

ATHLETIC CHECKLIST FOR STUDENT FILES

For Both Junior High and High School Student Athletes

Student's Name: _____

Sport: _____ **Date:** _____

- _____ 1. Handbook Agreement Form (FA)
- _____ 2. Expectation Commitment Form (FA)
- _____ 3. Eligibility Commitment Form (FA)
- _____ 4. Recognition and Assumption of Risk Agreement (FA)
- _____ 5. Parent and Student Notification Steroid Use Agreement (TAPPS)
- _____ 6. Student Acknowledgement of Rules (TAPPS)
- _____ 7. Sudden Cardiac Arrest Form (TAPPS)
- _____ 8. Concussion and Traumatic Brain Injury Form (TAPPS)
- _____ 9. Medical History Form – Required every year
- _____ 10. Pre-participation Physical Evaluation – Required every year
- _____ 11. Previous Athletic Participation Transfer Form – *If applicable* (TAPPS)
- _____ 12. FA Athletic Fees:

_____ Cash _____ Cash _____ Date Paid _____ Amount Prepaid

Sports Paid For _____

NOTE: All required FORMS in this Athletic Manual must be COMPLETED and RETURNED to the Athletic Director BEFORE a student-athlete is eligible for participating in any FA sport.

Handbook Agreement Form

I have read all of the Faith Academy Athletic Handbook and agree to abide by the rules, regulations, and commitments set forth in it. My signature below is an acknowledgment of my commitment.

Print Parent Name

Parent Signature

Print Student-Athlete Name

Student-Athlete Signature

Date

FAITH ACADEMY ATHLETIC DEPARTMENT EXPECTATION COMMITMENT FORM

Expectations of Coaches

1. A structured and disciplined program that leads to unity and teamwork.
2. Personal attention given to each player to develop fundamentally sound sport skills.
3. Opportunity, as situations permit, for each player to play as much as possible without jeopardizing the team's ability to win a contest.
4. Consistent communication with teachers (grades and discipline).

Expectations from Players

1. A positive attitude and learning spirit.
2. Must maintain passing grades in all subjects. When a problem arises, immediately see your teacher; secondly, see your coach.
3. Continue to improve on conditioning and fundamental skills during the off season.

Expectations from the Parents

1. Unless otherwise noted, practices are closed to parents. This is to minimize confusion as to who is given our student-athletes instruction.
2. At Home: Encouragement of your son/daughter in the development of his/her skills and his/her team spirit. Please, no negativism in his/her presence toward other players or his/her coach.
3. 24 Hour Rule: Coaches will not discuss a situation or concern that occurred before or during a game, until at least 24 hours after the game. This is to ensure that emotions and thoughts are gathered together in a controlled manner so that both parties can have a constructive meeting.

Athletes' Code of Conduct

The student who chooses to participate in the athletic program will be observed by many public and private schools, media, parents, guests, peers, teachers, and the public at large. Participating in athletics provides the opportunity to demonstrate one's desire to reflect Christ-like virtues in sportsmanship and in performance. In that regard, each FA student-athlete will be held to the following code of conduct:

1. After an athlete receives a suspension from school, the student will be suspended from his/her team for the next game. Further action will be at the discretion of the principal and/or athletic director.
2. A suspended athlete may participate in tryouts for a team, but may not actively participate in practices or games until he has served a probationary period.
3. The use of profanity will not be tolerated. The use of profanity on or off the field may result in additional conditioning, a loss in playing time, or another form of punishment as agreed upon by the coach and athletic director.
4. Fighting during athletic events will result in a minimum two-game suspension. More severe discipline action may be enacted depending upon the circumstances.

5. Athletes are to be good representatives of Christ and Faith Academy on road trips. Failure to do so may result in suspension or dismissal from the team.

6. Faith Academy does not condone and will not tolerate "hazing" or "initiations" of athletes by other athletes. Any such actions will result in suspension and/or dismissal from the athletic team.

7. Any student-athlete that is ejected from a game will be suspended for the next game. If the student-athlete receives a second ejection, he/she will be suspended for two games. A third ejection will result in dismissal from the team and forfeiture of athletic privileges for the remainder of the school year.

Travel

All student-athletes are expected to travel to and from all practices, games and contests in transportation provided by or arranged by the school. Any exception to this must have prior approval from the coach. A permission slip must be signed by the parent/guardian and returned to the coach.

1. All vehicles must be left clean after each use.

2. The driver of the team vehicle is the ultimate authority, and all students must submit to his/her instructions.

3. No extra riders (non-team members) will be allowed to ride in the school provided vehicle(s).

NOTE: Any student-athlete who does not comply with the above mentioned travel rules would forfeit his/her right to travel with the team.

Equipment

The student-athlete will be held financially responsible for any lost or misplaced equipment. Current replacement costs will determine the amount for which the athlete will be held accountable. The cost of any uniform returned in a condition whereby it cannot be reissued will be charged to the athlete. This includes uniforms that have been improperly laundered, cared for, or stored. Athletes will not be allowed to continue in or begin a new season until all financial obligations have been cleared (unless other prior arrangements have been approved).

I have read the preceding of expectations and agree with the requirements and expectations of participating in the Faith Academy Athletic Department I also understand the consequences of not adhering to these expectations.

Print Parent Name

Print Student-Athlete Name

Parent Signature

Student-Athlete Signature

Date

**FAITH ACADEMY ATHLETIC DEPARTMENT
ELIGIBILITY COMMITMENT FORM**

The Faith Academy Athletic Department will operate under a "no pass, no play" policy, based on the nine-week report card. Any student failing one course on a nine-weeks report card will be deemed ineligible for one week beginning at 3:25 pm on the day report cards are issued. Students failing two or more courses at the nine-week grading period are ineligible for two weeks beginning at 3:25 pm on the day report cards are issued. In order to regain eligibility, grades will be checked at 3:25 pm on the day the ineligible period is complete. If at that time the student is no longer failing any classes, he/she will regain their eligibility. If at that time they are still failing one or more class, another period of ineligibility will begin and grades will again be checked at the appropriate time: in one week for one F, and two weeks for two or more F's. This applies to all athletic teams, musical performances, and other extracurricular activities.

Student-athletes are required to continuing practicing with their team during their time of ineligibility.

Progress reports have no direct impact on eligibility as progress reports are mainly intended to keep students on course and inform parents of areas that need attention.

While FA views athletics as an integral and necessary part of a student's overall education, we also feel strongly that it is a privilege earned and maintained by thorough and diligent attention given to respect and responsibility in the academic areas.

In order for a student-athlete to participate on any given day in a team's practice, he/she must be in the classroom for at least four (4) complete periods that day. In order to participate in a game, he/she must be at school by the start of 2nd period and be in attendance the rest of the school day. Exception: A student who has a doctor, dentist, or orthodontist appointment must return to school before 3:00 pm and sign back in at the school office with a doctor's note verifying the appointment. Any other exceptions must have prior approval from the principal.

FA meets or exceeds all TAPPS requirements for extracurricular activity eligibility.

FA reminds each student-athlete that you as a Christian Student Athlete should display characteristics of such. We will abide by the highest standard.

Print Parent Name

Print Student-Athlete Name

Parent Signature

Student-Athlete Signature

Date

Recognition and Assumption of Risk Agreement Form

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Faith Academy (FA) athletic program. It is my understanding that participation in the activities that make up the FA athletic program are not without some inherent risk of injury.

As such, in consideration of my child's participation in the FA athletic program, I hereby release, waive, discharge and covenant not to sue Faith Academy, the Athletic Department, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. Faith Academy requires all student-athletes to be covered under a family primary care/major medical health insurance policy in order to participate in any practices or games. *There is no supplemental insurance available to cover accidents to student-athletes.*

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required including transportation and accept responsibility for the cost.

Print Father Name

Father Signature

Print Mother Name

Mother Signature

Print Student-Athlete Name

Student-Athlete Signature

Date

PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
<http://www.nida.nih.gov/Infofacts/steroids.html>

For boys and men – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For Injectors – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

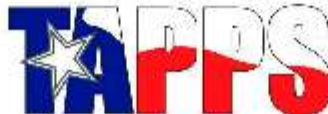
I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature _____ Date _____

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent/Guardian Signature _____ Date _____





Texas Association of Private and Parochial Schools
Student Acknowledgement of Rules

Student Name: _____

Date of Birth: _____ Grade Level: 9 10 11 12

Is the student transferring from another high school this year? [] YES [] NO

This form must be completed by the student and parent/guardian each year prior to participation in TAPPS activities at the member school. In accordance with the TAPPS Constitution and By-Laws, we attest that the above named student:

- has not reached 19 years of age prior to September 1 of the current year.
• has not graduated from high school
• did not enroll in the ninth grade more than four years ago
• did not enroll in the tenth grade more than three years ago
• did not participate with or against high school students more than four years ago

Student presently resides with biological or adoptive parents? [] YES [] NO

If the student is not presently living with biological or adoptive parents,

- If a US citizen, the student must be in compliance with the rules set forth in Section 80 of the TAPPS ByLaws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.
• If not a US citizen, the student must be in compliance with the rules set forth in Section 102 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.

Student is a returning high school student or incoming ninth grade student? [] YES [] NO

If transferring from a high school,

- the student was withdrawn from the previous high school, enrolled in and attending the new school prior to the TRANSFER DEADLINES as posted on the TAPPS website.
• The student is in compliance with the provisions presented in Section 104 of the TAPPS By-Laws
• The student has not participated on a high school team, select, AAU, club, 7 on 7 team or similar organized activity coached or directed by a staff member, teacher or administrator at the new school in the past 12 months.

The above named student

- is a full time day student at the member school as defined in the TAPPS Constitution and By-Laws
• has not represented a college in any contest
• is in compliance with the TAPPS awards rule as presented in the TAPPS By-Laws
• is in compliance with all TAPPS eligibility requirements as presented in the TAPPS Constitution and ByLaws

The school has explained and we are/will be in compliance with the TAPPS governance pertaining to In Season, Off Season and Summer Participation.

The school has explained and we are/will be in compliance with TAPPS governance preventing unattached participation in TAPPS activities.

I understand and attest that the burden of proof pertaining to the eligibility of my child rests solely with the student and parents. In the event eligibility is subject to review, we will provide all information requested by TAPPS included but not limited to birth certificate, transcripts, financial information and all reasonable and pertinent information necessary to establish the student's eligibility to compete.

Parent Signature / Date

Student Signature / Date

**Texas Association of Private and Parochial Schools
Student Acknowledgement of Rules**

The health and safety of our student athletes is a primary concern of TAPPS and TAPPS member schools. In compliance with TAPPS governance, the school has

- Provided the school's injury reporting policy
- The school's day of contest attendance policy
- The school's return to play policy and procedures
- The school has provided education and training regarding:
 - CONCUSSIONS
 - SUDDEN CARDIAC ARREST
 - STEROID ABUSE
 - HEAT STRESS
 - DEHYDRATION
 - BLOOD BORNE PATHOGENS
- We have provided the school with a current medical history and physical form which includes any previous or current injuries/conditions for the student prior to practice or participation.
- We will accurately report all injuries and illness to the school in a timely manner.
- We agree that the school may report all information pertaining to injuries to TAPPS or assigned entity.
- We agree that the student's name, likeness and information may be shared with TAPPS and other entities as determined by TAPPS.

The parent and student understand and agree that even though protective equipment may be worn and precautions taken, the possibility of accidental injury remains. Neither TAPPS, nor representative of TAPPS, assumes responsibility should an injury occur.

I attest that my child will abide by all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest rules. I understand that if the student is found to be out of compliance with TAPPS rules and governance, the student's eligibility to compete and the school's eligibility to compete in any activity in which the student participated may be in question. The minimum penalty for participation by an ineligible player is forfeiture of contests in which the player participated.

I understand and agree that the executive management, control and final authority for this association rest with the TAPPS Executive Board. The Executive Board shall determine all governance and subsequent compliance therewith.

We attest that we are in compliance with all information presented in this Acknowledgement of Rules form. It is our understanding that non-compliance with the terms presented may result in sanctions presented to the student, team and school.

By signature below, we attest that participation in TAPPS activities is voluntary and that the student/parents assume all risk for death, injury or personal loss to the participant. The undersigned promise to forever hold harmless the Texas Association of Private and Parochial Schools (TAPPS), its officers, employees and representatives against loss, damage or expense from any and all claims, demands or actions that may be brought against any or all of the said parties because of accident or occurrence while said participant is in route to or from, or participating in a TAPPS sponsored contest.

_____ Parent Signature / Date
Student Signature / Date

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your healthcare provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.
Additional information is available on the Health and Safety page at www.tapps.biz.**

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. Additional information is available on the Health and Safety page at www.tapps.biz. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.



PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in **TAPPS** 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.

STUDENT NAME (PRINT):		
GENDER:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		
HOME PHONE:	PARENT CELL PHONE:	
SCHOOL:	GRADE LEVEL:	
PERSONAL PHYSICIAN:		
PHYSICIAN PHONE:		
<i>In case of emergency contact:</i>		
NAME:	RELATIONSHIP:	
HOME PHONE:	CELL PHONE:	

Explain any “**YES**” answers on a separate piece of paper. Please circle questions for which you have no answer. Any “**YES**” answer to questions 1-28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician’s assistant, chiropractor or nurse practitioner is required before any participation in **TAPPS** practices, games or matches.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertonic Cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan’s syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever experienced a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness in your arms, hands, legs or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |

- 25. Are you missing any paired organs?
- 26. Are you presently under a doctor's care?
- 27. Are you currently taking any prescription or nonprescription medications or inhalers?
- 28. Do you have any allergies?
- 29. Have you ever been dizzy before or during exercise?
- 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?
- 31. Have you ever become ill after exercising or working in the heat?
- 32. Have you ever had any problems with your eyes or vision?
- 33. Have you ever gotten unexpectedly short of breath with exercise?
- 34. Do you have asthma?
- 35. Do you have seasonal allergies that require medical treatment?
- 36. Do you use any special protective or corrective equipment?
- 37. Have you ever had a sprain, strain or swelling after injury?
- 38. Have you ever broken or fractured any bones?
- 39. Have you ever dislocated any joints?
- 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints?

If yes, please check the appropriate box and explain on separate sheet of paper.

- | | | | |
|------------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| Head <input type="checkbox"/> | Shoulder <input type="checkbox"/> | Wrist <input type="checkbox"/> | Thigh <input type="checkbox"/> |
| Shin/Calf <input type="checkbox"/> | Neck <input type="checkbox"/> | Upper Arm <input type="checkbox"/> | Hand <input type="checkbox"/> |
| Back <input type="checkbox"/> | Elbow <input type="checkbox"/> | Finger <input type="checkbox"/> | Foot <input type="checkbox"/> |
| Chest <input type="checkbox"/> | Forearm <input type="checkbox"/> | Hip <input type="checkbox"/> | Ankle <input type="checkbox"/> |

- 41. Do you want to weigh more or less than you do now?
- 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities?
- 43. Do you feel stressed out?
- 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?

Females Only

- 45. When was your first menstrual period? _____
- 46. When was your most recent menstrual period? _____
- 47. How much time elapses from the start of one period to the start of another? _____ days
- 48. How many periods have you had in the last year? _____
- 49. What was the longest time between period in the last year? _____ days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the **Texas Association of Private and Parochial Schools**, nor the 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 illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS, and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in 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 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. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.

STUDENT SIGNATURE: _____ DATE: _____
 PARENT / GUARDIAN NAME (PRINT): _____
 PARENT SIGNATURE: _____ DATE: _____

For school use only:



**PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION**

STUDENT'S NAME _____ SPORT(S): _____
 GENDER: _____ AGE: _____ DATE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ % OF BODY FAT: _____
 PULSE: _____ BLOOD PRESSURE: ____/____ (____/____/____)
 VISION R 20/____ L 20/____ CORRECTED: Y N Pupils: EQUAL____ UNEQUAL____

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this PHYSICAL EXAMINATION FORM must be completed prior to high school athletic participation **each** year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart - Auscultation of the heart in the standing position			
Heart - Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

<p>CLEARANCE</p> <p><input type="checkbox"/> Cleared</p> <p><input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____</p> <p><input type="checkbox"/> Not cleared for: _____ Reason: _____</p> <p>Recommendations: _____</p> <p>_____</p>

Provider Name: _____ Date of Examination: _____
 Provider Signature: _____
 Provider Address: _____
 Provider Phone Number: _____



Previous Athletic Participation Form (PAPF)



Student Name: _____

Student Address: _____

New School: _____

Previous School: _____

Grades attended at previous school: 9 10 11 12 Grade at new school: 9 10 11 12

Date of acceptance at the new school? _____

Date of withdrawal from the previous school? _____

Date of first attendance at the new school? _____

CERTIFICATION OF FAMILY

We certify that neither my child nor I have been offered nor accepted any inducement to attend the new school in accordance with Section 87 of the TAPPS By-Laws. Additionally, my child is in compliance with all TRANSFER policies as outlined in Section 104 of the TAPPS By-Laws. The new school has presented information regarding TAPPS eligibility for our review prior to signature of this document. If unsure of compliance, please consult school Athletic Director prior to signature.

Parent / Guardian Signature / Date

Student Signature / Date

CERTIFICATION OF NEW SCHOOL

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school. We certify that the student was not induced by anyone. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that the TAPPS By-Laws have been upheld. The new school has presented information regarding TAPPS eligibility to the student and parents for review prior to signature of this document.

Head Administrator / Date

Athletic Director / Date

CERTIFICATION AND RELEASE BY PREVIOUS SCHOOL

We certify the following answers to be true and accurate to the best of our knowledge.

1. Yes No Was this student ever suspended or removed from an athletic program in your school?
2. Yes No Would the student have been prohibited from athletic participation at your school if not transferring?
3. Yes No Is the previous school an alternative school in which the student was placed?
4. Yes No Based on your knowledge, did the student participate on any AAU, club or similar team coached by a coach or faculty member at the new school?
5. Yes No Based on your knowledge, did the student participate on any off-season league team coached by a coach or faculty member at the new school?
6. Yes No Based on your knowledge, did the student participate in a camp or camps involving the new school or a coach or faculty member at the new school?
7. Yes No Based on your knowledge, did the student receive private or group training by a coach or faculty member at the new school?
8. Yes No Based on your knowledge did the student receive any offer of inducement, financial or otherwise, to attend the new school?

Head Administrator / Date

Athletic Director / Date

For Office Use Only

Date Received by TAPPS: _____ TAPPS Approval Date _____

TAPPS Office
3575 Lone Star Circle, Suite 414
Fort Worth, TX 76177
254-947-9268
info@tapps.biz

TAPPS Representative Signature

Participation Start Date/Entered into TAPPster