

# Grace Academy Sports Physical

PLEASE FOLLOW INSTRUCTIONS, COMPLETE THIS ENTIRE FORM, AND SIGN. Failure to do so will result in the student being denied participation in tryouts, practices, and/or competitions. Forms must be turned in before tryouts begin.

**I. STUDENT INFORMATION SECTION (please print)** Sport(s) played \_\_\_\_\_  
Name \_\_\_\_\_ Check one: \_\_\_ M \_\_\_ F Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student Cell No. \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  
Parent E-mail \_\_\_\_\_ Student E-mail \_\_\_\_\_

**Circle YES or NO:**

1. YES NO Family members under 50 - heart attack or problem? Who? \_\_\_\_\_
2. YES NO Medications currently being taken? What? \_\_\_\_\_
3. YES NO Medical conditions currently under treatment? What? \_\_\_\_\_
4. Have you ever had an illness, condition, or injury that:  
YES NO a. required hospital overnight, emergency room, x-rays? When? Diagnosis: \_\_\_\_\_  
YES NO b. required an operation. Why? \_\_\_\_\_  
YES NO c. caused you to see a doctor? What? \_\_\_\_\_  
YES NO d. caused you to miss several games or practices? What? \_\_\_\_\_
5. YES NO Birth deformities (one eye, one kidney, etc.)? \_\_\_\_\_
6. YES NO Any permanent deformity or disability? \_\_\_\_\_
7. YES NO Mental disorder or convulsions? \_\_\_\_\_
8. YES NO Fractures or other disabling injuries? \_\_\_\_\_
9. YES NO Have you ever "passed out" or been "knocked out"? \_\_\_\_\_
10. YES NO Have you ever had problems with anesthesia? \_\_\_\_\_

**II. EMERGENCY CONTACT INFORMATION**

Name(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**III. PHYSICAL BY A LICENSED NORTH CAROLINA MEDICAL DOCTOR**

Physician's Notes:

BP \_\_\_\_\_ PULSE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ SKIN \_\_\_\_\_  
EYES/MOUTH \_\_\_\_\_ LUNGS \_\_\_\_\_  
CHEST-HEART-MURMURS-RHYTHM \_\_\_\_\_  
ABDOMINAL EXAM \_\_\_\_\_  
SPINE \_\_\_\_\_  
UPPER EXT. LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_  
LOWER EXT. LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_  
DOCTOR'S DISPOSITION: CLEARED FOR PRACTICES/GAMES \_\_\_\_\_  
REQUIREMENTS \_\_\_\_\_  
LICENSED TO PRACTICE IN MEDICINE IN NORTH CAROLINA? YES NO

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PHYSICIAN'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**PHYSICAL MUST BE COMPLETED EACH YEAR.**

# Grace Academy Parent Release Form

### III. TRANSPORTATION PERMISSION

Applicant has permission to (check as many as apply to your student):

- Drive his/her own car to/from athletic practices/games.
- Ride with student drivers to/from athletic practices/games.
- Ride with other parent to/from athletic practices/games.
- Ride with coach/staff to/from athletic practices/games.

### IV. AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health, or hospital services, you as parent must give permission. It's the law. This is a legal document. With it, you may appoint relatives, friends, teachers, coaches, anyone over 18 years of age, to be responsible for your child when you are away from them.

Please complete this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your child.

#### **GRACE ACADEMY POLICY: ALL ATHLETES MUST BE COVERED BY PERSONAL MEDICAL INSURANCE TO PARTICIPATE IN THE ATHLETIC PROGRAM AT GRACE ACADEMY.**

Name of Minor \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Identify allergies or special conditions \_\_\_\_\_

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint: (yourself, friend, or family):

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_  
 Address \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

AND Grace Academy Staff and Coaching Staff (704) 845-1767 or (704) 814-9077  
 855 Sam Newell Road, Suite 100, Matthews, NC 28105

#### **TO ACT IN MY/OUR BEHALF IN AUTHORIZING UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE AND HOSPITALIZATION FOR THE ABOVE NAMED MINOR DURING THE PERIOD OF MY/OUR ABSENCE FROM: AUGUST 1, 2010 THROUGH MAY 30, 2011.**

The parent or legal guardian set forth in this form does hereby agree to hold harmless the person appointed and a physician providing treatment from and against any and all loss, cost, damage, or expense of any kind arising out of or in connection with that person's or physician's acting in reliance upon the authorization set forth herein, with the exception of actions which amount to gross negligence. The physician shall not be relieved on the basis of this authorization for liability for negligence in the diagnosis and treatment of a minor.

#### **THIS DOCUMENT SHALL BE PRESENTED TO A PHYSICIAN, DENTAL, OR APPROPRIATE HOSPITAL REPRESENTATIVE AT SUCH TIME AS UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE OR HOSPITALIZATION MAY BE REQUIRED.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address Date

\_\_\_\_\_  
Address Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address Date

\_\_\_\_\_  
Address Date

#### **HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR:**

(All athletes MUST have medical insurance to participate in the athletic program at Grace Academy)

Insurance Co. \_\_\_\_\_ I.D. or Group No. \_\_\_\_\_

Named of Insured \_\_\_\_\_ SSN of Insured \_\_\_\_\_

Date \_\_\_\_\_ Athlete SSN \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone No. \_\_\_\_\_

Physician's Address \_\_\_\_\_

**PHOTOCOPY FRONT AND BACK OF INSURANCE CARD, AND ATTACH TO THIS FORM.**

# Grace Academy

## Sport Payment Options:

**All students who did not pre-register for a sport (when he/she signed up for classes) must pay \$325 by check, credit card, or cash prior to try-outs.**

### PAYMENT OPTIONS - PLEASE CHECK ONE:

I paid for this sport when I registered for classes either in full or through the draft system.

A check for \$325 (unless otherwise noted) is attached to this form.

Credit Card :

I paid by credit card at the school office prior to try-outs (FBCM, 2<sup>nd</sup> Floor), and have attached the receipt to this form.

Charge my Credit Card (please print clearly):

Name as it appears on card: \_\_\_\_\_

Card Type: \_\_\_\_ Visa      \_\_\_\_ MasterCard      \_\_\_\_ American Express

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Verification No. (3-digit code on back of card) \_\_\_\_\_

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

Cash payment attached.

# Team Commitment Agreement

Grace Academy 2010-2011

As a member of the Grace Academy Athletic Team, I have read the Grace Academy Athletic Handbook and I commit to the following:

- I commit to exemplary Christian behavior both on and off the field/court.
- I commit to being a leader in academics as well as athletics.
- I commit to being the best I can be with my God-given talents.
- I commit to hard work and team play.
- I commit to supporting and encouraging other players both on and off the field/court.
- I commit to inform the coach of any absence as soon as I am aware that I will not be able to participate on any given day.
- I commit to be a member of the team for the entire length of the season.
- I commit to support the team by having a positive attitude as a starter, sub, or even if I don't receive playing time.
- I commit to demonstrating respect, obedience, self-discipline, and responsibility to my coach, players, officials, parents, fans and my school.
- I commit to try to make timely payment of athletic fees and care and return of uniforms in a timely basis to my coach.
- I commit to abide by Grace Academy's athletic policies and expectations as set forth in the handbook.

Student Name (please print): \_\_\_\_\_

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

Parent Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please sign and return this copy.**

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

Parent Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please sign and keep this copy for your records.**