



## **WCA Athletic Forms**

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**WESTSIDE CHRISTIAN ACADEMY**  
**Athletic Registration Form**

Please Print

<b>Players Name</b>		<b>Grade</b>	
<b>Address City/Zip</b>		<b>Parent/Guardian</b>	
<b>Phone</b>	<b>Home #</b> _____ <b>Cell #</b> _____	<b>E-Mail</b>	
<b>Cost</b>	<b>Cross Country \$60</b> <b>Track \$60</b> <b>Volleyball \$100</b> <b>Basketball \$120</b>	<b>Sport</b>	

**Waiver of Liability**

I/We, parents/legal guardians, of the above named registrant and in consideration for participation in any and all of the activities involved in the Westside Christian Academy Athletic and Lutheran Elementary School League, including, but not limited to sport play, practice, and transportation to any league sanctioned activities. These athletic activities which we know and understand to involve inherent risks of personal injury. I/We hereby release, absolve, indemnify and hold harmless the Westside Christian Academy and its administrators, the Westside Christian Academy Board, team sponsors, team coaches and their assistants, and referees, and any other persons or entities involved with the administration of league activities from any and all liability for personal injuries, damages, or losses which we or my child may sustain in the above referenced activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to ensure the success of the Westside Christian Academy Athletic program by:

\_\_\_\_\_ I am willing to help transport the team to games - (A Volunteer Driver Form must be on file at the Westside Christian Academy office)

\*\*\*\*\*

I/We, parents/legal guardians give permission for (child's name) \_\_\_\_\_

to be transported to/from all games for the Westside Christian Academy athletic season.

Parent Name (Please Print) \_\_\_\_\_

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

8/3/2020





# Westside Christian Academy Athletic Philosophy

## **“Glorifying God In All We Do!”**

The Philosophy and approach to athletics at Westside Christian Academy flow naturally from the school’s mission statement, “Raising up leaders to impact the west side of Cleveland for Jesus Christ”. The purpose and intent of our sports programs a WCA is to bring glory to God through our participation and involvement in athletics. Our goal is to develop within those who participate in athletics the character traits of Jesus Christ; producing positive Christian men and women who honor the Lord both on and off the playing field.

WCA believes that the condition of the heart comes before the score of the game. When winning is kept in the right perspective, our student athletes are allowed to develop without the fear of failure. They learn to understand the value of praise, and the importance of loving Shepherding. Winning must be accomplished while competing in a Christ – honoring sense of fair play and good sportsmanship. Athletics challenges student athletes to grow in their spiritual journey.

We desire for our athletes to grow spiritually by teaching them to think and act like Christ in the competitive arena and to model Godly character through their words, their attitudes and their deeds.

Our goal is for students to leave with a greater understanding of their God-given purpose, who they are in Christ, and how they can serve others. Our ultimate goal is that the world will see Christ in us as we compete and that we would know “victory beyond competition”.

## **The WCA Athlete**

We believe all WCA students should be diligent in preparation, relentless in effort, disciplined by nature, respectful in actions, self-controlled with words, humble in spirit, and aggressive in pursuit of excellence, without regard to the score, opponent, time or referee. As Christian athletes display these characteristics, good things usually happen: teams are successful, players are motivated, fans are supportive and enthusiastic, parents are proud, prospective athletes want to participate, and very often non-believers are drawn to Christ. Each student athlete is expected to strive for excellence in their academic endeavors while participating in the WCA athletic program.

## Academic Eligibility

In order to maintain academic excellence, eligibility will be granted for extra curricular endeavors according to the following criteria.

- A. Each participant must maintain a C average (77%) prior to and concurrent with the quarters of participation.
- B. In the case that a participant's average "drops below" a C – (74%):
  1. The teacher will notify the student, parents, and supervisor/coach of the extra-curricular activity.
  2. An intervention will be put into place to assist the student in his/her academic success
    - Interventions are the responsibility of the staff member and supervisor
    - Interventions may include loss of privileges to attend practices, competitions, performances, etc.
    - The intervention plan will be submitted to the principal for approval.
  3. Participants may be reinstated to full privilege at any time during the intervention process if the teachers and supervisor/coach feel that the desired academic improvement has been achieved.

# Expectations of Athletes

**Each student is expected to:**

## **Be Responsible-**

Be at practice, try to limit appointments, vacations or other family events that may cause you to miss valuable time; be on time; keep your grades up; turn in homework; be an example in the classroom, hallways, and outside WCA.

## **Be Respectful-**

Speak to teammates, coaches, parents, and officials with kind words and respect; dress modestly and appropriately.

## **Be Honest-**

Speak the truth in love; avoid gossip or listening to gossip; keep your speech clean and pure.

## **Be Loyal-**

Believe the best about your teammates and coaches; keep team issues within the team.

## **Work Hard-**

Be diligent to take advantage of every opportunity to improve; push and encourage your teammates faithfully.

## **Play Smart-**

Know your plays and assignments; take care of your body by eating right, staying hydrated and getting plenty of rest; stay away from activities and habits that may harm your body and /or jeopardize your athletic career.

## **Team Before Yourself-**

Always consider others more important than yourself; encourage your teammates faithfully.

## **Be Coach-able-**

Respond with a "Yes, Coach" or "Yes ma'am/sir," not with an excuse.

## **Accept Your Role-**

Be willing to sacrifice personal goals for the good of the team; give your best to the role your coach assigns to you; trust that the coaches have your best interest in mind, as well as the team's.

## **Handle Success and Failure-**

Always keep your head up; be humble in your accomplishments, and be strong and gracious in your defeats.

## **Be a Competitor and Have a Winning Attitude-**

Always strive to improve; seek excellence in all facets of life.

**Keep Your Eyes on Jesus, the Author and Perfector of Faith!**

## Athletes Code of Conduct:

All players in the WCA sports program shall:

- a. Conduct themselves in a Christ-like manner and will abstain from inappropriate behavior while representing their team in any sports related function, including travel to and from events.
- b. Submit to the authority of the coaches and the Athletic Director in all matters pertaining to WCA athletics.
- c. Be a witness for Christ and serve as an example to others as well as promote unity among team members and treat all members of the team with respect.
- d. Demonstrate personal integrity by obeying all game and WCA school rules at all times.
- e. Represent WCA in a Christ honoring and respectful manner, understanding that student-athletes are highly visible WCA representatives to the student body and our Christian community.
- f. Not to argue with game officials or coaches or loudly direct comments toward those overseeing the game.
- g. Not to use words which demean any participant (including swearing or cursing).
- h. I understand that I am responsible for the care of any equipment issued to me.

I understand that I will only wear my uniform on the athletic field, unless otherwise given permission by my coach or A.D. to wear for a special event or day.

I understand and agree to pay for any equipment issued to me that is lost, stolen, or damaged (reasonable wear from the season does not apply as damage).

## **Expectations of the WCA Parent**

The parents of WCA student athletes are the key to our school establishing a distinctly different Christ-honoring sports program. As your child participates in the WCA athletic program they will experience some very rewarding moments. It is also important to remember that there will be times when adversity and disappointments occur. At all times the leadership and example of our parents will be watched by our students, and coaches along with the parents, students, and coaches of opposing teams. The parents of WCA student athletes are expected to:

### **Model Good Sportsmanship at Games-**

When cheering during a WCA game or event, cheer in an appropriate manner that glorifies Christ. There is **Never** any reason to cheer against or “taunt” the other team. (Example; In basketball, chanting “air-ball” or screaming while the opponent is on the free-throw line.) Never question or “boo” an official about a call. Negative comments and gestures of displeasure toward any coach, visiting team or officials, only undermine the efforts of all involved. Always treat the visiting school as guests before, during, and after games. Realize that the word Christian means “Christ-like”. We as Christians are always testimonies, whether good or bad. WCA wants to portray a good testimony always, but especially to the schools we compete against. Every visitor, opponent, and official is a partner in Christ or a potential partner in Christ. Cheer for the Eagles to play hard and to play to win, but with an attitude of Christian sportsmanship. Long after the score is forgotten, our behavior will be remembered and is a reflection upon the entire ministry that is WCA.

### **Be Supportive of Coaches-**

In front of your child, be supportive and positive of the coaches’ decisions. If you have problems with what the coach is doing, it is best to call and arrange a time to talk directly with the coach.

### **Teach Respect for Authority-**

There will be times when you disagree with a coach or official but always remember they are trying their best and are trying to be fair. Let your conduct always model Christ and show good sportsmanship by being positive.

### **Let the Coach Do the Coaching-**

When your child is competing, let the coach do the coaching. Shouting instructions or criticism may hinder the overall experience of the athlete. You can teach life skills that athletics and activities bring to the forefront.

### **Help Your Children Learn Through Failure-**

The way your student handles failure can help them face the certainty of disappointment that they will encounter throughout their lives. After a disappointment, encourage and support them as they cope with the disappointment. Remind them that God loves them and has a plan for them that will be far greater than ever expected, pray with them over the disappointment.

### **Be Mindful Of Your Role as a Role Model-**

Take a good honest look at your attitude, actions and reactions in the athletic arena. The loudest thing your child will hear is not what you say but what they see you do.

**Show Unconditional Love-** The most important thing: show your child you love them and are proud of them, win or lose.

## The Bottom Line

If we are to be the people our loving God intends for us to be, we must not separate athletics from our calling as Christians. Coaches must coach, players must play, and fans must cheer as Christians. Among many things, this means that we will respect authority, our opponents, and each other. Athletics can be an act of worship and a celebration of God's gift to us.

WCA Athletics is committed to develop a Christ-like character among our student athletes, encouraging them to develop their God-given athletic abilities to their maximum potential and equipping them for their real test:  
Life as a follower of Christ Jesus.

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We have read and understand the policies established by the Board of Trustees for the purpose of athletics as outlined by the Athletic Policies.

Student  
Signature: \_\_\_\_\_

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

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

Date : \_\_\_\_\_





## WCA Athletic Equipment Agreement

I \_\_\_\_\_ (parent name) am aware that my son/daughter \_\_\_\_\_ (student name) will be issued equipment and/or uniforms to participate in athletics at WCA. I am also aware that there is no fee for use of the equipment and/or uniforms unless the items are lost, stolen, misplaced, left in the care of any person other than the person issued the item(s), exchanged with another student, and/or damaged beyond use. I understand that the coach and/or the Athletic Department is not responsible for informing me that items must be paid for until after inventory is taken and it is confirmed that the item(s) have not been returned or have been damaged beyond use. I am also aware that my son/daughter will NOT be issued more equipment and/or uniforms for the next sport until their fees are paid in full. Requested office records, including progress reports and report cards, will also be withheld till outstanding fees are paid in full. (9/15/2020)

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

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Westside Christian Academy Athletics Emergency Medical Authorization Form

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

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

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

**Purpose:** To enable parents to authorize emergency treatment for children who become ill or injured while participating in WCA athletic practices or games when parents cannot be reached.

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### PART I (TO GRANT CONSENT) Part I or Part II MUST BE COMPLETED

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (preferred dentist) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for each surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

.....

### PART II (REFUSAL TO CONSENT) DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the WCA authorities to take no action or to:

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date



# Ohio High School Athletic Association Preparticipation Physical Evaluation



DATE OF EXAM: \_\_\_\_\_

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Name _____		Sex _____	Age _____	Date of Birth _____	
Grade _____	School _____	Sport(s) _____			
Address _____			Phone _____		
Personal Physician _____					
In case of emergency, contact:		Name _____	Relationship _____		
Phone (H) _____	(W) _____	(Cell) _____	(Cell) _____		

## History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers in the space provided. Circle questions you don't know the answer to.

- |            |  |                          |                          |
|------------|--|--------------------------|--------------------------|
| <b>1.</b>  | Has a doctor ever denied or restricted your participation in sports for any reason?  | Yes                      | No                       |
| <b>2.</b>  | Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3.</b>  | Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4.</b>  | Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5.</b>  | Do you think you are in good health?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6.</b>  | Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7.</b>  | Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8.</b>  | Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9.</b>  | Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10.</b> | Has a doctor ever told you that you have (check all that apply):<br><input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High Cholesterol <input type="checkbox"/> A heart infection | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11.</b> | Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12.</b> | Has anyone in your family died for no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>13.</b> | Does anyone in your family have a heart problem?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>14.</b> | Has any family member or relative died of heart problems or of sudden death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>15.</b> | Does anyone in your family have Marfan syndrome?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>16.</b> | Have you ever spent the night in a hospital?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>17.</b> | Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>18.</b> | Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>19.</b> | Have you had any broken or fractured bones or dislocated joints? If yes, circle below:   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>20.</b> | Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:  | <input type="checkbox"/> | <input type="checkbox"/> |
- |            |            |          |           |       |           |                |             |
|------------|------------|----------|-----------|-------|-----------|----------------|-------------|
| Head       | Neck       | Shoulder | Upper Arm | Elbow | Forearm   | Hand / Fingers | Chest       |
| Upper back | Lower back | Hip      | Thigh     | Knee  | Calf/shin | Ankle          | Foot / Toes |
- |            |  |                          |                          |
|------------|--|--------------------------|--------------------------|
| <b>21.</b> | Have you ever had a stress fracture?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>22.</b> | Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>23.</b> | Do you regularly use a brace or assistive device?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>24.</b> | Has a doctor ever told you that you have asthma or allergies?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |            |  |                          |                          |                          |                          |
|------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>25.</b> | Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No                       |
| <b>26.</b> | Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>27.</b> | Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28.</b> | Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>29.</b> | Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>30.</b> | Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>31.</b> | Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>32.</b> | Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>33.</b> | Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>34.</b> | Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>35.</b> | Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>36.</b> | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>37.</b> | Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>38.</b> | When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>39.</b> | Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>40.</b> | Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>41.</b> | Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>42.</b> | Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>43.</b> | Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>44.</b> | Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>45.</b> | Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>46.</b> | Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>47.</b> | Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### FEMALES ONLY

- |            |  |                          |                          |
|------------|--|--------------------------|--------------------------|
| <b>48.</b> | Have you ever had a menstrual period?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>49.</b> | How old were you when you had your first menstrual period? | <input type="text"/>     | <input type="text"/>     |
| <b>50.</b> | How many periods have you had in the last 12 months?       | <input type="text"/>     | <input type="text"/>     |

Explain "Yes" Answers Here: (Attach additional sheets as needed)

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I (we) hereby state, to the best of my (our) knowledge, my (our) answers to the above questions are complete and correct.

Signature: _____	Signature: _____	Date: _____
Athlete	Parent or Guardian (If athlete is under 18)	

The student has family insurance     Yes     No; If yes, family insurance company name and policy number: \_\_\_\_\_

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.  
NOTE: HISTORY AND ALL CONSENT FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION

# Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Students Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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 (Optional)

1. Do you feel stressed out or under a lot of pressure?
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?
3. Do you feel safe?
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?
6. During the past 30 days, have you had at least 1 drink of alcohol?
7. Have you ever taken steroid pills or shots without a doctor's prescription?
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?
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.

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

MEDICAL	Normal	Abnormal findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.

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

## Clearance

- Cleared without restriction  
 Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not cleared for:  All Sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Information:

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name of Physician: (print/type/stamp) \_\_\_\_\_ (M.D., D.O., D.C.) Date: \_\_\_\_\_

If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_