

# **SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

Athlete's Name: \_\_\_\_ Date of Birth: \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Street Address:				
City:	State:	Zip:	Phone:	
Athlete's Cell Phone:				
Father's Name:	Wk. Phone:		Cell Phone:	
Mother's Name:	Wk. Phone:		Cell Phone:	
Parent's Email:				
Emergency Contact (other than par	ents listed above):			
Name:			Phone:	
Parent's Insurance Company:		Insurance	Policy Number:	
Other Insurance Information:				
List any medical problems of the atl	ılete:			
Family Doctor:			Phone:	
Hospital Preference:				
Н	eritage Christian Academy In Sports for the C			
to and from practices and games on the executors, administrators and assigns, Emmanuel Baptist Church, Heritage Cadministration, officers, employees, are of action, known or unknown, that the gross negligence of any such party, su verify that we have full knowledge of assume and pay any and all medical are regardless of whether we have authorion the event.	e HCA campus, (hereafter as jointly and severally forever thristian Academy, and any and agents of such parties from undersigned may have for such exception to apply only to the risks involved in the partied emergency expenses of the zed such expense, and that the	s "event") the user release and distant all participar n and against aruch demands, co such grossly relicipation in this e participant is ne participant is	e Christian Academy athletic activities and indersigned, for ourselves, our respective he scharge and agree to indemnify and hold had ating sponsors, and directors, and teachers, any and all demands, claims for damages and claims or causes of actions which may result negligent party. Each of the undersigned att is event, that we assume these risks, and that is the event of an accident, illness, or other in a physically fit and sufficiently trained to patternament to the athlete in the event of injury	eirs, rmless and the d causes t from the test and t we will acapacity articipate
This form must be signed by the par The parent or legal guardian must sign school year.		ent will be allow	wed to participate in HCA Athletics for the	current
Parent's Signature:		D	ate:	
Student's Name:		D	Pate:	

## Section 2: Parent Behavior and Student Travel Consent Forms

## **Parent Behavior Consent Form:**

- Heritage Christian believes the most important aspect of any athletic event is the attitude and testimony of all those involved. As a Christian institution and as Christians ourselves, it is our duty to be in control of our emotions and speech at all times.
- ☐ Everyone wants to win, but the number one reason for this school and for its athletics is to help train and discipline the students in the way of Christ. Therefore, we will expect our players and coaches to act in an appropriate manner. We will expect our fans and parents to do so also.
- We have set the following guidelines to help everyone behave in an adult-like and appropriate manner and to help everyone maintain their Christian testimony during heated or emotional situations.
- If you personally do not profess to be a Christian, we ask that you still adhere to our guidelines so the school your child attends can be perceived in a positive light in regards to attitude and sportsmanship.
  - 1. All fans (including parents) are expected to abide by the following guidelines when attending any HCA athletic function whether home or away.
  - 2. The coaches and administration from Heritage Christian or from the host school reserve the right to dismiss anyone from the athletic event who is not acting in accordance to the following guidelines or in accordance to a Christian testimony.
  - 3. Fans should only cheer in a positive manner.
  - 4. Fans should not "boo" the other team or the officials, nor should they make any degrading remarks regarding any players or the officials.
  - 5. Fans should never approach an official after a game.
  - 6. Fans should not approach a coach in a negative manner after a game.
  - 7. If a parent wants to discuss an issue with the coach, they should call the school to set up an appointment.
- Most of us would agree that a few years down the road other schools would not necessarily remember what our record was or how many points they beat us by or how many points we beat them by, but they will remember the conduct and attitude of the Heritage Christian sports program. Let's give them a positive impression.
- Please sign and return the bottom portion of this form indicating you have read the Heritage Christian Academy Fan Behavior Guidelines.

I have read and agree to uphold the Heritage Cl	ristian Academy Fan Behavior Guidelines.	
Parent Signature:	Date:	_
Parent Signature:	Date:	_
Athlete's Name:		_
Student Travel Consent Form:		

During the course of the year, the athletes will be traveling for athletic events. Please sign the below statement expressing that you give your child permission to travel to any athletic events for Heritage Christian Academy. Whenever the athletic teams travel, the athletic director will email detailed information regarding the athletic events. If you have any questions regarding the athletic events, please contact the athletic director or the school office.

I give	(Athlete) permission to travel to any athletic events for Heritage Christian Academy.
Parent Signature:	Date:

#### SECTION 3: UNDERSTANDING OF RISK OF 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 works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

## What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision

- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Memory problems
- Bothered by light or noise

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

- Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents. Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- The student should be evaluated. A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- Concussed students should give themselves time to get better. If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

## How can students prevent a concussion?

Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - > The right equipment for the sport, position, or activity; Worn correctly and the correct size and fit; and Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of	
participating in interscholastic athletics, including the risks associ	iated with continuing to compete after a concussion or
traumatic brain injury.	
Student's Signature	Date//
I hereby acknowledge that I am familiar with the nature and risk of	of concussion and traumatic brain injury while
participating in interscholastic athletics, including the risks associ	iated with continuing to compete after a concussion or
traumatic brain injury.	
Parent's/Guardian's Signature	Date//
*	

#### SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

#### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) 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 in the heart's electrical system, causing the heart to suddenly stop beating.

#### How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

## Are there warning signs?

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

dizziness

• fatigue (extreme tiredness)

• lightheadedness

weakness

shortness of breath

• nausea

difficulty breathing

- vomiting
- racing or fluttering heartbeat (palpitations)
- chest pains

• syncope (fainting)

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

## What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. 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 a few minutes. Most people who have SCA die from it.

#### Act 59 - the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

#### Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the sy	mptoms and warning signs of SCA.				
		Date	/_	/	
Signature of Student-Athlete	Print Student-Athlete's Name				
		Date	/_	/	
Signature of Parent/Guardian	Print Parent/Guardian's Name				

Student's Name			Age	Grade_	
	C-0		Have Hosey		
	SEC	TION 5:	HEALTH HISTORY		
Explain "Yes" answers at the bottom of the	his form.				
Circle questions you don't know the answ					
,	Yes	No		Yes	No
Has a doctor ever denied or restricted your		Ē	23. Has a doctor every told you that you have		
participation in sport(s) for any reason? 2. Do you have an ongoing medical condition			asthma or allergies?  24. Do you cough, wheeze, or have difficulty		
(like asthma or diabetes)?	100		breathing DURING or AFTER exercise?		40
3. Are you currently taking any prescription or			25. Is there anyone in your family who has	_	
nonprescription (over-the-counter) medicines or pills?			asthma? 26. Have you ever used an inhaler or takeл		
Do you have allergies to medicines, pollens,			asthma medicine?		100
foods, or stinging insects?		00	27. Were you born without or are your missing a	_	
5. Have you ever passed out or nearly passed			kidney, an eye, a testicle, or any other organ?		
out DURING exercise? 6. Have you ever passed out or nearly passed			28. Have you had infectious mononucleosis (mono) within the last month?	_	
out AFTER exercise?			29. Do you have any rashes, pressure sores, or		
7. Have you ever had discomfort, pain, or			other skin problems?	8	
pressure in your chest during exercise?			30. Have you ever had a herpes skin infection?  CONCUSSION OR HEAD INJURY		
Does your heart race or skip beats during exercise?			31. Have you ever had a concussion (i.e. bell		
Has a doctor ever told you that you have	_	_	rung, ding, head rush) or head injury?		
(check all that apply):			32. Have you been hit in the head and been		
☐ High blood pressure ☐ Heart murmur ☐ High cholesterol ☐ Heart infection			confused or lost your memory? 33. Do you experience dizziness and/or		
Has a doctor ever ordered a test for your	•		headaches with exercise?		
heart? (for example ECG, echocardiogram)		-	34. Have you ever had a seizure?		
11. Has anyone in your family died for no		100	35. Have you ever had numbness, tingling, or		
apparent reason?  12. Does anyone in your family have a heart			weakness in your arms or legs after being hit or falling?		
problem?			36. Have you ever been unable to move your		90
13. Has any family member or relative been			arms or legs after being hit or falling?		
disabled from heart disease or died of heart problems or sudden death before age 50?	100	100	37. When exercising in the heat, do you have severe muscle cramps or become ill?	_	_
14. Does anyone in your family have Marfan			38. Has a doctor told you that you or someone in	_	
syndrome?			your family has sickle cell trait or sickle cell		
<ul><li>15. Have you ever spent the night in a hospital?</li><li>16. Have you ever had surgery?</li></ul>	H	H	disease? 39. Have you had any problems with your eyes or		
17. Have you ever had an injury, like a sprain,			vision?		
muscle, or ligament tear, or tendonitis, which			40. Do you wear glasses or contact lenses?	100	(E)
caused you to miss a Practice or Contest?  If yes, circle affected area below:			41. Do you wear protective eyewear, such as goggles or a face shield?		
Have you had any broken or fractured bones			42. Are you unhappy with your weight?		11
or dislocated joints? If yes, circle below:			43. Are you trying to gain or lose weight?		
19. Have you had a bone or joint injury that			44. Has anyone recommended you change your	H	H
required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a			weight or eating habits?  45. Do you limit or carefully control what you eat?	_	_
cast, or crutches? If yes, circle below:			46. Do you have any concerns that you would		
Head Neck Shoulder Upper Elbow Forearm	Hand/ Fingers	Chest	like to discuss with a doctor?		H
Upper Lower Hip Thigh Knee Calf/shir		Foot/	FEMALES ONLY 47. Have you ever had a menstrual period?		لت
back back 20. Have you ever had a stress fracture?		Toes	48. How old were you when you had your first		
21. Have you been told that you have or have	_	17-00-27	menstrual period?		
you had an x-ray for atlantoaxial (neck)			49. How many periods have you had in the last		
instability? 22. Do you regularly use a brace or assistive			12 months? 50. Are you pregnant?	20	P
device?	10	0	ov. The year programm:		
#'s		Ev	plain "Yes" answers here:		
π <b>3</b>			Piditi 100 discribio 11610.		
			·		
I hereby certify that to the best of my kno	wledne a	ll of the	information herein is true and complete		
	euge d	. or the		,	,
Student's Signature			Date	1	-/
I hereby certify that to the best of my kno	wledge a	ll of the	information herein is true and complete.		
Parent's/Guardian's Signature			Date	1	1

Grade\_\_\_

Student's Name\_

## SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school. Student's Name Enrolled in \_\_\_\_\_\_School Sport(s) Height\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_ % Body Fat (optional)\_\_\_\_\_\_ Brachial Artery BP\_\_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_\_ ) RP\_\_\_\_\_\_ If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended. Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96. Vision: R 20/ L 20/ Corrected: YES NO (circle one) Pupils: Equal\_\_\_\_Unequal\_ MEDICAL NORMAL ABNORMAL FINDINGS Appearance Eyes/Ears/Nose/Throat Hearing Lymph Nodes Heart murmur | Femoral pulses to exclude aortic coarctation Cardiovascular Physical stigmata of Marfan syndrome Cardiopulmonary Lungs Abdomen Genitourinary (males only) Neurological Skin MUSCULOSKELETAL NORMAL **ABNORMAL FINDINGS** Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/quardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form: CLEARED, with recommendation(s) for further evaluation or treatment for: NOT CLEARED for the following types of sports (please check those that apply): STRENUOUS MODERATELY STRENUOUS Non-STRENUOUS ■ COLLISION ■ CONTACT
■ NON-CONTACT Due to \_\_\_ Recommendation(s)/Referral(s) \_\_\_\_ License #\_\_\_\_\_ AME's Name (print/type)\_\_\_\_\_ Address \_ Phone ( Date of CIPPE / \_\_/ \_\_

AME's Signature MD, DO, PAC, CRNP, or SNP (circle one)