

ANNUNCIATION CATHOLIC SCHOOL ATHLETIC PROGRAM 2016 - 2017

Dear Parents/Guardians,

If your child is in Grades 5 through 8 and interested in playing sports, this is for you!

All student athletes trying out for any sports team must have the attached forms filled out and returned to the school office prior to the sports season which starts in September.

****This is mandatory and required by the Archdiocese. There will be no exceptions.**

****Simply, these forms must be on file or your child will not be able to try out for a team.**

****Note: The HRS Form 3040(yellow) is not accepted. When you go for your physical, take the attached Athletic Pre-participation Physical Evaluation form with you. The doctor must fill it out, sign it and date it.**

**** All sports physicals must be dated after June 1st for the new school year.**

Attached you will find:

Athletic Pre-participation Physical Evaluation form. Page 1 is to be completed and signed by parent or guardian. Page 2 is to be filled out and signed by the physician.

Archdiocese of Miami Athletic Consent and Release from Liability Certificate - to be filled out and signed by parents or guardians.

We are required by the ABCC (All Broward Catholic Conference) to have these forms on file for all student athletes who try out for any sports team. Thank you for your cooperation.

Basketball & Cheerleading seasons will begin September 19 thru October 21, 2016.

The games are played on a rotating schedule, evening games - 5:30, 6:30 or 7:30 PM and Saturday mornings - 9:00, 10:00 or 11:00 AM. Games are played at the Chaminade - Madonna Gym. CLINIC TBA (possibly Sept.10th) CHEER EXHIBITION - October 15th.

Coed Soccer: November 7 thru December 16, 2016. All games are played after school. Game time 3:30 PM. We travel to our Home field and our opponents Home field.

Girls Basketball: November 7 thru December 16, 2016. All games are played after school. Game times are 3:30 or 4:30 PM. We travel for all games.

Boys Volleyball & Softball: January 23 thru February 16, 2017. All games are played after school. Game time is 3:30 PM. We travel to our opponents court or field.

Girls Volleyball: April 3 thru May 12 , 2017. All games are played after school. Game time is 3:30 PM. We travel to our opponents court.

COACHES ARE NEEDED! If you could share your time and talents to help coach, please contact Mrs. Thomas by phone - 954-989-8287 or e-mail - thomas@annun.org.

REMINDER: The Archdiocese requires all coaches and volunteers to have fingerprints on file and to have attended the 3 hour Virtus Program and to keep current on the monthly Virtus training bulletins online. For more information please contact Mrs. Thomas.

Thank you for your interest in our Athletic Program and in your child's desire to play sports. I look forward to an exciting season and hearing from you!

Sincerely,

Mrs. Barbara Thomas, Athletic Director



Archdiocese of Miami
 Department of Schools
 Athletic Pre-participation Physical Evaluation (Page 1 of 2)
 This completed form must be kept on file by the school

Part 1. Student Information (to be completed by the parent).

Student Name: _____ Sex: _____ Age _____ Date of Birth _____ / _____ / _____
 School: _____ Grade in School _____ Sport(s) expected to play _____
 Home Address: _____ Home Phone () _____
 Name of Parent/Guardian: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: () _____ Work Phone: () _____
 Personal Family Physician: _____ City/State: _____ Office Phone: () _____

Part 2. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions for which you do not know the answer.

	Yes	No		Yes	No
1. Has child had a medical illness or injury since the last check up or sports physical?	_____	_____	26. Has child ever become ill from exercising in the heat?	_____	_____
2. Does child have an ongoing chronic illness?	_____	_____	27. Does child cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Has child ever been hospitalized overnight?	_____	_____	28. Does child have asthma?	_____	_____
4. Has child ever had surgery?	_____	_____	29. Does child have seasonal allergies that require medical treatment?	_____	_____
5. Is child currently taking any prescription or nonprescription (over the counter) medications or pill or using an inhaler?	_____	_____	30. Does child have 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, hearing aid)?	_____	_____
6. Has child ever taken any supplements or vitamins to help gain or lose weight or improve performance?	_____	_____	31. Has child had any problems with his/her eyes or vision?	_____	_____
7. Does child have any allergies (for example to pollen, medicine, food or stinging insects)?	_____	_____	32. Does child wear glasses, contacts, or protective eye wear?	_____	_____
8. Has child ever had rash or hives develop during or after exercise?	_____	_____	33. Has child ever had a sprain, strain, or swelling after injury?	_____	_____
9. Has child ever passed out during or after exercise?	_____	_____	34. Has child broken or fractured any bones or dislocated any joints?	_____	_____
10. Has child ever been dizzy during or after exercise?	_____	_____	35. Has child had any other problems with pain or swelling in muscles, tendons, bones, or joints?	_____	_____
11. Has child ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Does child get tired more quickly than friends during exercise?	_____	_____	___ Head	___ Elbow	___ Hip
13. Has child ever had racing of the heart or skipped heartbeats?	_____	_____	___ Neck	___ Forearm	___ Thigh
14. Has child had high blood pressure or high cholesterol?	_____	_____	___ Back	___ Wrist	___ Knee
15. Has child ever been told he/she has a heart murmur?	_____	_____	___ Chest	___ Hand	___ Shin/Call
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	___ Shoulder	___ Finger	___ Ankle
17. Has child had severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted child's participation in sports for any heart problems?	_____	_____	36. Does child want to weigh more or less than child weighs now?	_____	_____
19. Does child have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	_____	_____	37. Does child lose weight regularly to meet weight requirements for a sport?	_____	_____
20. Has child ever had a head injury or concussion?	_____	_____	38. Does child feel stressed out?	_____	_____
21. Has child ever been knocked out, become unconscious, or lost his/her memory?	_____	_____	39. Record the dates of his/most recent immunizations (shots) for:		
22. Has child ever had a seizure?	_____	_____	Tetanus _____	Measles: _____	
23. Does child have frequent or severe headaches?	_____	_____	Hepatitis B _____	Chickenpox: _____	
24. Has child ever had numbness or tingling in his/her arms, hands, legs, or feet?	_____	_____			
25. Has child ever had a stinger, burner, or pinched nerve?	_____	_____			

Explain "Yes" answers here: _____

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



Athletic Pre-participation Physical Evaluation (Page 2 of 2)
This completed form must be kept on file by the school

Part 3. Physical Examination (to be completed by physician).

Student Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____/____)

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Skin	_____	_____	_____
MUSCULOSKELETAL			
9. Neck	_____	_____	_____
10. Back	_____	_____	_____
11. Shoulder/Arm	_____	_____	_____
12. Elbow/Forearm	_____	_____	_____
13. Wrist/Hand	_____	_____	_____
14. Hip/Thigh	_____	_____	_____
15. Knee	_____	_____	_____
16. Leg/Ankle	_____	_____	_____
17. Foot	_____	_____	_____

* - Station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN

Cleared without limitation

Not cleared for _____ Reason _____

Cleared after completing evaluation/rehabilitation for: _____

Referred to _____ For _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____ MD, DO, DC, ARNP

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s)

Cleared without limitation

Not cleared for _____ Reason _____

Cleared after completing evaluation/rehabilitation for: _____

Referred to _____ For _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____

Address: _____

Signature of Physician: _____ MD, DO, DC, ARNP

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

ARCHDIOCESE OF MIAMI

Office of Schools: All Broward Conference and All Catholic Conference

Student: _____ School: _____

Sports in which the student plans to participate: _____

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we am aware of the potential danger of concussions and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
- C. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the school against which it competes, the contest officials and coaches, and the Archdiocese of Miami including all of its affiliated entities and agents of any and all legal responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and coaches and the Archdiocese of Miami because of any claim, costs, or cause of action arising in any way from the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sports activity until this document is on file with the principal.

Parent/Guardian

Parent/Guardian

Date

Note: This document must be completed and endorsed by the student's parent or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal.