



# Texas Association of Private and Parochial Schools

## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION



STUDENT'S NAME \_\_\_\_\_ SPORT(S) \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % OF BODY FAT: \_\_\_\_\_

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)

VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y N Pupils: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

In keeping with the requirements of the Texas Association of Private and Parochial School, as a minimum requirement, this **PHYSICAL EXAMINATION FORM** must be completed prior to high school athletic participation each year of high school.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart – Auscultation of the heart in the standing position			
Heart – Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

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

\_\_\_\_\_

Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_



# Texas Association of Private and Parochial Schools

## PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in TAPPS athletic activities. These questions are designed to determine if the student has developed or experienced any condition which would make it hazardous to participate in an athletic event.

STUDENT'S NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

*In case of emergency, contact:*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Explain any "Yes" answers on a separate piece of paper. Please circle questions for which you have no answer. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in TAPPS practices, games or matches.

- |                                                                                                    |                          | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends do during exercise?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had high blood pressure                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol?                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur?                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertrophic Cardiomyopathy?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan's Syndrome?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infection (myocarditis, mononucleosis, etc.) in the past year?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sudden Cardiac Arrest occurs in persons of all ages. The answers to questions # 4-19 above will assist in determining whether additional testing may be required for your son or daughter. If you have answered yes to any of these questions, please review with your health care professional whether additional testing may be necessary including but not limited to EKG and /or ECG.

- |                                                                                |                          |                          |
|--------------------------------------------------------------------------------|--------------------------|--------------------------|
| 20. Have you ever had a head injury or concussion?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure?                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |

- 24. Have you ever had a stinger, burner, or pinched nerve?
- 25. Are you missing any paired organs?
- 26. Are you presently under a doctor's care?
- 27. Are you currently taking any prescription or non-prescription medication or inhalers?
- 28. Do you have any allergies?
- 29. Have you ever been dizzy before or during exercise?
- 30. Do you currently have any skin problems (itching, acne, warts, fungus, or blisters)?
- 31. Have you ever become ill from exercising or working in the heat?
- 32. Have you had any problems with your eyes or vision?
- 33. Have you ever gotten unexpectedly short of breath with exercise?
- 34. Do you have asthma?
- 35. Do you have seasonal allergies that require medical treatment?
- 36. Do you use any special protective or corrective equipment?
- 37. Have you ever had a sprain, strain, or swelling after injury?
- 38. Have you broken or fractured any bones?
- 39. Have you ever dislocated any joints?
- 40. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?

If yes, check appropriate box and explain below.

- |       |                          |           |                          |        |                          |           |                          |      |                          |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|-----------|--------------------------|------|--------------------------|
| Head  | <input type="checkbox"/> | Shoulder  | <input type="checkbox"/> | Wrist  | <input type="checkbox"/> | Thigh     | <input type="checkbox"/> | Foot | <input type="checkbox"/> |
| Neck  | <input type="checkbox"/> | Upper Arm | <input type="checkbox"/> | Hand   | <input type="checkbox"/> | Knee      | <input type="checkbox"/> |      |                          |
| Back  | <input type="checkbox"/> | Elbow     | <input type="checkbox"/> | Finger | <input type="checkbox"/> | Shin/Calf | <input type="checkbox"/> |      |                          |
| Chest | <input type="checkbox"/> | Forearm   | <input type="checkbox"/> | Hip    | <input type="checkbox"/> | Ankle     | <input type="checkbox"/> |      |                          |

- 41. Do you want to weigh more or less than you do now?
- 42. Do you lose weight regularly to meet weight requirements for your Extra-curricular activities?
- 43. Do you feel stressed out?
- 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?

**Females Only**

- 45. When was your first menstrual period? \_\_\_\_\_
- 46. When was your most recent menstrual period? \_\_\_\_\_
- 47. How much time elapses from the start of one period to the start of another? \_\_\_\_\_ days
- 48. How many periods have you had in the last year? \_\_\_\_\_
- 49. What was the longest time between periods in the last year? \_\_\_\_\_ days

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither Texas Association of Private and Parochial Schools nor the school assumes any responsibility in case an accident occurs. The possibility of transfer of disease exists whenever blood transfer occurs. While the risk is minimal with high school activities, by signature below we recognize the possibility exists relating to blood borne pathogens and the transfer of disease such as Hepatitis or HIV.

If, in the judgment of any representative of the school, the above student should need immediate care and 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 said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school, TAPPS and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

***I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by the Texas Association of Private and Parochial Schools.***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*For School Use Only:*

This Medical History Form reviewed by: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**BRACKEN CHRISTIAN SCHOOL ATHLETIC DEPARTMENT**

**ATHLETIC PARTICIPATION CONTRACT**

**2024-25**

This participation contract must be filled out completely and turned into the Athletic Department before the athlete can participate in any athletic competitions. The purpose of this form is to emphasize the seriousness of committing to play for a team and that once a commitment is given, every possible effort needs to be made in order to fulfill that commitment.

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_

The above listed athlete agrees to the following conditions/rules of participation:

**Once this form is signed and returned, the athlete is promising to fulfill their commitment to any team that they try out for as long as that season lasts. Failure to fulfill this commitment, which in the case is finishing the season in good standing with the team, will result in the athlete losing all eligibility in Bracken Christian School athletics for one calendar year.** The only exceptions to this rule are extended/sever medical conditions that arise during the season or an exceptionally difficult family emergency that must be dealt with over a period of time.

Examples of situations that are NOT accepted reasons for quitting a team:

- Any school-related function not cleared prior to the season (banquets, drama production, etc)
- Needing a job
- Attending drivers education
- Lack of playing time
- Too difficult to get to practice
- It is not fun anymore
- Needing to concentrate on academics
- Too much other stuff to do
- Etc

As much as these reasons may be legitimate concerns for many athletes, they are all things that need to be considered **before** a student commits to playing on a team. Athletics is a very time-consuming event and athletes and parents need to understand this in advance.

It is our goal to teach our students Christ-like attributes in everything that we do at Bracken Christian School. We feel that responsibility, integrity, loyalty, and honoring commitment, are all attributes that we are trying to instill by enforcing this policy. We appreciate everyone's understanding as we try to better prepare our students for His service.

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

**Athletes Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BRACKEN CHRISTIAN SCHOOL ATHLETIC DEPARTMENT**

**TRANSPORTATION FORM**

**2024-25**

This form needs to be filled out and on file in the athletic office for all student athletes within the Bracken Christian School athletic department. Students will not be allowed to participate in games away from Bracken Christian School without this form being on file.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

MIDDLE SCHOOL AND HIGH SCHOOL (check all boxes that are applicable)

\_\_\_\_\_ I give permission for my child to ride on the school bus (if available and/or offered)

\_\_\_\_\_ I will be responsible for getting my child to and from all athletic events in which transportation is not provided by the school.

\_\_\_\_\_ I give my child permission to ride with another parent to events.

\_\_\_\_\_ I give my permission for my child to ride to events and with a designated student drive (HS only)

\_\_\_\_\_ I will be willing to help drive students to games, and I normally have room for \_\_\_\_\_ additional students.

\_\_\_\_\_ I would be willing to help arrange and coordinate transportation needs for a given sport.

Please note: Bracken Christian School does offer bus transportation to many athletic events. However, due to both the number of teams participating on a given day or the number of players on a given team, transportation may not always be available for a particular event or team. In those cases in which bus transportation is not available, it is the responsibility of the parent to arrange transportation for their student in a timeliness consistent with the teams daily schedule.

STUDENT DRIVE INFORMATION (High School Only)

\_\_\_\_\_ I give permission for my child to drive his/her own car to events (No additional riders).

\_\_\_\_\_ I give permission for my child to drive his/her own car to games and to take other students.

\_\_\_\_\_ I give my child permission to ride with the following student drivers:

List:

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

# Parents' Information Regarding Bracken Christian School 2024-25 Voluntary Accident Insurance Program Coverage Selections and Enrollment Form

**Bracken Christian School does NOT assume financial responsibility for injuries sustained while attending school and participating or practicing in school-sponsored and supervised extracurricular activities and sports.** A parent or guardian does however have the option to purchase ACCIDENT-ONLY insurance and it covers injuries sustained while attending school and participating in school-sponsored and supervised extracurricular activities and sports (except football grades 9-12). There is also a Full-Time (24-hour) Coverage option which extends coverage for accidents that occur away from school on a 24-hours per day basis. A schedule of the plan benefits and exclusions under the three voluntary plans offered. Coverage is available on or after July 1, 2019. The voluntary plan options exclude interscholastic football for students in grades 9-12. **A STUDENT ATHLETE MUST BE COVERED BY OWN POLICY OR ACCIDENT INSURANCE POLICY.**

I acknowledge that I have been given the opportunity to review the enrollment, benefits and exclusions of the Voluntary Accident insurance coverage available. I understand that it is my responsibility to enroll in the voluntary accident plan and submit payment directly to Student Assurance Services, Inc. and insurance coverage is not effective until 12:01 following the date the enrollment form and payment is received by Student Assurance Services, Inc.

### **VOLUNTARY COVERAGE OPTIONS**

#### **School-Time Coverage PK-12 Includes TAPPS Activities and Sports 7-12 (Does Not include students participating in 9-12 interscholastic football)**

Covers the student while:

- a. Attending regular school sessions.
- a. Participating in or attending school-sponsored and supervised extracurricular activities;
- b. Participating for or participating in school-sponsored and supervised TAPPS sports and activities for grades 7-12 (except football grades 9-12) and
- c. Traveling directly to and from school for regular school sessions, and while traveling to and from school-sponsored and supervised extracurricular and TAPPS sports and activities in school-provided transportation.

#### **Full-Time Coverage PK-12 includes TAPPS Activities and Sports 7-12 (Does not include students participating in 9-12 interscholastic football)**

Covers the student 24 hours per day until school starts next year. Includes coverage while at home and school, on weekends, and during summer vacation. Covers students while practicing or participating in school-sponsored and supervised TAPPS activities and sports, including travel in school-provided transportation for grades 7-12 (except football grades 9-12).

#### **Extended Dental Coverage PK-12**

Provides up to \$5,000 in benefits for any dental accident and covers the student 24 hours a day until school starts next year. Treatment must begin within 180 days from the date of injury. Benefits are limited to expenses actually incurred within one year from the date of accident. However, if within the one-year period following the date of accident the insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond one year, the plan will pay the estimated cost of such deferred treatment, but not exceed \$200 for each tooth. No benefits will be allowed for orthodontics or dental disease and benefits for prostheses are limited to \$500 per injury including procedures to install them. Dental prostheses include, but are not limited to crowns, dentures, bridges, and implants. Extended Dental does not cover treatment for orthodontics, dental disease, or expenses that exceed the prostheses maximum benefit limit.

### **HOW TO ENROLL:**

For credit card payment, complete the online enrollment form at the website: [www.texaskidsfirst.com](http://www.texaskidsfirst.com). Students/Parents select "Find My School" from the drop down box select "Texas" and then select Bracken Christian School

**I waive the option to purchase accident insurance as I have my own insurance provided below: (please provide copy of card)**

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

Medical Insurance Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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