

Athletic Participation Form

This form is to be filled out completely and filed in the office of the principal before the student may participate in the school athletic programs.

Student: _____

School: Jacobs Fork Middle School Grade: _____ Date _____

Address of Student: _____

City _____ State _____ Zip _____

Parents' Name _____ Phone _____

Family Physician _____ Phone _____

I hereby apply for permission to participate in the following interscholastic sports:

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the North Carolina State Board of Education and the Association to which my school is a member.

Signature of Student _____

Medical History
(To be completed by parents)

Student _____ Age _____ Date _____

Is there a known history of?

- | | | |
|---|---------|--------|
| A. Birth deformities (one eye, one kidney, etc.)? | [] Yes | [] No |
| B. Known past illnesses of more than one week's duration? | [] Yes | [] No |
| C. Medical conditions currently under treatment? | [] Yes | [] No |
| D. Fractures or other disabling injuries? | [] Yes | [] No |
| E. Any permanent deformity or disability? | [] Yes | [] No |
| F. Allergy (drugs, food, clothing etc.)? | [] Yes | [] No |

Explain any above questions answered "yes": _____

Parental Permission

As parent or legal guardian of _____, I hereby give my consent for (his/her) practice and play in the athletic events listed above.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history above is accurate to the best of my knowledge.

Signature of parent or legal guardian _____

EXAMINATION

STUDENT _____ DATE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

	Normal	Abnormal	Describe Abnormalities
1. Eyes	_____	_____	_____
2. ENT	_____	_____	_____
3. Heart	_____	_____	_____
4. Lungs	_____	_____	_____
5. Abdomen	_____	_____	_____
6. Genitalia (males only)	_____	_____	_____
7. Musculoskeletal	_____	_____	_____
8. Neurological	_____	_____	_____

LABORATORY

Urinalysis _____ Glucose _____ Protein _____ PH _____

Other (where indicated) _____

I certify that I have examined this student and find him/her medically
_____ qualified or _____ not qualified to compete in the interscholastic sports listed
above.

Licensed to practice medicine in North Carolina [] Yes [] No

Signature _____ Date _____

Address _____

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease, hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions, or concussions, absence of one kidney, eye, or testicle.)

JACOBS FOLK MIDDLE SCHOOL PROOF OF INSURANCE FORM FOR ALL SPORTS PROGRAMS

Student Name _____

_____ My child has school insurance.

_____ My child is covered by our family insurance policy.

Name of company _____

Policy/Group Number _____

My child has permission to try-out for a sports team at
Jacobs Fork Middle School.

Name of sport(s) _____

Parent Signature _____