian Signature—Date

Student Signature—Date

Parent/Legal Guardian Signature—Date

Resurrection Christian Athletic Honor Code

Participation in interscholastic athletics at Resurrection Christian School is a privilege that is accompanied by significant responsibility. RCS student-athletes represent the school as public ambassadors at all times – not only during athletic competition and during team practice sessions. The impressions you create by your conduct and example reflect on the entire school and fashion the way the community perceives our commitment to honoring Christ with our lives and our speech. Before qualifying for participation in any team sport involving interscholastic competition, each athlete must examine him or herself to determine if they have the personal discipline and commitment to be a Champion of Character. Listed below are the expectations for all student athletes at Resurrection Christian School. Beyond these expectations, individual coaches are free to make additional requirements. Should you need clarification on any of the following expectations, please contact RCS Athletic Director 970-612-0674.

It is the desire of Resurrection Christian School to support, encourage, and restore student-athletes who are first-time violators of the policies listed below. A student-athlete who is placed on probation is still permitted to practice on-campus with his or her respective team. They are not permitted to dress for games, sit on the bench during games, or to leave the RCS Campus for any off-campus activities as a member of their team. We recognize that a student-athlete's greatest source of support often comes from teammates and coaches. While we are committed to honoring Jesus Christ and RCS through our sports teams, we are also committed to our student-athletes.

Any action that is not consistent with biblical morality or dishonors the name of Jesus Christ is prohibited and can lead to dismissal from the team.

RCS has a zero tolerance policy with regard to the use of alcohol, illegal drugs, or the abuse of prescription medications by any student-athlete. This policy applies to student-athletes whether on or off-campus, and at all times whether during the regular season, post season, or off season. Any student-athlete who is found to be in violation of this policy will be immediately placed on probation from all interscholastic athletic competition for the remainder of the season. If a student-athlete is found to be in violation of this policy during the off-season, he or she will be placed on probation for the half of the upcoming season.

Use of tobacco in any form will not be tolerated at any time, on or off the playing field/court. Any student-athlete found to be in violation of the policy will be subject to suspension of playing time and repeated violations will result in dismissal from the team.

RCS has a zero tolerance policy with regard to sexual immorality by any student-athlete. Sexual immorality includes but is not limited to the following: premarital sex, sexual acts, possession of pornography, association with pornography on any personal websites or cell phones. Any student-athlete that is found to be in violation of this policy will be immediately placed on probation for the remainder of the season. Any student-athlete that is found to be in violation of this policy during the off-season will be placed on probation for the half of the upcoming season.

As a RCS student-athlete, weekly church attendance is expected.

Your coach may require additional spiritual growth opportunities (team devotions, retreats, Bible studies, service projects, etc) for you and your team. Just as practices and games are mandatory, so are these spiritual growth opportunities which promote spiritual wellness and team bonding.

Profanity will not be tolerated at any time, on or off the playing field/court. Any student-athlete found to be in violation of this policy will be subject to the suspension of playing time and repeated violations will result in dismissal from the team.

Scholastic dishonesty will not be tolerated (see RCS Student Handbook). Any student-athlete who participates in scholastic dishonesty of any kind will be immediately placed on probation for the remainder of the season. If scholastic dishonesty takes place during the off-season, the student-athlete will be placed on probation for the half of the upcoming season.