

# **SAINT PETER SCHOOL**

## **ATHLETE FORMS**



**All forms must be completed and submitted to the Athletic Director.**

# St. Peter Sports Program Membership Permission Form

School Year: \_\_\_\_\_

Sport: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent's/Guardian Phone: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

## IMPORTANT

I, the parent/guardian of the below named player, a minor, agree that the player and I will abide by the rules and regulations of the St. Peter Sports Program. In consideration of the player's participation in the sports program intending to be legally bound, hereby release and indemnify the St. Peter Sports Program Parties, School and Parish and their respective employees and coaches against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, players transportation to/from any Program, which transportation is hereby authorized. I further grant the St. Peter Sports Program the permission to use the player's name, picture and/or likeness in printed, broadcast or other material concerning the Programs provided such is related to the player's status as a participant in the Programs.

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Player Name (printed)

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

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)*

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

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

| GENERAL QUESTIONS  | Yes        | No        | MEDICAL QUESTIONS   | Yes | No |
|--|------------|-----------|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?   |            |           | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?                                    |     |    |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____  |            |           | 27. Have you ever used an inhaler or taken asthma medicine?   |     |    |
| 3. Have you ever spent the night in the hospital?  |            |           | 28. Is there anyone in your family who has asthma?  |     |    |
| 4. Have you ever had surgery?  |            |           | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOU</b>  | <b>Yes</b> | <b>No</b> | 30. Do you have groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?   |            |           | 31. Have you had infectious mononucleosis (mono) within the last month?   |     |    |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?   |            |           | 32. Do you have any rashes, pressure sores, or other skin problems?   |     |    |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?  |            |           | 33. Have you had a herpes or MRSA skin infection?   |     |    |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><input type="checkbox"/> Kawasaki disease Other: _____ |            |           | 34. Have you ever had a head injury or concussion?  |     |    |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   |            |           | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?      |     |    |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise?   |            |           | 36. Do you have a history of seizure disorder?  |     |    |
| 11. Have you ever had an unexplained seizure?  |            |           | 37. Do you have headaches with exercise?  |     |    |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise?   |            |           | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?              |     |    |
| <b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>  | <b>Yes</b> | <b>No</b> | 39. Have you ever been unable to move your arms or legs after being hit or falling?                                 |     |    |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?   |            |           | 40. Have you ever become ill while exercising in the heat?  |     |    |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  |            |           | 41. Do you get frequent muscle cramps when exercising?  |     |    |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  |            |           | 42. Do you or someone in your family have sickle cell trait or disease?   |     |    |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  |            |           | 43. Have you had any problems with your eyes or vision?   |     |    |
| <b>BONE AND JOINT QUESTIONS</b>  | <b>Yes</b> | <b>No</b> | 44. Have you had any eye injuries?  |     |    |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?   |            |           | 45. Do you wear glasses or contact lenses?  |     |    |
| 18. Have you ever had any broken or fractured bones or dislocated joints?  |            |           | 46. Do you wear protective eyewear, such as goggles or a face shield?   |     |    |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   |            |           | 47. Do you worry about your weight?   |     |    |
| 20. Have you ever had a stress fracture?   |            |           | 48. Are you trying to or has anyone recommended that you gain or lose weight?                                       |     |    |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)   |            |           | 49. Are you on a special diet or do you avoid certain types of foods?   |     |    |
| 22. Do you regularly use a brace, orthotics, or other assistive device?  |            |           | 50. Have you ever had an eating disorder?   |     |    |
| 23. Do you have a bone, muscle, or joint injury that bothers you?  |            |           | 51. Do you have any concerns that you would like to discuss with a doctor?  |     |    |
| 24. Do any of your joints become painful, swollen, feel warm, or look red?   |            |           | <b>FEMALES ONLY</b>   |     |    |
| 25. Do you have any history of juvenile arthritis or connective tissue disease?  |            |           | 52. Have you ever had a menstrual period?   |     |    |
|  |            |           | 53. How old were you when you had your first menstrual period?  |     |    |
|  |            |           | 54. How many periods have you had in the last 12 months?  |     |    |

**Explain "yes" answers here**

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

|  |            |           |
|--|------------|-----------|
| 1. Type of disability  |            |           |
| 2. Date of disability  |            |           |
| 3. Classification (if available)   |            |           |
| 4. Cause of disability (birth, disease, accident/trauma, other)  |            |           |
| 5. List the sports you are interested in playing   |            |           |
|  | <b>Yes</b> | <b>No</b> |
| 6. Do you regularly use a brace, assistive device, or prosthetic?  |            |           |
| 7. Do you use any special brace or assistive device for sports?  |            |           |
| 8. Do you have any rashes, pressure sores, or any other skin problems?                                     |            |           |
| 9. Do you have a hearing loss? Do you use a hearing aid?   |            |           |
| 10. Do you have a visual impairment?   |            |           |
| 11. Do you use any special devices for bowel or bladder function?  |            |           |
| 12. Do you have burning or discomfort when urinating?  |            |           |
| 13. Have you had autonomic dysreflexia?  |            |           |
| 14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness? |            |           |
| 15. Do you have muscle spasticity?   |            |           |
| 16. Do you have frequent seizures that cannot be controlled by medication?                                 |            |           |

**Explain "yes" answers here**

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**Please indicate if you have ever had any of the following.**

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| Atlantoaxial instability                      |            |           |
| X-ray evaluation for atlantoaxial instability |            |           |
| Dislocated joints (more than one)             |            |           |
| Easy bleeding                                 |            |           |
| Enlarged spleen                               |            |           |
| Hepatitis                                     |            |           |
| Osteopenia or osteoporosis                    |            |           |
| Difficulty controlling bowel                  |            |           |
| Difficulty controlling bladder                |            |           |
| Numbness or tingling in arms or hands         |            |           |
| Numbness or tingling in legs or feet          |            |           |
| Weakness in arms or hands                     |            |           |
| Weakness in legs or feet                      |            |           |
| Recent change in coordination                 |            |           |
| Recent change in ability to walk              |            |           |
| Spina bifida                                  |            |           |
| Latex allergy                                 |            |           |

**Explain "yes" answers here**

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**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION   |        |   |   |
|---|--------|---|---|
| Height  | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female |   |
| BP / ( / )  | Pulse  | Vision R 20/  | L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL   | NORMAL | ABNORMAL FINDINGS   |   |
| Appearance <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul> |        |   |   |
| Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>   |        |   |   |
| Lymph nodes   |        |   |   |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>• Location of point of maximal impulse (PMI)</li> </ul>  |        |   |   |
| Pulses <ul style="list-style-type: none"> <li>• Simultaneous femoral and radial pulses</li> </ul>   |        |   |   |
| Lungs   |        |   |   |
| Abdomen   |        |   |   |
| Genitourinary (males only) <sup>b</sup>   |        |   |   |
| Skin <ul style="list-style-type: none"> <li>• HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>  |        |   |   |
| Neurologic <sup>c</sup>   |        |   |   |
| MUSCULOSKELETAL   |        |   |   |
| Neck  |        |   |   |
| Back  |        |   |   |
| Shoulder/arm  |        |   |   |
| Elbow/forearm   |        |   |   |
| Wrist/hand/fingers  |        |   |   |
| Hip/thigh   |        |   |   |
| Knee  |        |   |   |
| Leg/ankle   |        |   |   |
| Foot/toes   |        |   |   |
| Functional <ul style="list-style-type: none"> <li>• Duck-walk, single leg hop</li> </ul>  |        |   |   |

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports \_\_\_\_\_

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician, APN, PA \_\_\_\_\_

## Completed Cardiac Assessment Professional Development Module

Date \_\_\_\_\_ Signature \_\_\_\_\_

# St. Peter Sports Program Medical Release Form

Sport: \_\_\_\_\_ School Year: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent's / Guardian Name: \_\_\_\_\_

Parent's / Guardian Phone:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

(E-mail) \_\_\_\_\_

Emergency contact:

Phone number other than Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Day Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Night Phone No.: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known allergies or other pertinent medical information: \_\_\_\_\_

Family Physician name: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Physician phone No.: \_\_\_\_\_

Date which release is granted is from \_\_\_\_\_ to \_\_\_\_\_

Recognizing the possibility of physical injury associated with sports and in consideration for St. Peter School and Parish accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify St. Peter School/Parish, its affiliated employees and associated personnel including coaches against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs.

Therefore, I grant St. Peter's Staff \_\_\_\_\_ and/or Coaches or Assistant Coaches \_\_\_\_\_ permission to act as surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_

Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public or Attorney at Law in the State of New Jersey

# DIOCESE OF TRENTON "CODE OF CONDUCT"

(TO BE READ AND SIGNED BY ALL PARENTS, GUARDIANS AND PLAYERS)

Interscholastic and youth sports programs play an important role in the promoting of the physical, social and emotional development of children. It is therefore essential for the parents, coaches, and officials to encourage young athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and will conform my behavior to the following "Code of Conduct".

1. I will remember that children participate to have fun and that the game is for the child and not the adults.
2. I will learn and abide by the policies of the league.
3. I (and my guests) will be a positive role model for my child by encouraging sportsmanship, by showing respect and courtesy, and by demonstrating positive support for players, coaches, officials and spectators at every game, practice or other sporting event.
4. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing or taunting, refusing to shake hands, or using profane language or gestures.
5. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
6. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex or ability.
7. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
8. I will promote the welfare and physical well-being of the athletes ahead of my personal desire for my child to win.
9. I will respect the officials and coaches and their authority during games and will never question, discuss or confront a coach or official at the game or on the field.
10. I will demand a good sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
11. I will refrain from coaching my child or other players during games or practices, unless I am one of the official coaches.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but not be limited to the following:

- Verbal warning by official, head coach, and/or head of league or organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through official or coach
- Parental season suspension

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Parent/Guardian Name

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Date

Print Name \_\_\_\_\_

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Player Name

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Date



## **Saint Peter School**

### **Athlete's Code of Conduct**

Participation in athletics at St. Peter School is a privilege. All students who participate in the St. Peter Sports Program are expected to exhibit appropriate behavior at all times. This includes at school, practices, and games. Appropriate behavior consists of being courteous, respectful and cooperative toward coaches, officials and teammates. As a participant in the St. Peter Sports Program, the student-athlete pledges to adhere to the following requirements:

To always act in a Christian manner on and off the field of play.

To meet the academic standards set forth in the school handbook.

To act respectfully toward coaches, officials and teammates at all times – including being attentive and not engaging in distractive behavior at practices and games.

To attend all practices and games. If an athlete is unable to attend a practice or game the coach must be notified. Athletes who are absent from school may not participate in that day's practice or game unless specifically excused by the Principal.

To properly care for the team uniform. If a uniform is returned in bad condition or not returned at all, a replacement fee will be assessed.

I understand that failure to abide by the above regulations will result in disciplinary action as determined by the coach, Sports Council, and/or the Administration, and that this discipline may include my removal from the team.

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Athlete Name (Print)

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Athlete Signature

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Date