

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: _____



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: _____

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.

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: _____

PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)
<http://www.nida.nih.gov/Infofacts/steroids.html>

For boys and men – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

For girls and women – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

For adolescents – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

For all ages – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

For Injectors – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

STUDENT CERTIFICATION

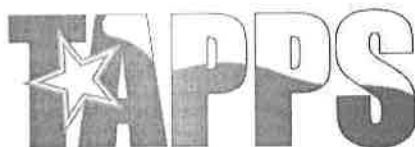
I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature _____ Date _____

PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent/Guardian Signature _____ Date _____





ATHLETICS
PARENT OR GUARDIAN'S PERMIT AND MEDICAL CONSENT FORM

I hereby give my consent for the student athlete/team manager, _____, Grade _____, to participate in The Covenant Preparatory School approved sport and go with the coach or other representative of the school on any trips. The above name student is my child, and is now under my control and custody. I authorize The Covenant Preparatory School and its representatives to obtain emergency medical treatment for my child in case of any illness or injury in connection with a school activity or school trip. Such treatment to be administered by physicians, other medical personnel, hospitals, and/or clinics as may be selected by The Covenant Preparatory School or its representatives. I hereby assume responsibility for such professional services.

I hereby grant permission for The Covenant Preparatory School to administer Tylenol, Advil, generic form, or similar nonprescription medication as needed.

Parent note (if needed): _____

It is understood that The Covenant Preparatory School assumes no responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the student athlete.

The student athlete has our permission to be transported by his/her parent or guardian, approved chaperone, or Covenant bus, to or from away games as needed. The student athlete must check in/out with the coach before leaving for any games, etc. The parent/guardian releases The Covenant Preparatory School from responsibility if any accident occurs.

Personal Physician: _____ Phone Number: _____

Hospital Preference: _____

Special Medical Conditions: _____

Drug Allergies: _____ Date of last Tetanus Shot: _____

Mother Name: _____ Phone: _____

Father Name: _____ Phone: _____

Emergency Contact (If parent cannot be reached): _____

Relationship: _____ Phone: _____

Please complete the following information or attach a copy of your medical insurance card:

Medical Insurance Carrier: _____ Group: _____

Name of Insured: _____ ID #: _____

Provider Phone Number: _____ Eligibility Phone Number: _____

Parent/Guardian Signature: _____ Date: _____



Texas Association of Private and Parochial Schools
Student Acknowledgement of Rules

Student Name: _____

Date of Birth: _____ Grade Level: 9 10 11 12

Is the student transferring from another high school this year? [] YES [] NO

This form must be completed by the student and parent/guardian each year prior to participation in TAPPS activities at the member school. In accordance with the TAPPS Constitution and By-Laws, we attest that the above named student:

- has not reached 19 years of age prior to September 1 of the current year.
has not graduated from high school
did not enroll in the ninth grade more than four years ago
did not enroll in the tenth grade more than three years ago
did not participate with or against high school students more than four years ago

Student presently resides with biological or adoptive parents? [] YES [] NO

If the student is not presently living with biological or adoptive parents,

- If a US citizen, the student must be in compliance with the rules set forth in Section 80 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.
If not a US citizen, the student must be in compliance with the rules set forth in Section 102 of the TAPPS By-Laws and approved by TAPPS prior to varsity participation in Fine Arts or Athletics.

Student is a returning high school student or incoming ninth grade student? [] YES [] NO

If transferring from a high school,

- the student was withdrawn from the previous high school, enrolled in and attending the new school prior to the TRANSFER DEADLINES as posted on the TAPPS website.
The student is in compliance with the provisions presented in Section 104 of the TAPPS By-Laws
The student has not participated on a high school team, select, AAU, club, 7 on 7 team or similar organized activity coached or directed by a staff member, teacher or administrator at the new school in the past 12 months.

The above named student

- is a full time day student at the member school as defined in the TAPPS Constitution and By-Laws
has not represented a college in any contest
is in compliance with the TAPPS awards rule as presented in the TAPPS By-Laws
is in compliance with all TAPPS eligibility requirements as presented in the TAPPS Constitution and By-Laws

The school has explained and we are/will be in compliance with the TAPPS governance pertaining to In Season, Off Season and Summer Participation.

The school has explained and we are/will be in compliance with TAPPS governance preventing unattached participation in TAPPS activities.

I understand and attest that the burden of proof pertaining to the eligibility of my child rests solely with the student and parents. In the event eligibility is subject to review, we will provide all information requested by TAPPS included but not limited to birth certificate, transcripts, financial information and all reasonable and pertinent information necessary to establish the student's eligibility to compete.

Parent Signature / Date

Student Signature / Date

Texas Association of Private and Parochial Schools Student Acknowledgement of Rules

The health and safety of our student athletes is a primary concern of TAPPS and TAPPS member schools. In compliance with TAPPS governance, the school has

- Provided the school's injury reporting policy
- The school's day of contest attendance policy
- The school's return to play policy and procedures
- The school has provided education and training regarding:
 - **CONCUSSIONS**
 - **SUDDEN CARDIAC ARREST**
 - **STEROID ABUSE**
 - **HEAT STRESS** and
 - **DEHYDRATION**
 - **BLOOD BORNE PATHOGENS**
- We have provided the school with a current medical history and physical form which includes any previous or current injuries/conditions for the student prior to practice or participation.
- We will accurately report all injuries and illness to the school in a timely manner.
- We agree that the school may report all information pertaining to injuries to TAPPS or assigned entity.
- We agree that the student's name, likeness and information may be shared with TAPPS and other entities as determined by TAPPS.

The parent and student understand and agree that even though protective equipment may be worn and precautions taken, the possibility of accidental injury remains. Neither TAPPS, nor representative of TAPPS, assumes responsibility should an injury occur.

I attest that my child will abide by all TAPPS rules as they are presented in the TAPPS Constitution, By-Laws and Contest rules. I understand that if the student is found to be out of compliance with TAPPS rules and governance, the student's eligibility to compete and the school's eligibility to compete in any activity in which the student participated may be in question. The minimum penalty for participation by an ineligible player is forfeiture of contests in which the player participated.

I understand and agree that the executive management, control and final authority for this association rest with the TAPPS Executive Board. The Executive Board shall determine all governance and subsequent compliance therewith.

We attest that we are in compliance with all information presented in this Acknowledgement of Rules form. It is our understanding that non-compliance with the terms presented may result in sanctions presented to the student, team and school.

By signature below, we attest that participation in TAPPS activities is voluntary and that the student/parents assume all risk for death, injury or personal loss to the participant. The undersigned promise to forever hold harmless the Texas Association of Private and Parochial Schools (TAPPS), its officers, employees and representatives against loss, damage or expense from any and all claims, demands or actions that may be brought against any or all of the said parties because of accident or occurrence while said participant is in route to or from, or participating in a TAPPS sponsored contest.

Parent Signature / Date

Student Signature / Date

Handbook Agreement Form

I have read all of the Covenant Athletic Handbook and agree to abide by the rules, regulations, and commitments set forth in it. My signature below is an acknowledgment of my commitment.

Print Father's Name

Father's Signature

Print Mother's Name

Mother's Signature

Print Student-Athlete's Name

Student-Athlete's Signature

Date

The Covenant Athletic Handbook can be found at covenantknights.org under the 'Students' tab.

AFTER READING PLEASE SIGN AND RETURN THIS PAGE

Recognition and Assumption of Risk Agreement Form

I, _____, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Covenant athletic program. It is my understanding that participation in the activities that make up the Covenant athletic program are not without some inherent risk of injury.

As such, in consideration of my child's participation in the Covenant athletic program, I hereby release, waive, discharge and covenant not to sue Covenant, the Athletic Department, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. Covenant requires all student-athletes to be covered under a family primary care/major medical health insurance policy in order to participate in any practices or games. There is no supplemental insurance available to cover accidents to student-athletes.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required including transportation and accept responsibility for the cost.

Print Father's Name

Father's Signature

Print Mother's Name

Mother's Signature

Print Student-Athlete's Name

Student-Athlete's Signature

Date

Please complete this form and return to Athletic Office