

# Athletic Participation Contract

I, \_\_\_\_\_, agree to follow the guidelines below. I also understand that teachers will be contacted by the coach on a regular basis to evaluate attendance, grades, and behavior.

## TARGET BEHAVIORS

- Retain passing grades of A, B, or C in all subjects
- Maintain a positive attitude in the classroom
- Follow all classroom and school rules
- Attend school regularly with no unexcused absences
- Attend all practices and games/matches unless the coach is notified prior to a miss
- Maintain a positive, cooperative attitude during practices and games/matches

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Student's Signature

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Parent's Signature

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Date

# CERTIFICATION OF ACCIDENT INSURANCE

Your child has indicated an interest in participating in a student activity that requires accident insurance coverage. Please check **A** or **B** below to indicate the method by which the required coverage will be provided. This form must be signed by parent(s)/guardian(s) and returned to Magellan Charter School.

I hereby certify that \_\_\_\_\_  
Name of Student

**A.** \_\_\_ is adequately covered by an accident and/or health and/or hospital insurance policy which is in effect during the present school year. This coverage is through an insurance policy identified below.

\_\_\_\_\_  
Name of Insurance Company Policy Number

**B.** \_\_\_ is enrolled in the Magellan Charter School student accident insurance program. I understand that my child is covered upon receipt of the completed application and receipt of the appropriate premium by the Magellan Charter School.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Parent/Guardian Date

## Treatment Consent/Authorization for release of Medical Information and Records

Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment for \_\_\_\_\_. I understand that every effort will be made by the attending physician to contact me prior to treatment.

Permission is also granted to Magellan Charter School to provide any necessary minor or emergency treatment(s) to the above-named student prior to his/her admission to any medical facilities.

Permission is hereby granted to Magellan Charter School or any medical consultant of Magellan Charter School to examine records concerning examination or treatment received by the above-named student for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in any athletic program at Magellan Charter School and to furnish the medical consultant with any reports or copies of medical records said member may request. I understand that these medical records will be kept confidential.

\_\_\_\_\_  
Parent/Guardian Date

Currently Recommended by the NCSM Sports Medicine Committee

### SPORTS PARTICIPATION HISTORY FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Athlete's Directions:** *Please review all questions with your parent or guardian and answer them to the best of your knowledge*

**Physician's Directions:** *We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers*

Yes	No	Don't Know	
			1 Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before age 50?
			2A Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B Has the athlete ever been told he/she has a heart murmur or heart problem?
			3 Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4 Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
			5 Does the athlete have a history of a concussion (getting knocked out)?
			6 Has the athlete ever suffered a heat-related illness (heat stroke)?
			7 Does the athlete have anything he/she wants to talk about to the doctor?
			8 Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9 Does the athlete take any medicine?
			10 Is the athlete allergic to any medications or bee stings?
			11 Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12 Does the athlete wear contacts or eye glasses?
			13 Date of last tetanus booster, DATE _____

Elaborate on any positive answer:

I have answered and reviewed the questions above and give permission for my child to participate in sports

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

(OVER)

**EXAMINATION**

Patient's Name \_\_\_\_\_

1. BP \_\_\_\_\_ WT \_\_\_\_\_ (Minimal wt \_\_\_\_\_) HT \_\_\_\_\_ Vision ( R)\_\_\_\_\_ ( L.) \_\_\_\_\_

## 2. MUSCULOSKELETAL EXAM

	NORMAL	ABNORMAL	RECORD laxity, weakness, instability, decreased ROM - if abnormal
Neck			
Knee			
Ankle			
Shoulder			
Feet			
Scoliosis/Spine			
Other Orthopedic Problems			

## 3. CARDIOVASCULAR EXAM

	NORMAL	ABNORMAL	NOT DONE	COMMENTS
ENT				
Chest				
Abdomen				
Genitalia				
Skin				

9. ASSESSMENT:  No problems identified  Other \_\_\_\_\_10. RECOMMENDATIONS:  Unlimited  Limited to specific sports  Deferred until: (e.g., rehab., recheck, consultation, lab, etc.)11. RE-EXAM:  Yearly and after any injury that limits participation for greater than one week.  
 Other \_\_\_\_\_

I certify that I have examined the above student and that such examination revealed

 Conditions  No conditions

that would prevent this student from participation in interscholastic sports.

Licensed to practice medicine in North Carolina?  Yes  No

Signature \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

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

If student is not qualified, list reasons for disqualification: \_\_\_\_\_

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

The Magellan Charter School  
PARENTAL CONSENT  
School Trips

Destination/nature of the trip: games and/or practices

Dates of trip: tbd

Form of transportation: parent cars

Name of teacher: coach

Name of student: \_\_\_\_\_

A school trip is defined as a student or a group of students leaving a school campus under the sponsorship of the school and under the supervision of school employee(s) to extend educational experiences consistent with the general goals and objectives of the total school program. A school trip must be related to the curriculum of the school or to a co-curricular activity (e.g. clubs, ASAP activities) and approved by the school administration.

Transportation for school trips:

If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident.

I have read the above statements regarding accident insurance and/or liability coverage on The Magellan Charter School trips. I understand that any accident/incident related expenses other than as covered above would be my responsibility. I consent to my child's participation in this activity.

\_\_\_\_\_ Parent signature \_\_\_\_\_ Date