

**SIOUX FALLS CHRISTIAN  
2011-2012 ACTIVITIES PARTICIPANT PACKET**

**ATTENTION:** PARENTS/LEGAL GUARDIANS AND ACTIVITY PARTICIPANTS

**WARNING AND SAFETY STATEMENT**

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous any student will engage in; by its nature, participation in interscholastic activities includes a risk of injury which may range in severity from minor to catastrophic injuries, including permanent paralysis or death. Serious injuries are not common in supervised school activity programs; however, it is possible only to minimize, not eliminate this risk.

**MEDICAL INSURANCE**

All students participating in interscholastic activities are required to have medical insurance. (**Please check the appropriate line below**).

- We do have family medical insurance (***or Medicaid***).
- We do **not** have family medical insurance but will purchase the student accident insurance offered at the school or other supplemental coverage.

***Sioux Falls Christian has student accident insurance applications for school-time and full-time coverage.***

**SDHSAA IN-SEASON RULE**

A student who is a member of a high school team may not participate in **games, practice, tryouts** in that particular sport during the same season on an independent or non-high school team or as a member of an "All Star" team. Violation of this rule causes the student to become ineligible for the high school team for the remainder of that sport season.

By signing below, we acknowledge that we agree to all of the above statements and rules, as well as the Consent for Release of Medical Information (HIPPA), and Consent for Medical Treatment.

Student Name \_\_\_\_\_ Grade (fall 2011) \_\_\_\_\_

Students DOB \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Student)

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Parent/Legal Guardian)

**Please complete ALL pages of this packet and sign where indicated.**

# SIOUX FALLS CHRISTIAN PRE-PARTICIPATION HEALTH HISTORY

(This form must be completed prior to the taking of a physical examination.)

NAME \_\_\_\_\_

Gender: F \_\_\_\_\_ M \_\_\_\_\_

GRADE (Fall of 2011) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Sioux Falls Christian requires all students who plan to participate in interscholastic activities to have on file a record of satisfactory medical history and physical evaluation performed by a licensed Health Care Provider. This form must be completed by the PARENT or GUARDIAN and all "Yes" answers MUST be explained in the space below.

		YES	NO
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have an ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you ever passed out or nearly passed out DURING exercise?		
6.	Have you ever passed out or nearly passed out AFTER exercise?		
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?		
8.	Does your heart race or skip beats during exercise?		
9.	Has a doctor ever told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Does anyone in your family have a heart problem?		
13.	Has any family member or relative died of heart problems or of sudden death before age 50?		
14.	Does anyone in your family have Marfan Syndrome?		
15.	Have you ever spent the night in a hospital?		
16.	Have you ever had surgery?		
17.	Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?		
18.	Have you had any broken or fractured bones or dislocated joints?		
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
22.	Do you regularly use a brace or assistive device?		
23.	Has a doctor ever told you that you have asthma or allergies?		
24.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
25.	Is there anyone in your family who has asthma?		
26.	Have you ever used an inhaler or taken asthma medicine?		
27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		
28.	Have you had infectious mononucleosis (mono) within the last month?		
29.	Do you have any rashes, pressure sores, or		

		YES	NO
	other skin problems?		
30.	Have you had a herpes skin infection?		
31.	Have you ever had a head injury or concussion?		
32.	Have you been hit in the head and been confused or lost your memory?		
33.	Have you ever had a seizure?		
34.	Do you have headaches with exercise?		
35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
36.	Have you ever been unable to move your arms or legs after being hit or falling?		
37.	When exercising in the heat, do you have severe muscle cramps or become ill?		
38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
39.	Have you had any problems with your eyes or vision?		
40.	Do you wear glasses or contact lenses?		
41.	Do you wear protective eyewear, such as goggles or a face shield?		
42.	Are you happy with your weight?		
43.	Are you trying to gain or lose weight?		
44.	Has anyone recommended you change your weight or eating habits?		
45.	Do you limit or carefully control what you eat?		
46.	Do you have any concerns that you would like to discuss with a doctor?		
47.	Are there other sports that you would like to participate in that were not approved at a previous examination?		

**FEMALES ONLY:**

48.	Have you ever had a menstrual period?		
49.	How old were you when you had your first menstrual period?		
50.	How many periods have you had in the last 12 months?		

**Explain "Yes" answers here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continue on front side of this form if necessary)

I do not know of any additional health reason which should keep this student from participating in interscholastic athletics. I certify that the answers to the above questions are true.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_, 20\_\_\_\_

Signature of Parent or Guardian



**SOUTH DAKOTA HIGH SCHOOL  
ACTIVITIES ASSOCIATION  
PHYSICAL EXAMINATION FORM**

Date Exam Expires: 06/30/12  
Check Appropriate Physical Exam Term:  
X Annual      Biennial      Triennial

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(2011-12 School Year)

CHECK ONE:      MALE      FEMALE

1. Blood pressure (sitting) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Repeat in 5 minutes, if elevated \_\_\_\_\_/\_\_\_\_\_.

2. Height \_\_\_\_\_

3. Weight \_\_\_\_\_

4. Vision 20/\_\_\_\_\_(L) 20/\_\_\_\_\_(R)

5. Head \_\_\_\_\_

6. Mouth (dentures, braces?) \_\_\_\_\_

7. Eyes (contacts?) \_\_\_\_\_

8. Chest/lung \_\_\_\_\_

9. Heart

a. Heart sounds \_\_\_\_\_

b. Murmurs \_\_\_\_\_

c. pulse (rad. vs fem.) \_\_\_\_\_

d. rhythm \_\_\_\_\_

10. Abdomen

a. liver or spleen \_\_\_\_\_

b. masses \_\_\_\_\_

11. Genitalia

a. hernias \_\_\_\_\_

b. testes \_\_\_\_\_

12. Orthopedic

a. cervical spine \_\_\_\_\_

b. shoulder shrug \_\_\_\_\_

c. deltoid \_\_\_\_\_

d. arms/elbow \_\_\_\_\_

e. hands \_\_\_\_\_

f. hips \_\_\_\_\_

g. knees \_\_\_\_\_

h. ankles \_\_\_\_\_

i. Scoliosis \_\_\_\_\_

13. Tanner Maturation Index (Optional) Circle: I II III IV V

**SPORTS PARTICIPATION RECOMMENDED FOR:**

\_\_\_\_\_ All Sports: collision, contact/endurance, other

\_\_\_\_\_ Contact/Endurance Sports only due to

\_\_\_\_\_ Other Sports Only due to

\_\_\_\_\_ Sports Participation Not Recommended, due to

\_\_\_\_\_ Approval Withheld Pending evaluation for

**Definition:** [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

NAME OF EXAMINER \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

### CONSENT FOR MEDICAL TREATMENT

I am the mother / father / legal guardian of (student named below) who participates in co-curricular activities at Sioux Falls Christian . I hereby consent to any medical services & hospital care that may be required while said student is under the supervision of an employee of Sioux Falls Christian while involved in a school-sponsored/approved activity. I hereby appoint said employee to act on my behalf in securing necessary medical services & hospital care from any duly licensed physician or osteopath.

#### CONSENT OF STUDENT

I have read the above consent form signed by my mother / father / legal guardian, & join with him/her in consent.

#### HEALTH HISTORY

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Insured Person: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Father/Step-Father Work Phone: \_\_\_\_\_  
Mother/Step-Mother Work Phone: \_\_\_\_\_  
If we are unable to reach you in an emergency, whom should we contact?  
Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

#### MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_  
Any Allergies: \_\_\_\_\_  
Any Major Medical Problems (i.e. Heart, blood pressure, diabetes): \_\_\_\_\_  
Allergic to any Medications: \_\_\_\_\_  
Medication Taken on a Daily Basis: \_\_\_\_\_

**Legal Representative's Signature:** \_\_\_\_\_

Circle one: Parent Legal Guardian Other \_\_\_\_\_

### Authorization for Release of Medical Information (HIPAA)

(Health Insurance Portability and Accountability Act)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ (Fall, 2011) Gender F  M

1. I authorize the use or disclosure of the above named individual's health information including the Pre-Participation History and Physical Evaluation information pertaining to a student's ability to participate in school-sponsored/approved activities. Such disclosure may be made by a Health Care Provider generating or maintaining such information
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in co-curricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time by sending a written notice of revocation to the building Principal. I understand that the revocation will not apply to information that has already been released in reliance upon this authorization.
5. This authorization will expire on: 6/30/2012.
6. I understand that once the above information is disclosed, the recipient may re-disclose it and federal privacy laws or regulations may not protect it and the information.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in co-curricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.
8. Notice: Organizations or persons who receive education records as defined by the Federal Educational Rights and Privacy Act (FERPA) may not provide access to such records to any other party without the written consent of the parent/guardian of the student.

\_\_\_\_\_ Date

**Legal Representative's Signature:** \_\_\_\_\_

Circle one: Parent Legal Guardian Other \_\_\_\_\_

**Contract for Sioux Falls Christian Athletes and Parents**  
***(High School Athletes ONLY)***

*This contract is between \_\_\_\_\_, his/her parents and the Sioux Falls Christian Athletic Department. It is valid for this student's entire calendar year of 2011-2012 while attending Sioux Falls Christian, including the summer following.*

**In order to focus on a Christian lifestyle and promote Christ-Centered education through athletics, we are asking for a written commitment from all athletes and their parents to support the Athletic Code of Conduct. By signing below you are indicating that you understand and agree that participation in SDHSAA and SFC sponsored activities is voluntary on the part of the student and is considered a privilege. The student and parent also consent and agree to abide by all SDHSAA bylaws and rules interpretations, as well as the activity policies set by SFC.**

**ATHLETES PLEDGE:**

I will not smoke, drink alcohol, chew, or be involved with drugs. My teammates and I are resolved to not tolerate players who "do" these "things".

As an athlete at Sioux Falls Christian, I am happy for the opportunity that I have and I accept the responsibility to model a Christian image. I agree to support and live by the Sioux Falls Christian Athletic Code of Conduct.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

**PARENTS PLEDGE**

I have read and agree to support the policies as presented in the SFC Parent/Athlete Handbook. I further agree to do all in my power to insure that my child lives up to the Sioux Falls Christian Athletic Code of Conduct.

I will also positively support the Charger coaches, and will follow the communication ladder as presented in the handbook. The coaches and I have a contract to nurture my child in the Christian way of athletic competition.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date