#### **BLOOMFIELD ATHLETICS**

necklist for Form	s;	
	Health Questionnaire	
	Insurance OR Insurance Waiver (sign below)	
	Parental Consent Form	
	_ Emergency Card	
,	Physical	
	_ Sportsmanship Agreement	
Insurance Waiver		
	Laur insurance provided by	
I (par	have insurance provided by	(Insurance Co.)
which adequately	covers''s participation in	(Sport)
	(Student-winete)	
(pai	rent/guardian's signature) (date)	

#### HEALTH QUESTIONNAIRE FOR SPORTS CANDIDATES

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

NA	NAMEDATE OF BIRT		
НО	ME ADDRESSTELEPHON	1E	
	RENT'S NAME		
	HOOLGRADE		
	ORTS YOU WANT TO PLAY		
1.	Have you ever been told not to participate in any sport?	(Circle Your No	Answer) 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
0.	Do you take any kind of medicine every day?	No	Yes
1.	Have you been a patient in a hospital for an operation or any other reason?	No	Yes
2.	Do you have any worries about your health or other questions you would like to discuss with a physician?	No	Yes
leas	e 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) a Student and are colle	are the Student and the pa ectively referred to as "Pa	rent(s), guardian(s), or pers rent".	on(s) in charge of the above named
The Parent and Stud	ent hereby:		
(1) Understand Student and is a priv	and agree that participati ilege;	on in NSAA sponsored activ	rities is voluntary on the part of the
Parent and Studen participation in any a from minor cuts, br ligaments, tendons, occasions, injuries so	t of the existence of pathletic activity may invol- uises, sprains, and musclor or muscles, to catastrople severe as to result in to	otential dangers associated we injury of some type; (c) the e strains to more serious in hic injuries to the head, no tal disability, paralysis and	A has provided notification to the with athletic participation; (b) the severity of such injury can range djuries to the body's bones, joints, eck and spinal cord, and on rare death; and, (d) even with the best es, injuries are still a possibility;
and rules interpretat	agree to participation of ions for participation in N hich the Student is partici	SAA sponsored activities, a	vities subject to all NSAA by-laws nd the activities rules of the NSAA
other means while pa regard to the display such photographs or	rticipating in NSAA active of such recordings, and recordings or to the broad	ities and contests, consent to waive any claims of owners lcast, sale or display of such	d, audio taped, or recorded by any and waive any privacy rights with thip or other rights with regard to photographs or recordings.
including the warning	have read paragraphs (1) g of potential risk of injur	through (4) above, understa y inherent in participation is	and and agree to the terms thereof, a athletic activities.
DATED this day	y of	.,	
(I)(We) have read par warning of potential paragraph (3) above (my)(our) permission	Student's [circle appropring agraphs (1) through (4) a risk of injury inherent in part and understanding the for	bove, understand and agree participation in athletic acti- potential risk of injury to	dian). (I)(We) acknowledge that to the terms thereof, including the vities. Having read the warning in my Student, (I)(we) hereby give actice and compete for the above
Basebali	Golf		
Basketbali	Swimming	Tennis  Track	Play Production
Cross County	Soccer	Volleybali	Speech Music
Football	Softball	Wrestling	Debate
Journalism			
DATED this day	of	.,	
Parent/Guardian Sign	nature	Parent/Guardia	n 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:		
Ι,	, parent or guardian of	
in consideration of my child's opportunity to p		
emergency medical treatment as may be neces	ssary for the above named	child, and hereby waive any
liability of the school district or its employees	arising out of such medic	al treatment

### Preparticipation Physical Evaluation



me		.,	Se	ι	Age _		Date	of birth	l		
adeSchoolSport(s)											-
idress							_ Pho	18			
ersonal physician											_ ]
r case of emergency, contact			Phone	(H)			(V	v) (V			
ame Rollanding										Yes	
Explain "Yes" answers below. Circle questions you don't know the answers to.				during	or after e	xercise	? 		breathing	₽	
	Y05	No	25.	le ther	e anyone	in your	nhaler o	rtaken as	thma medicir	W 10	A LANGE WAY
Has a doctor ever denied or restricted your participation in sports for any reason?	ם		27.	Ware	you born	without	or are v	ou missír	ng a kidney,		
Do you have an angoing medical condition	נו	П		en eye	a testick	e, or an	other o	organ?	(mono)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(like diabetes or asthma)? 3. Are you currently taking any prescription or		<u></u>		within	the last m	nonth?					
nonprescription (over-the-counter) medicines or pillar		<u></u>	29.	Do yo	u have an robleme?	y rashe:	s, pressi	ure sores	, or other		
4. Do you have allergies to medicines, pollens, foods,			30	مريم الك	you had a	harnae	ekin inf	ection?			
or stinging insects? 5. Have you ever passed out or nearly passed out			31	Have	vou ever	had a h	ead inju	ry or con	froissuo f	🖰	
DURING exercise?		<u>u</u>	32.	Have	vou peen	ուտտ	ie liead	HIIO DOOL	confused	-	
Have you ever passed out or nearly passed out AFTER exercise?			33	or los Have	vou ever	had a s	eizure?	ninemanapping serve in	nga a aka ini da hasanggan bibasi i an angk shapagan rasha aka k sisa ina		
7. Have you ever had discomfort, pain, or pressure in			34	Do vo	u have he	eadache	s with e	xercise?			
your chest during exercise?  8. Does your heart race or skip beats during exercise?	<u> </u>		35	. Have	you ever	had nur	nbness,	tingling,	or weakness lling?		
<ol> <li>Has a doctor ever told you that you have (check all that apply):</li> </ol>	, p. m. in.			Have	you ever	been ui hit or f	nable to alling?	move yo	ur arms or	_	ت ۔
☐ High blood pressure ☐ A heart murmur ☐ A heart infection	•			. Wher	exercisir le cramps	ng in the	heat, d ome ill?	o you ha	ve severe		
Has a doctor ever ordered a test for your heart?     (for example, EOG, echocardiogram)		Ω.		famil	v has sick	le cell tr	ait or si	ckie cell	one in your disease?		
1. Has anyone in your family died for no apparent reason	17 🗆	_믘-	39	. Have	you had	any pro	blems w	ith your	eyes or visio	<u>ارا آرا</u>	
2. Does anyone in your family have a heart problem?			40	), <u>Do y</u>	ou wear c	lasses c	or conta	ct lenses	? as goggles o		
<ol> <li>Has any family member or relative died of heart problems or of sudden death before age 50?</li> </ol>			41	. ນດy afac	ou wear p e shield?	TOTECTIV	e eyewe	an, such	as goggios o		
14. Does anyone in your family have Marfan syndrome?		********	4:	. Are	you happy	with yo	ur weig	ht?		1001	֓֞֞֞֞֞֞֞֞֜֞֞֞֞֜֞֞֜֞֞֞֞֜֞֞֞֜֞֞֞֜֞֞֞֜֞֞֞֞֞֞
15. Have you ever spent the night in a hospital?			43	3. Are	you trying	to gain	or lose	weight?	your weigh		) L
16. Have you ever had surgery?				or e	ating habit	ls?			ou eat?	L	] [
			4:	3 Das	ou bave :	any cond	ceme th	at you wo	ould like to		] [
			FE	MALES	ONLY				[7		ם נ
	等		a X	R. How	old were	you whe	en you ha	id your fir	st menstrual p	eriod? _	
			4	<ol><li>Hov</li></ol>	y many pe	erioda ha	ave you	had in th	e last year?_		
	, i		Ex	olaln "Y	es" ansv	vers her	e:				
20. Have you ever had a strees fracture?											
21. Have you been told that you have or have you had an x-ray for atlantosxial (neck) instability?		) []			<u></u>						
22. Do you regularly use a brace or assistive device?		) 🔘									
23. Has a doctor ever told you that you have authma or allergies?		) (1	_					<del></del>			

# Sportsmanship Agreement



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

Coach Paul 'Bear' Bryant

.1	and
(Athlete) understand that with te	(Parent/quadien)
represent the school an	am participation comes certain responsibility, namely to decommunity in a manner which reflects class, dignity and
championship behavior.	Championship behavior is defined as, but not limited to the
following:  1. Respecting all teams	ates, coaches, opponents, officials and spectators.
2. Using language deem	ed appropriate by mothers, grandparents, pastors/priests.
3 Accepting officials do	ciaione in accord.

- 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.

#### Preparticipation Physical Evaluation



Name _	Date of birth								_
Height	Weigh	ıt	% Body fat (optional)	Pulse	BP/	_(/	- 1	_/	ر
/Islon	R 20/ L	20/	Corrected: Y N	Pupils: Equal	Unequal				
1			ore Sensitive Issues		akan ji akan ji kangara kanali ji melakan ji anga anga anlipadik sambil kapanan jag	والمراجعة	Yes	No	
	1. Do you feel stre	seed out or	under a lot of pressure?	Highertanishan speterfess concent que codere code steadall.	and an increase of the second	man gam come sign			
		SPANISHES SPECIAL FACTORIST	hopeless that you stop doing so	**************************************					
	3. Do you feel safe	ried olganet	te smoking, even 1 or 2 puffs?	Do you currently smok	e9				
	5. During the past	30 days. d	id you use chewing tobacco, sn	uff. or dip?	Y	*** *** ** *****			
5 M	6. During the past	30 days, h	ave you had at least 1 drink of a	alcohol?	name fail on man-appeal brand in more or breither an		_		
3.3	7. Have you ever t	aken steroi	d pills or shots without a doctor	s prescription?	restelly reliables of the reliable seasons the seasons	Market Market Market Market Market State (Market Market Market Market Market Market Market Market Market Market			
	8. Have you ever t	aken any s	upplements to help you gain or	lose weight or improve	your performance	e?			-
	9. Questions from	the Youth F	Risk Behavior Survey (http://ww domestic violence, drugs, etc						
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	ple-examiner set-up or ng a third party preser		ended for the genitourinary examina	tion.					
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Note	8;								····
Name	of physician (prir	nt/type)				Date			
Addre	55				Phone	·			
	ture of physician								or DC

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Phone\_

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Signature of physician \_