



## MIDDLE SCHOOL ATHLETIC PARTICIPATION FORM

In order for a student athlete to participate in a middle school athletic program at SDJA, the following requirements must be met:

1. "Physical Examination" form completed by a Physician or Physician's Assistant once a school year
2. "Health History" form must be completed by the parents once a school year
3. The "Athlete's Agreement and Parent Acknowledgement" form must be signed each season of sport
4. Team fee of \$210.00 per season. The fee is due by September 12 for fall athletes, Nov 18 for winter athletes and February 24th for spring athletes.

**NO STUDENT ATHLETE MAY PARTICIPATE IN ANY ATHLETIC TEAM ACTIVITY, INCLUDING PRACTICE, UNTIL THEY RECEIVE AUTHORIZATION FROM THE ATHLETIC DEPARTMENT**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### **Please Circle Sport to be played**

Fall Season Sport: Flag Football - Volleyball - Cross Country

Winter Season Sport: Boys Basketball - Boys Soccer – Girls Soccer - Softball

Spring Season Sport: Baseball - Coed Tennis - Girls Basketball - Dance

**The Middle School Athletic Participation Form must be returned to the Athletic Department by August 24 for athletes participating in fall sports and November 11 for athletes participating ONLY in winter and/or spring sports.**

# SDJA Health History

Student Name \_\_\_\_\_

## TO BE COMPLETED AND SIGNED BY PARENTS

### Health History

Please circle "YES" or "NO" and explain any "YES" answers.

- Head, neck or spinal injury Yes No
- Permanent defect Yes No
- Seizure, convulsions, or fainting Yes No
- Psychiatric disorder Yes No
- Dizziness or frequent headaches Yes No
- Rheumatic fever Yes No
- Eye problem Yes No
- Any other disease Yes No
- Cardiovascular disease Yes No
- Asthma or allergies Yes No
- Lung disease Yes No
- Broken bones Yes No
- Ulcer Yes No
- Recent illnesses Yes No
- Diabetes Yes No
- Recent operations Yes No
- Kidney disease Yes No
- Current medications Yes No
- Muscular disease Yes No
- Nervous disorders Yes No
- Currently under medical care Yes No

### Explanation

Please use this space to explain any "YES" answers from the above health history.

I (parent's name) \_\_\_\_\_ certify that the information I have provided regarding my child's health history is true, correct and complete.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SDJA**  
**PHYSICAL EXAMINATION**  
 (TO BE COMPLETED AND SIGNED BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse (resting) \_\_\_\_\_ Pulse ( after 2 min. exercise) \_\_\_\_\_

Vision (R) \_\_\_\_\_ Vision (R) \_\_\_\_\_

Vision (L) \_\_\_\_\_ Vision (L) \_\_\_\_\_

Vision (Both) \_\_\_\_\_ Vision (Both) \_\_\_\_\_

With / without glasses

**Part III**

CONDITION	NORMAL	ABNORMAL
Peripheral Vision		
Pupillary Reflex		
Accommodation (check both eyes)		
Eyes (note evidence of disease or injury)		
Hearing		
Ears (note evidence of disease or injury)		
Lungs / Chest		
Heart (Stethoscope exam required)		
Blood pressure		
Pulse (resting)		
Pulse (after two minutes of exercise)		
Abdomen (note injuries and defects)		
Gastrointestinal (ulceration or disease)		
Spine (note any disease or injury)		
Knee jerk reflex (left and right)		

**Recommendations:**

Full, unrestricted participation

Deferred or no participation at this time because:

Needs to complete rehabilitation for current condition (s) prior to participation

Notes: \_\_\_\_\_

Needs clearance by specialist:

Notes: \_\_\_\_\_

Failed. Reason: \_\_\_\_\_

Physician's Statement:

(Student's name) \_\_\_\_\_ was examined by me on (date) \_\_\_\_\_ and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee, the fitness and safety of this student athlete

**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Physician's Stamp HERE**

# Athlete's Agreement and Parent Acknowledgement

## Athletes Agreement

I understand that:

1. I am responsible for reading and complying with the policies set forth in the SDJA athletic handbook (Available at the SDJA website or athletic department office).
2. I agree to follow and comply with all team expectations as set forth by the coaching staff.
3. Students must attain at least a 2.0 GPA to remain academically eligible for interscholastic athletics
4. Students who will miss a class because of an athletic dismissal must make arrangements beforehand with their teachers to make up any work that they will miss.
5. Playing/practicing competitive sports can be a dangerous activity that involves the risk of injury. Because of the danger of injury relating to participation in sports, I recognize the importance of following the coaches' instructions regarding playing techniques, use of athletic equipment and other team rules.
6. Proper physical preparation and living a healthy lifestyle will greatly enhance my athletic experience.
7. SDJA athletes are expected to attend all games and practices and are expected to be positive, cooperative team members.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parents Acknowledgement

By signing this form:

1. I give my permission for my child to participate in SDJA athletics.
2. I give my permission for SDJA staff to provide first aid and secure emergency care as needed.
3. I have read, understand and will comply with the policies set forth in the SDJA Athletic Handbook
4. I recognize the importance of teaching my child to follow the coaches' instructions regarding playing techniques, use of athletic equipment and team expectations.
5. I understand that proper physical preparation and living a healthy lifestyle will greatly enhance my child's athletic experience.
6. I understand that to fully benefit from the middle school team sports experience; my child must be committed to the team by attending all practices and games.
7. I understand that the failure of my child to abide by the policies set forth in the athletic handbook and team expectations can result in expulsion from the athletic program.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_