

TAPPS PREPARTICIPATION PHYSICAL EVALUATION

STUDENT'S FULL NAME: _____ **GRADE LEVEL:** 9 10 11 12
GENDER: Male / Female **AGE:** _____ **DATE OF BIRTH:** ____/____/_____
HEIGHT: ____feet ____inches **WEIGHT:** _____ **% BODY FAT:** _____%
PULSE: _____ **BLOOD PRESSURE:** ____/____ **BRACHIAL BP WHILE SITTING:** ____/____, ____/____

In keeping with the requirements of the Texas Association of Private and Parochial Schools (TAPPS), the physical examination form must be completed prior entrance to high school and prior to athletic participation each year. The form is good for one year from the date of physician signature shown below.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart – Auscultation of the heart in supine position			
Heart – Auscultation of the heart in standing position			
Heart – Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hyper mobility, or scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			
Other as noted			

*station-based examination only

Clearance:

Cleared for all participation.
 Cleared after completing rehabilitation / examination for: _____
 Not cleared for: _____ Reason: _____

Recommendations:

Provider Name: _____ Provider Address: _____

Provider Signature: _____ Date of Examination: ____/____/____

TAPPS MEDICAL HISTORY FORM

This Medical History Form must be completed annually by the parent (or guardian) and student in order for the student to participate in TAPPS athletic and selected fine art activities. These questions are designed to assist the practitioner in determining if the student has developed any condition which would make it hazardous to participate in an extracurricular activity.

STUDENT NAME: _____ **GRADE LEVEL:** 9 10 11 12
GENDER: Male / Female **AGE:** _____ **DATE OF BIRTH:** ___/___/_____
HOME ADDRESS: _____ **CONTACT PHONE #:** (____) ____ - ____
PERSONAL PHYSICIAN: _____ **PHYSICIAN PHONE #:** (____) ____ - ____

If the answer to any question is yes, please discuss the circumstances with your provider at the time of the physical examination.

	YES	NO	UNKNOWN
Have you had a medical illness or injury since your last physical?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had prior testing ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pains during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your racing of your heart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your heart skip beats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any member of your biological family died of heart problems or sudden unexplained death prior to the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any biological family member been diagnosed with an enlarged heart (dilated Cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome, or other ion Channelopathy (Brugada Syndrome, etc), Marfan's Syndrome or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (such as myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAPPS MEDICAL HISTORY FORM

YES NO UNKNOWN

Has a physician ever denied or restricted your participation in extracurricular activities for any heart related problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a diagnosed head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious or lost memories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to the question above, how many times? _____			
If yes, when was your last diagnosed concussion? __/__/____			
If Yes, how severe were each of the concussions? Discuss with the Provider			
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been unexpectedly short of breath while exercising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed by a physician with asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have seasonal allergies which require medical attention or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under a doctor's care for any condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any prescription or nonprescription medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently using an inhaler, prescribed or nonprescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any known allergies (pollen, medicine, food or insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have current skin problems (examples: itching, rashes, acne, warts, blisters or fungus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to weigh more or less than you do today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with or treated by a physician for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAPPS MEDICAL HISTORY FORM

YES NO UNKNOWN

Do you use any special protective or corrective equipment that are not usually used for your particular activities (examples: knee brace, neck roll, foot orthotics, retainer, prescription goggles or hearing aid)?

Have you ever had swelling after a sprain, strain or injury?

YES NO UNKNOWN

Have you ever broken or fractured any bones or dislocated any joints?

Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, please check each box below that applies.

HEAD	<input type="checkbox"/>	ELBOW	<input type="checkbox"/>	HIP	<input type="checkbox"/>
NECK	<input type="checkbox"/>	FOREARM	<input type="checkbox"/>	THIGH	<input type="checkbox"/>
BACK	<input type="checkbox"/>	WRIST	<input type="checkbox"/>	KNEE	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	HAND	<input type="checkbox"/>	SHIN / CALF	<input type="checkbox"/>
SHOULDER	<input type="checkbox"/>	FINGER	<input type="checkbox"/>	ANKLE	<input type="checkbox"/>
UPPER ARM	<input type="checkbox"/>	FOOT	<input type="checkbox"/>		

Female Students Only (If left blank I agree to provide such information to the provider at the time of examination)

When was your first menstrual period? ___/___

When was your most recent menstrual period? ___/___

How much time do you usually have from the start of one period to the start of another? _____ days

What was the longest time between periods in the last year? _____ days

How many periods have you had in the last year?

Male Students Only (If left blank I agree to provide such information to the provider at the time of examination)

Are you missing a testicle? YES NO

Do you have any testicular pain? YES NO

Do you have any testicular swelling or masses? YES NO

TAPPS MEDICAL HISTORY FORM

It is understood that even though protective equipment is worn by the student participant, whenever needed and as prescribed, the possibility of accident or injury still remains. Neither the Texas Association of Private and Parochial Schools (TAPPS) nor the TAPPS member school assumes any responsibility should injury occur.

If in the judgement of any representative of the school the student should need immediate care and / or treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse or designated school representative. I do hereby indemnify and save harmless the TAPPS member school, TAPPS, treating medical establishment and representatives of each from any claim by any on account of such care and treatment of said student.

If, between the date affixed to this document and the beginning of extracurricular training, competition, or performance any injury or illness should occur that may limit the student's participation, I agree to promptly notify the recognized and designated authority at the member school of such injury or illness.

I hereby state that to the best of my knowledge, my answers to the questions asked on this form are complete and correct. I understand that failure to provide truthful and complete responses could subject the student to nonparticipation at the member school and penalties as determined by TAPPS.

Student Full Name: _____

Student Signature: _____

Date of Signature: ____ / ____ / _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date of Signature: ____ / ____ / _____

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form provided by TAPPS and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While TAPPS does not mandate Cardiac Screening prior to participation, TAPPS and the TAPPS member schools recognize the importance of our students' health and highly recommend discussing screening options with your healthcare provider. Any student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.
Additional information is available on the Health and Safety page at www.tapps.biz.**

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

I have reviewed the above material. I understand the symptoms and warning signs of **CONCUSSIONS**. Additional information is available on the Health and Safety page at www.tapps.biz. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.

Parent Signature / Date: _____

Student Signature / Date: _____

CONCUSSIONS – Don't hide it. Report it. Take time to recover.

Southcrest Christian School

Athletic Travel Code of Conduct Policy

Southcrest Christian School believes that athletes and other students traveling away from the SCS campus to participate in school-sponsored events do so as a representation of their team, their school, and their faith as a believer and follower of Jesus Christ. Athletes are therefore expected to conduct themselves as Christian ladies and gentlemen at all times.

Expectations and policies regarding travel to away games (including local events where applicable) include the following:

- Athletes are expected to display proper behavior while in private vehicles or school-provided transportation while traveling to and from events.
- At events, athletes are expected to remain with their team while waiting for their contests to begin.
- Uniforms are a way for athletes to display unity in a common cause as a team, school, and body of believers therefore; uniforms should always be worn in public in a respectful and modest way. When free time allows for being out of uniform (dining, shopping, swimming, etc.), dress should be modest and representative of SCS student dress code policies.
- During overnight stays, athletes are expected to display proper behavior while on hotel or restaurant properties. Under no circumstance should a boy be in a girl's room or a girl be in a boy's room, unless a parent or coach is present. Coaches may enforce curfews, at which time athletes must be in their rooms unless accompanied by their parent and with a valid reason.

Traveling to away contests to represent SCS is a privilege and not a right. In order to enjoy this privilege, athletes should conduct themselves in the best manner at all times. If the coaching staff believes an athlete has violated these policies and expectations, disciplinary action, up to and including suspension from participation in team events will be applied immediately. If an athlete is suspended from participation during an away event, the athlete's parent will be required to pick the athlete up and be responsible for him or her as soon as possible, regardless of distance. Upon return to school, the administration and coaching staff will review infractions to determine if further discipline is required according to general school policy.

Student signature

Date

Parent signature

Date

Southcrest Christian School Athletic Permit and Consent Form

The undersigned student and his/her parent or guardian give consent for the student to compete in Southcrest Christian School approved sports and to travel to and from sporting events with the coach or other school approved persons. The undersigned hereby agree that the student may ride with the coach or any other school approved person who provides transportation to and from such events.

We understand even though protective equipment may be worn by athletes, the possibility of injury remains, while the student is participating in sporting events. If, in the judgment of any representative of Southcrest Christian School, the student who has signed below should need immediate care and treatment as a result of any injury or sickness, the undersigned hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, trainer, or school representative.

The undersigned hold harmless and indemnify Southcrest Christian School, Southcrest Christian School Board, its agents, servants, and employees, and their successors, personal representatives, executors, administrators, and assigns from all claims, actions, causes of action, liability or damages of any nature:

1. arising out of any accident or injury which the student may receive traveling to and from such sporting events, including any liability for the selection of any driver or the permission granted to any person to drive or provide transportation; or
2. arising from any accident or injury occurring during an athletic event or practice; or
3. by reason of any medical care and treatment of said student, including the claim for medical hospital bills.

The undersigned agree to be responsible for the safe return of all athletic equipment issued by the school to the undersigned student. The undersigned acknowledge that this consent form supersedes all other consent forms.

Athletic Handbook Agreement

I have read the Athletic Handbook (available on the school website under the athletics tab) and agree to abide by the policies and procedures contained therein. I will prayerfully do my best to bring glory to God in every endeavor with Southcrest Christian School Athletics through diligence, commitment, and cooperation.

Student Signature

Date

Parent/Guardian Signature

Date

Home Address

Home Phone/Cell Phone

Family Physician

Hospital Preference

Insurance Company

Insurance Policy Number



Southcrest Christian School

Athletic Weight Room Rules and Procedures

Agreement, Release and Waiver

Southcrest Christian School grants the use of the school weight room to student athletes of Southcrest Christian School. Failure to follow rules and procedures may result in suspension or dismissal from the weight room and/or the athletic program.

- Students must have a current physical on file.
- Students are not allowed inside the weight room without supervision of an athletic coach.
- Appropriate workout clothing and t-shirts or tanks must be worn at all times in the weight room and building.
- Horseplay, abusive behavior, foul/abusive language and/or music are prohibited.
- Use equipment only as it is intended.
- Students must always have a spotter.
- The SCS weight room is for current students or employees only.

Signature of Student

I agree to follow the above rules, policies, and procedures of the athletic program, including but not limited to, weight room rules and policies. I further understand that there are possible inherent risks in using the equipment in the weight room and my child will use the equipment necessarily and responsibly.

Signature of Parent/Guardian

Date

SCS Student Transportation Permission Form

In an effort to keep our students safe, it is important for us to know with whom your child has permission to ride and if your child has permission to transport another student. According to Texas state law, children under 18 years of age are not allowed to have more than one passenger under 21 years old who is not a family member. It is imperative that our students adhere to this law.

Please read the following carefully and initial all that apply:

 Permission for my student to ride with another student or parent:

I do hereby give my permission to the following person/people to transport my child to and from any athletic practice or in town game as necessary.

1. _____
2. _____
3. _____
4. _____
5. _____

 Permission for my student to drive themselves:

I do hereby give my permission for my child to drive themselves to and from athletic practice or in town game as necessary.

 Permission for my student to transport another student:

I do hereby give my permission for my child to transport another student in their vehicle. My child has permission to transport the following students (only one at a time, if my child is under 18), provided the other student has permission from their parent to ride with my child.

1. _____
2. _____
3. _____
4. _____
5. _____

Student Printed Name

Student Age

Student Signature

Student Date of Birth

Parent/Guardian Printed Name

Parent/Guardian Signature

Date