

BLOOMFIELD ATHLETICS

Checklist for Forms:

- _____ Health Questionnaire
- _____ Insurance OR Insurance Waiver (sign below)
- _____ Parental Consent Form
- _____ Emergency Card

- _____ Physical
- _____ Sportsmanship Agreement

Insurance Waiver

I _____ have insurance provided by _____
(parent/guardian) (Insurance Co.)

which adequately covers _____'s participation in _____
(student-athlete) (Sport)

_____ (parent/guardian's signature) _____ (date)

HEALTH QUESTIONNAIRE FOR SPORTS CANDIDATES

(To be completed by athlete with parental assistance if necessary)

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ TELEPHONE _____

PARENT'S NAME _____

SCHOOL _____ GRADE _____

SPORTS YOU WANT TO PLAY _____

- (Circle Your Answer)
- | | | | |
|-----|--|----|-----|
| 1. | Have you ever been told not to participate in any sport? | No | Yes |
| 2. | Have you ever been unconscious or lost memory from a blow on your head? | No | Yes |
| 3. | Have you ever had a fracture or dislocation? | No | Yes |
| 4. | Have you ever had a bad knee or ankle sprain? | No | Yes |
| 5. | Have you had other serious injuries? | No | Yes |
| 6. | Are you injured or ill now? | No | Yes |
| 7. | Do you have allergies (hay fever, asthma, hives, or to foods or medicines?) | No | Yes |
| 8. | Have you ever fainted or blacked out during exercise? | No | Yes |
| 9. | Has any close relative had heart problems before age 40 years? | No | Yes |
| 10. | Do you take any kind of medicine every day? | No | Yes |
| 11. | Have you been a patient in a hospital for an operation or any other reason? | No | Yes |
| 12. | Do you have any worries about your health or other questions you would like to discuss with a physician? | No | Yes |

Please explain any questions answered with "yes" in the space below.

**NEBRASKA SCHOOL ACTIVITIES ASSOCIATION ("NSAA")
Student and Parent Consent Form**

School Year: 200__-200__ School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production
Basketball	Swimming	Track	Speech
Cross County	Soccer	Volleyball	Music
Football	Softball	Wrestling	Debate
Journalism			

DATED this ____ day of _____, _____.

Parent/Guardian Signature

Parent/Guardian Signature

BLOOMFIELD ATHLETICS
Emergency Identification Card
(To be filled out by the athlete and his/her parent/guardian)

Athlete Name: _____ Grade: _____

DOB: ____/____/____ Age: _____ Sport: _____

Parent/Guardian Name(s) _____

Address: _____

Emergency Contact: _____ Phone: (____) ____ - _____

Chronic Ailments / Notes: _____

I, _____, parent or guardian of _____

in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment as may be necessary for the above named child, and hereby waive any liability of the school district or its employees arising out of such medical treatment

Date: ____/____/____

Sportsmanship Agreement

Show class, have pride, and display character.
If you do, winning takes care of itself.

Coach Paul 'Bear' Bryant

I _____ and _____
(Athlete) (Parent/guardian)

understand that with team participation comes certain responsibility, namely to represent the school and community in a manner which reflects class, dignity and championship behavior. Championship behavior is defined as, but not limited to the following:

1. Respecting all teammates, coaches, opponents, officials and spectators.
2. Using language deemed appropriate by mothers, grandparents, pastors/priests.
3. Accepting officials decisions; in accordance with that is accepting the fact that all disadvantageous decisions by officials may be overcome by my team through determination and hard work and refusal to give up.
4. Representing the school and community not only on athletic fields, but in the stands at games, in the classroom and on road trips
5. Understanding that self-discipline- the decisions made when no one is watching- have lasting impact on my character and change the mediocre in to the great.
6. Working daily to be a better citizen as well as a better athlete.
7. Having PRIDE in "being a Bee"

I accept the terms and condition of team membership in the Bloomfield athletic program. I also understand that failure to abide by these conditions may result in suspension from competition in athletic contests.

Signature of athlete

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION
FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had at least 1 drink of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary†			
Skin			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

†Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CE-100-100-100-100

Name _____ Sex _____ Age _____ Date of birth _____

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

Not cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION
Allergy _____
Other information _____
IMMUNIZATIONS (provide appropriate dates for all immunizations) _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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