



Our Lady's Assumption Catholic School  
815 Guaymas Place NE  
Albuquerque, NM 87108  
256-3167

## Athletic Participation Requirement

To Be Completed by Student

**NAME OF STUDENT:** \_\_\_\_\_ **SCHOOL:** Our Lady's Assumption School  
**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

This application, to compete in athletics for the school I attend, is made with the understanding that I have not or will not violate any eligibility rules and regulations of the Parochial League or the school of which I am a member and that I will conduct myself in a sportsmanship-like manner at all times.

**DATE:** \_\_\_\_\_ **SIGNATURE OF STUDENT:** \_\_\_\_\_  
(Take home to parents)

### **NOTE TO PARENTS OF STUDENTS PARTICIPATING IN SCHOOL ATHLETICS:**

The Parochial League wishes to provide the best possible athletic programs for its member school. We want athletic participation to be a valuable educational experience. You are requested to read the information below carefully and thoroughly. This form is to be completed fully and filed in the office of the Parochial League before your child will be allowed to participate and/or compete. We expect him/her to represent his/her school in such a way that the parents, the school and the community will be proud of him/her.

1. **PARENTAL CONSENT:** We want to be sure you consent to your child's participation in athletics; therefore, it is necessary that you and he/she carefully complete the attached forms.
2. **PHYSICAL EXAMINATION:** We require a physical examination to ensure that your child is physically able to participate in athletics.
3. **FAMILY PHYSICIAN:** We must know the name of your family physician. If your child is injured in athletics, an attempt will be made to have treatment administered by the physician you have named. If he/she is not immediately available, authorized procedures for obtaining emergency medical treatment will be followed. You may ask the assistance of Bernalillo County Medical Association if you have not previously selected a family physician.
4. **ACCIDENT INSURANCE:** Medical Insurance is required by each student participating in athletics. Insurance is available at the nominal rate to cover the medical expenses of a student in the event of an injury. It can be purchased to cover injuries incurred while at school (including traveling to and from school) and injuries incurred during athletics. Although such insurance is available from many sources, your school does have applications on hand from a reliable insurance company at a nominal fee.
5. **ELIGIBILITY:** Rules governing are determined by the Parochial League and Our Lady of the Assumption Catholic School.

**(Parents, please complete the attached forms)**



**PAROCHIAL LEAGUE  
ATHLETIC PARTICIPATION/RELEASE FORM**

**SCHOOL:** Our Lady of the Assumption Catholic School

**TO BE COMPLETED BY PARENT OF STUDENT:**

I hereby give permission for my child \_\_\_\_\_ to  
Student's Full Name

Participate in athletics for **Our Lady of the Assumption Catholic School**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Name of Sport – please list all)

For the **2009-2010** season.

**ALL SPORTS**

- A) This gives my child permission to practice, play and participate as per the schedule of the Parochial League and school.
- B) I understand some games will be played away from the school my child attends.
- C) I further understand that the Archdiocese of Santa Fe, the Parochial League, Our Lady of the Assumption Catholic School, which my child attends, are under no obligation and will not be responsible for any accidents that may occur.
- D) Our child is covered under our own Family Health and Accident Insurance Plan \_\_\_\_\_, policy number \_\_\_\_\_, or has a Student School Insurance plan with \_\_\_\_\_ his school\_\_\_\_\_.

Parent of Legal Guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## MEDICAL HISTORY REPORT FOR ATHLETIC PARTICIPATION

Medical History Report (to be completed by Parent or Guardian before examination)

**Name of Student:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

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

**Parent's or Guardian's phone numbers: HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Address** \_\_\_\_\_

**Family Physician Phone Numbers: OFFICE** \_\_\_\_\_ **EMERGENCY** \_\_\_\_\_

**Note to Parents:** In order that the best plans may be made for your child, it is necessary that we must have your cooperation in filing out this questionnaire before he/she can participate in interscholastic competitions sports. After conferring with your child, please sign your name after each sport in which your will permit him/her to practice.

Golf \_\_\_\_\_ Flag Football \_\_\_\_\_ Softball \_\_\_\_\_ Track \_\_\_\_\_ Basketball \_\_\_\_\_  
 Volleyball \_\_\_\_\_ Tennis \_\_\_\_\_ Cheerleading \_\_\_\_\_ Other \_\_\_\_\_

	Y	N		Y	N		Y	N
Rheumatic Fever			An EEG (electroencephalogram)			Ever been treated for meningitis or bleeding		
Asthma or lung illness			Weakness or Paralysis of hand or leg			Have been told you had a congenital defect of the spine or any other part of the body		
Heart Disease			Trouble hearing with either ear			Have been told you had a slipped disc or a pinched nerve		
Dental Bridge or false teeth			Anemia in family			Had a concussion or head injury		
Injuries requiring medical attention Date:			Allergic to any medications			Under a physician's care now		
Pain in neck or a stiff neck			Anyone in family has diabetes			Takes Medication now		
Pain in the shoulder blades			Ever fainted			Wears contact lenses		
Numbness or tingling of hands/feet			Ever had a seizure or convulsions			Has had surgical operation Date:		
Spells of blurred vision or fuzzy vision or spots in front of eyes.			Ever had an illness lasting more than a week Date:			Have had tetanus toxoid & booster inoculation within past ten years		

**PARENTS CONSENT:** I hereby give my consent for my child named above to engage in interscholastic athletics as approved by Our Lady of the Assumption Catholic School and to represent his/her school as a team member on trips. I have reviewed this history with my child and to the best of my knowledge it is accurate. I further understand that the Parochial League or school will not be held responsible in any way.

**Date:** \_\_\_\_\_ **Signature of Parent or Guardian:** \_\_\_\_\_

**Medical Examination report (To be completed by physician ONLY)**

**Medical Examination Report**  
(To be completed by Physician Only)

Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Blood Pressure:\_\_\_\_\_ Pulse:\_\_\_\_\_

	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>REMARKS</b>
Respiratory			
Cardiovascular			
Abdomen			
Hernia			
Genitalia			
Musculoskeletal			
Neurological			
Deformities			
Surgical Scars			
Skin			
Urinalysis (sugar)			

I certify that I have on this date reviewed the above history and examined this individual and find him/her physically able to compete in supervised activities checked on the previous page.

**DATE OF EXAMINATION:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
Phone Number