

St. Michael's Episcopal School
8706 Quaker Lane, Richmond, VA 23235

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM – 2009-10 SCHOOL YEAR

To be eligible for participation, this form must be completed AFTER May 1, 2009.

You must return this form to the office before participation

PART I-ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Student's Name _____ Social Security # _____
(last) (first) (middle initial)

Home Address: _____

Phone Number: _____ Date of Birth: _____

Parent's Name: _____ Emergency Phone Number: _____

Statement of Commitment

As a member of St. Michael's Episcopal School's athletic team, I fully understand that I am expected to attend all practices and games. Exceptions would be conflict with another school activity, a family emergency, or illness. Further, I understand that if I miss practice or a game for other reasons, I may lose the privilege of representing St. Michael's on that team.

Student Signature Date

The St. Michael's Athlete Should:

1. Not lose his/her temper or use profanity when in practice or competition.
2. Be courteous to visiting teams and officials.
3. Play hard and to the limit of his/her ability, regardless of discouragement. The true athlete does not give up but continues to strive to meet team and individual goals.
4. Be gracious in defeat and modest in victory. A true sportsman does not offer excuse for failures.
5. Maintain a high degree of physical fitness by observing team and training rules conscientiously.
6. Respect the facilities of host schools and uphold the trust placed in you as a guest.
7. In the classroom strive for perfect attendance, take responsibility for completing academic assignments on time, and encourage others to improve their academic work.
8. Demonstrate loyalty to the school by performing academically to the best of your ability and be participating in or supporting other school activities.
9. Should not engage in any activity that includes alcohol, tobacco, or any other controlled substance.

I have read and understand the above expectations of a St. Michael's athlete and will do my best to uphold each one who a member of a St. Michael's team.

Student Signature Date

PART III – PHYSICAL EXAMINATION

(To be completed and signed by examining physician)

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Index _____

*Vision: corrected (L) _____ (R) _____

Blood Pressure _____

Eyes _____

Cervical spine/neck _____

Ears _____

Back _____

Nose _____

Shoulders _____

Teeth _____

Arm/elbow/wrist/hand _____

Skin _____

Knees/hips _____

Lungs _____

Lab: _____

Lymphatics _____

*Urine _____

Heart _____

*Hemoglobin or HCT _____

Abdomen _____

and/or Fe Stores _____

Genitalia/hernia _____

*WHEN MEDICALLY INDICATED

Peripheral pulses _____

I have reviewed the data above, reviewed his/her medical history form and made the following recommendations for his/her participation in athletics.

___ Full participation ___ Limited participation ___ No Participation ___ Needs Additional Evaluation

If not full participation, give reasons and recommendations: _____

Any recommendations or concerns on such items as:

- a. Weight loss or gain or restrictions of weight loss: _____
- b. Slow and careful monitoring of conditioning because of being overweight or showing an abnormal exercise testing: _____
- c. Other _____

Physician Name (print) _____ Signature _____ M.D.* DATE _____

Address _____ Telephone Number _____

City/Zip Code _____

*Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

