

# **BRACKEN CHRISTIAN SCHOOL**

## **ATHLETIC DEPARTMENT**

### **MISSION STATEMENT**

The Athletic Department at Bracken Christian School  
seeks to use the arena of physical training and  
competition to teach each athlete the disciplines needed  
to build excellence in character, education, and leadership

1 Timothy 4:8

### **BCS offers the following sports for students in**

#### **Middle School and High School**

Volleyball (girls)

Football (boys)

Cross Country (boys and girls)

Basketball (boys and girls)

Cheerleading (girls)

Track and Field (boys and girls)

Tennis (boys and girls)

Baseball (boys)

Softball (girls)

Golf (boys and girls – HS only)

Athletic fees are charged per sport to each individual athlete on the following basis:

\$TBD – MS Cross Country, Volleyball, Basketball, Track and Field

\$TBD – HS Cross Country, Volleyball, Basketball Track and Field, Golf, Baseball, Softball

\$TBD – MS and HS Tennis (due court rentals)

\$TBD – MS Football

\$TBD – HS Football

Note: These fees assist in covering the overall cost of running our athletic department (i.e. officials, uniforms, equipment, travel expense, etc.)

**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

<p><b>CLEARANCE</b></p> <p><input type="checkbox"/> Cleared</p> <p><input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____</p> <p><input type="checkbox"/> Not cleared for: _____ Reason: _____</p> <p>Recommendations: _____</p> <p>_____</p>
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Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

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

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



# 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 any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT):		
GENDER:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		
HOME PHONE:	PARENT CELL PHONE:	
SCHOOL:	GRADE LEVEL:	
PERSONAL PHYSICIAN:		
PHYSICIAN PHONE:		
<i>In case of emergency contact:</i>		
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. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians 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 checkup or sports physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur?  | <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"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome?                                   | <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"/> |
| 17. Has any family member been diagnosed with Marfan's syndrome?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 experienced a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness in your arms, hands, legs or feet?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had a stinger, burner or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you missing any paired organs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you presently under a doctor's care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are you currently taking any prescription or nonprescription medications or inhalers?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you have any allergies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever been dizzy before or during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever become ill after exercising or working in the heat?                             | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 32. Have you ever had any problems with your eyes or vision?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever gotten unexpectedly short of breath with exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have seasonal allergies that require medical treatment?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you use any special protective or corrective equipment?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever had a sprain, strain or swelling after injury?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever broken or fractured any bones?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you ever dislocated any joints?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please check the appropriate box and explain on separate sheet of paper.

- |       |                          |           |                          |        |                          |       |                          |            |                          |
|-------|--------------------------|-----------|--------------------------|--------|--------------------------|-------|--------------------------|------------|--------------------------|
| Head  | <input type="checkbox"/> | Shoulder  | <input type="checkbox"/> | Wrist  | <input type="checkbox"/> | Thigh | <input type="checkbox"/> | Shin/ Calf | <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"/> | Foot  | <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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you feel stressed out?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?          | <input type="checkbox"/> | <input type="checkbox"/> |

**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 period in the last year?                  | _____ days |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Neither the Texas Association of Private and Parochial Schools, nor the school assumes any responsibility in case an accident occurs.

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, in 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 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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For school use only:**

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

**BRACKEN CHRISTIAN SCHOOL ATHLETIC DEPARTMENT**

**TRANSPORTATION FORM**

**2020-21**

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 with a designated student driver (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: \_\_\_\_\_

**BRACKEN CHRISTIAN SCHOOL ATHLETIC DEPARTMENT**

**ATHLETIC PARTICIPATION CONTRACT**

**2020-21**

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: \_\_\_\_\_

**Parents' Information Regarding Bracken Christian School 2020-21  
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. 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 voluntary plans offered. **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 ISAL and TAPPS Activities and Sports 6-12.**

Covers the student while:

- a. Attending regular school sessions.
- b. Participating in or attending school-sponsored and supervised extracurricular activities;
- c. Participating for or participating in school-sponsored and supervised ISAL and TAPPS sports and activities for grades 6-12 and
- d. 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 ISAL and TAPPS Activities and Sports 6-12**

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 ISAL and TAPPS activities and sports, including travel in school-provided transportation for grades 6-12.

**HOW TO ENROLL:**

For credit card payment, complete the online enrollment form at the website: [www.texaskidsfirst.com](http://www.texaskidsfirst.com). Students/Parents should select: 1) Enroll 2) Begin Enrollment 3) Select Bracken Christian School 4) Select insurance plan you would like to purchase 5) Complete necessary paperwork listed.

**ALL ATHLETES MUST HAVE SOME TYPE OF INSURANCE IN ORDER TO PARTICIPATE IN A SPORT.**

**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: \_\_\_\_\_