



Pius X High School

Parental Consent & Physical Clearance Form



School Year: 20 -20 Current Grade: 9th 10th 11th 12th

Name of Student:

Date of Birth: / /

To be completed by
any student
participating
in an NSAA Activity

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent". The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student [Print Name]	Student Signature	Date
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(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

- | | | | | |
|---------------|----------|----------|-----------------|------------|
| BASEBALL | DANCE | SOFTBALL | VOLLEYBALL | JOURNALISM |
| BASKETBALL | FOOTBALL | SWIMMING | WRESTLING | SPEECH |
| CHEER | GOLF | TENNIS | PLAY PRODUCTION | SHOW CHOIR |
| CROSS COUNTRY | SOCCER | TRACK | MUSIC | |

Name of Parent [Print Name]	Parent Signature	Date
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Pius X High School

Parental Consent & Physical Clearance Form



To Be Filled Out By Athlete and/or Parent Prior to Exam	To Be Filled Out By Physician, As Needed, During Exam
<p>Sex: Male Female Age: _____ Grade: _____</p> <p>Medicine and Allergies: _____ _____</p> <p>A. Has a doctor ever denied participation in any sport or activity? Yes or No</p> <p>B. List any ongoing medical conditions (examples: asthma, diabetes, infections, etc.) _____</p> <p>C. Have you ever had surgery? Yes or No</p> <p>D. Have you ever passed out during or after exercise? Yes or No</p> <p>E. Have you ever had pain or discomfort or shortness of breath while exercising? Yes or No</p> <p>F. Has a doctor ever told you that you have heart problems? Yes or No</p> <p>If so, list any heart issues: _____</p> <p>G. Does your heart ever race or skip beats (irregular beats) during exercise? Yes or No</p> <p>H. Have you ever had an unexpected seizure? Yes or No</p> <p>I. Do you get more tired or short of breath quicker than your friends? Yes or No</p> <p>J. Has a direct family member ever died of a heart related illness? Yes or No</p> <p>K. Has a doctor ever ordered a test for your heart (example: ECG/EKG)? Yes or No</p> <p>L. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Yes or No</p> <p>M. Does anyone in your family have a heart problem, pacemaker or defibrillator? Yes or No</p> <p>N. Has anyone in your family experienced fainting, unexplained seizures or near drowning? Yes or No</p> <p>O. Have you ever had an injury to bone, muscle, ligament or tendon that caused you to miss a practice or game? Yes or No</p> <p>P. Have you ever had any broken or fractured bones or dislocated joints? Yes or No</p> <p>Q. Have you ever had a stress fracture? Yes or No</p> <p>R. Do you regularly use a brace, orthotics, or other assistive device? Yes or No</p> <p>S. Do you have a bone, muscle or joint injury that bothers you? Yes or No</p> <p>T. Do any of your joints become painful, swollen, feel warm, look red, or do you have any history of juvenile arthritis or connective tissue disease? Yes or No</p> <p>U. Do you cough, wheeze or have difficulty breathing during or after exercise? Yes or No</p> <p>V. Have you ever used an inhaler or taken asthma medicine? Yes or No</p> <p>W. Is there anyone in your family that has asthma? Yes or No</p> <p>X. Were you born without or are you missing any organ? Yes or No</p> <p>Y. Do you have groin pain or a painful bulge or hernia in the groin area? Yes or No</p> <p>Z. Have you had infectious mononucleosis in the last month? Yes or No</p> <p>AA. Do you have any rashes, pressure sores, or other skin problems? Yes or No</p> <p>AB. Have you had herpes or MRSA skin infection? Yes or No</p> <p>AC. Have you ever had a head injury or concussion? Yes or No</p> <p>AD. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems? Yes or No</p> <p>AE. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes or No</p> <p>AF. Have you ever been unable to move your arms/legs after being hit or falling? Yes or No</p> <p>AG. Have you ever become ill while exercising in the heat or experienced cramps? Yes or No</p> <p>AH. Have you had any problems with your eyes/vision or any recent eye injuries? Yes or No</p> <p>AI. Do you have any other concerns that you'd like to discuss with your doctor? Yes or No</p>	<p>Height: _____ Weight: _____ BP: _____ / _____</p> <p>Pulse: _____ Vision: R 20/ _____ L 20/ _____</p> <p>Medical (report any abnormal findings):</p> <p>Physical Appearance: _____ _____ _____</p> <p>Eyes/ears/nose/throat: _____ _____ _____</p> <p>Heart (murmurs, PMI): _____ _____ _____</p> <p>Lymph nodes: _____ _____ _____</p> <p>Abdomen: _____ _____ _____</p> <p>Pulses (simultaneous femoral and radial pulses): _____ _____ _____</p> <p>Skin (HSV, lesions suggestive of MRSA, tinea corporis): _____ _____ _____</p> <p>Neurologic: _____ _____ _____</p> <p>Musculoskeletal (Neck, Back/Spine, Shoulders/Arms, Hip/Thighs, Knee, Leg/Ankle, Foot/Toes): _____ _____ _____</p> <p>Other: _____ _____ _____</p> <p style="background-color: yellow;">I herewith certify that the student named above has been evaluated and is:</p> <p style="background-color: yellow; text-align: center;">Cleared without restriction</p> <p style="background-color: yellow; text-align: center;">Cleared, with recommendations for further evaluation or treatment</p> <p style="background-color: yellow; text-align: center;">Not cleared for: All sports Certain sports</p> <p>Reason/Recommendations: _____ _____ _____</p> <p style="background-color: yellow;">Name of Physician (PRINT): _____</p> <p style="background-color: yellow;">Phone: _____</p> <p style="background-color: yellow;">Address: _____</p> <p style="background-color: yellow;">City: _____ State: _____</p> <p style="background-color: yellow;">Signature of Physician: _____ MD or DO</p> <p style="background-color: yellow;">Date: ____ / ____ / ____</p>