ATHLETE: _____

GRADE: _____ SCHOOL YEAR: _____

Please complete the attached forms and return to the Athletic Office before you begin practice/conditioning. These forms are valid for all athletic participation for up to one year from the date signed.

FORMS:	COMPLETED:
PHYSICAL EXAMINATION; DATE: _____	☐
MEDICAL HISTORY	☐
MEDICAL CONSENT	☐
COPY OF INSURANCE	☐
SUDDEN CARDIAC ARREST	☐
CONCUSSION/BRAIN TRAMA	☐
STEROID USE AGREEMENT	☐
RELEASE OF LIABILITY/ACTIVITIES PERMISSION	☐
PRIMARY SPORT DECLARATION	☐
ACKNOWLEDGEMENT OF ATHLETIC POLICIES	☐

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below** Circle questions you don't know the answers to.

		Yes	No
1	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in activities for any heart problems?	☐	☐
4	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____		
	When was your last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5	Are you missing any paired organs?	☐	☐
6	Are you under a doctor's care?	☐	☐
7	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9	Have you ever been dizzy during or after exercise?	☐	☐
10	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11	Have you ever become ill from exercising in the heat?	☐	☐
12	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14	Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16	Do you want to weigh more or less than you do now?	☐	☐
17	Do you feel stressed out?	☐	☐
18	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary)

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League 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 sickness, 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 and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school 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 responses could subject the student in question to penalties determined by the TCAF

Student Signature _____ Parent/Guardian Signature _____ Date _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in TCAF practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
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			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
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: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

HARVEST CHRISTIAN ACADEMY MEDICAL CONSENT

Student Name: _____ DOB: _____

Address: _____

I hereby request that the student named above be allowed to compete in/ attend Harvest Christian Academy approved athletic events and other activities with the coach, or other representative of the school, for the current school year.

Should this student need immediate care or treatment as a result of injury or illness, I authorize treatment by any physician, trainer, nurse, or school representative.

Permission is hereby granted to the attending physician to proceed with any medical treatment, minor surgical treatment, x-ray, and examination. In the event of serious illness, or significant accidental injury, or the need for major surgery, I understand that an attempt will be made to contact me in the most expeditious way possible. If unable to reach me, the treatment necessary for the best interest of the student may be given and I will assume the responsibility of all medical bills as applicable.

A photocopy of this document is as binding as the original.

Health History:
Any known drug/food/environmental/etc. allergies: _____

List daily medications: _____ Date of latest DT: _____

Father's Name: _____ Cell: _____ Home: _____

Mother's Name: _____ Cell: _____ Home: _____

Physician's Name: _____ Phone: _____

Medical Insurance Company Name: _____ Policy #: _____

Mother/Guardian's Signature: _____ Date: _____

Father/Guardian's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

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: _____

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.

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)
hhtp://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

HCA ACTIVITIES/ FIELD TRIP PERMISSION, WAIVER, AND RELEASE OF LIABILITY

Student Name: _____ **Age of Student:** _____ **Grade of Student:** _____

This Waiver and Release of Liability ("**Agreement**") is executed by the undersigned parent or legal guardian of the Harvest Christian Academy, Inc. ("**HCA**") student named below, or if the HCA student named below is at least 18 years, then such HCA student (together with any heir, successor, representative or assign, collectively, the "**Student**") in favor of and for the benefit of HCA, FIRST BAPTIST CHURCH OF KELLER, TEXAS, a Texas non-profit corporation, and their respective officers, directors, trustees, employees, agents, volunteers, affiliates, successors, and assigns (collectively, the "**HCA Parties**") in connection with Student's participation in HCA Activities and events, including without limitation, field trips and mission trips.

Assumption of risk. The undersigned agrees that student derives a material benefit from HCA Activities and/or student's participation therein. The undersigned agrees and acknowledges that activities may involve physical contact, accidents, temperature, travel, exposure to covid-19 and other diseases, and other risks and dangers, which may be potentially hazardous to student. Student expressly assumes all risks and dangers, known or unknown, relating to or incidental to student's participation in any and all HCA Activities. The undersigned represents to HCA that student is physically and emotionally fit to participate in trips and activities. "HCA Activities" shall mean attending school at HCA, field trips, mission trips, or any other activity on the premises or property of the HCA Parties.

Release of liability. The undersigned and student hereby release, waive, forever discharge, and hold harmless the HCA Parties from and against any and all claims, actions, damages, liabilities, costs, and expenses for bodily injury, illness, death, or property damage of any kind or nature (collectively, the "losses"), arising out of or relating to student's participation in HCA Activities, including losses caused by the negligence, or alleged negligence, of the HCA Parties.

The undersigned and Student agree that the undersigned, Student, and Student's heirs, executors, administrators, successors and assigns, will never bring any legal action against any of the HCA Parties for or on account of any damage, loss, illness, death or injury either to Student's person or property, or both, which may result from the Student's participation in the HCA Activities. **THE UNDERSIGNED AGREES TO INDEMNIFY THE HCA PARTIES FROM ANY LOSS OR DAMAGE, INCLUDING ATTORNEYS' FEES AND COSTS, SUSTAINED BY ANY OF THE HCA PARTIES AS A RESULT OF THE BREACH OF THE TERMS OF THIS PARAGRAPH.**

MEDICAL ATTENTION. The undersigned agrees that during the Activities, the HCA Parties are authorized to secure appropriate medical attention for Student in the event of an accident, illness or injury. The undersigned shall be responsible for any and all costs of medical coverage and treatment. Under such circumstances, I further authorize any licensed physician and/or medical personnel to undertake such care and treatment of the Student as he/she considers necessary, including any x-ray examination, anesthetic, emergency, medical, dental, or surgical diagnosis or treatment.

IMAGE RELEASE. The undersigned agrees that HCA shall have the right to record, photograph, video, broadcast, and otherwise use in any and all media Student's participation in the HCA Activities and to use Student's name, likeness, voice and biographical information in connection therewith. The undersigned waives any right to inspect or approve the same.

OTHER MATTERS.

a. Should it be necessary for Student to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall be responsible for all transportation costs.
b. Student may be transported by HCA teachers, parents, or other volunteers who have a valid driver's license in connection with HCA Activities.
c. HCA is authorized to furnish any necessary transportation, food, and lodging for Student in connection with the HCA Activities.
d. The undersigned will indemnify and reimburse the HCA Parties for any liability, loss, or damage sustained by HCA as the result of the negligent or intentional acts of Student.
e. I fully understand that the Student is to abide by all HCA rules and policies governing conduct during any HCA Trip. I understand that any violation of these rules and policies may result in the Student being sent home at the sole discretion of HCA and at the sole expense of the Student and/or Parent/Guardian of the Student.
f. The Student shall refrain from engaging in any activity that results in damages or destruction of any property belonging to any of the HCA Parties or any third party. Any costs associated with damages to property caused by the Student, either intentionally or negligently, shall be the sole responsibility of the Student and/or the Parent/Guardian of the Student.

SEVERABILTY; GOVERNING LAW AND VENUE. If any provision of this Agreement shall be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid or unenforceable provision were omitted. This Agreement shall be governed by the laws of the State of Texas. Venue for any dispute arising out of this Agreement shall be in Tarrant County, Texas.

(Continued on Back)

Medical Information of the Student (provide HCA updated information during year as necessary):

Does the Student have a medical condition of which HCA should be aware before allowing the Student to participate in any HCA Trip? _____

Allergies (list specific allergies, i.e. peanuts) _____

Medications (list medications needed, i.e. inhaler) _____

Medical Condition(s) (list medical condition, i.e. asthma) _____

Medical Insurance Provider and Phone Number _____

Medical Insurance Policy # _____

Emergency Contact for the Student (provide HCA updated information during year as necessary):

_____

Name (Please print) Relationship Phone No.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTOOD THIS AGREEMENT.

MUST BE SIGNED BY PARENT/LEGAL GUARDIAN IF STUDENT IS UNDER 18 YEARS OLD

Signed:_____ Printed Name: _____ Date: _____

Cell Phone Number: _____

Harvest Christian Academy

Primary Sport Declaration Forms

Athletes are permitted to participate in more than one sport in a season PROVIDING that the following criteria are met:

1. The athlete, both coaches and athletic director must meet to determine if this decision is in the best interests of the athlete.
2. The coaches of both sports and the athlete are all in favor of this arrangement.
3. The coaches of the affected sports and the athlete can arrive at a schedule that is beneficial for all parties.
4. The athlete is expected to practice regularly in both sports.
5. The athlete will not be permitted to leave one practice early in order to attend a practice in the other sport unless permission has been granted by both coaches.
6. The athlete will not be permitted to miss any practices or contests in either sport without the consent of one or both of the coaches.
7. The following prioritized list of contest levels will be used to determine which contest the athlete will participate in when a conflict arises over contests scheduled on the same date:

   Contests take precedence over practices
   TCAF tournaments/games
   District games/ tournaments
   Non-conference games

As cited below, the athlete will determine his/her "Primary" and "Secondary" sports. This determination will be used only to resolve conflicts that arise after the start of the season. If, at any time during the season, the athlete wishes to discontinue participating in both sports, the choice will be for them to discontinue with the "Secondary" sport and continue with the "Primary" sport. If lettering requirements for both sports are met, then the athlete will be eligible to receive letters and awards in both sports.
All final authority regarding conflicts, clarification, or modification of this policy shall be vested with the Athletic Director.

I declare my "Primary" sport to be: _____ My "Secondary" sports will be: _____

I agree to abide by the criterion as delineated above:
Athlete _____ Date_____

Parent/Guardian: _____Date_____

Primary sport coach_____ Date_____

Secondary sport coach _____ Date_____

Athletic Director _____ Date_____

This form is to be filed in the office of the Director of Athletics and with each coach.