

**ATHLETIC PARTICIPATION CERTIFICATE - Physician/Parent/Student**  
**CENTER PLACE RESTORATION SCHOOL \* 819 West Waldo Avenue - Independence, MO 64050 - (816) 252-1715**

This certificate is to be completed prior to the first practice session. It contains vital information in case of injury. It shall accompany this athlete's team(s) to all practices and contests. It shall be put in the Center Place Restoration School (CPRS) Athletic files during the off-season.

**ATHLETE'S APPLICATION AND PERSONAL INFORMATION**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

This application to represent CPRS in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent CPRS, and that I have not violated any of them. I also understand that if I do not meet the standards set by CPRS or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest, or suspension from the team either temporarily or permanently. I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing CPRS, and I verify that it is correct and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT**

We hereby give our consent for the above student to represent CPRS in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest, and we hereby agree to hold CPRS, her employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by our child/ward in any activities related to the interscholastic program of CPRS.

If we cannot be reached in the event of an emergency, we also give consent for CPRS to obtain through a physician or hospital of her choice such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of CPRS athletic activities. We understand that CPRS may not provide transportation to all events, and permit our child/ward access to legal private transportation in such a case. We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment, and we certify that it is correct and complete.

CPRS shall not permit a student to practice or compete for her until she has verification that he/she has basic insurance coverage. Our son/daughter is covered by athletic accident insurance for the current school year with:

Name of Insurance Company \_\_\_\_\_ Telephone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

**MEDICAL HISTORY** - Please answer the following questions by circling yes or no. If you answer yes, give a brief explanation.

- |   |              |
|---|--------------|
| 1. Have you ever had a serious medical problem requiring surgery, hospitalization, or prolonged treatment by a doctor?          | No Yes _____ |
| 2. Do you take any medication of any type?  | No Yes _____ |
| 3. Have you ever had a severe allergic reaction to anything?  | No Yes _____ |
| 4. Have you ever had allergic problems such as hay fever, asthma, or eczema?  | No Yes _____ |
| 5. Do you have wheezing or difficulty in breathing during or shortly after exercising?  | No Yes _____ |
| 6. Have you ever had a heart murmur, racing heart, or irregular heart beat?   | No Yes _____ |
| 7. Have you ever been dizzy or passed out during exercise?  | No Yes _____ |
| 8. Has any family member ever had a heart attack or died suddenly before the age of 50?   | No Yes _____ |
| 9. When exercising, do you have chest pain or do you tire more easily than others your age?                                     | No Yes _____ |
| 10. Have you ever suffered heat-related problems such as heat cramps, severe headache, dizziness, or fainting?                  | No Yes _____ |
| 11. Have you ever had a significant injury such as a sprain, fracture, or dislocation to a bone or joint?                       | No Yes _____ |
| 12. Have you ever had a concussion or been knocked unconscious?   | No Yes _____ |
| 13. Have you ever had a seizure?  | No Yes _____ |
| 14. Have you ever had burning pain, numbness or tingling in your arms or legs, which was associated with physical activity?     | No Yes _____ |
| 15. Is there any other medical or family history which might be important?  | No Yes _____ |
| 16. Have you ever been taken out of or kept from participating in a sports activity/ practice for an injury or physical reason? | No Yes _____ |
| 17. Have you ever required taping, padding, or bracing before events or practice?   | No Yes _____ |
| 18. Do you have damage or absence of one or any paired organs (i.e., kidney, eye, etc.)?  | No Yes _____ |
| 19. Do you have any skin problems such as rashes or itching?  | No Yes _____ |
| 20. In the last year, how much weight (if any) have you gained or lost?   | _____        |
| 21. What is the date of your last tetanus booster?  | _____        |
| 22. What is the date of your last MMR?  | _____        |

**FOR FEMALES ONLY**

23. What is the date of your last menstrual cycle? \_\_\_\_\_
24. In the last year, have you gone for three months or more without a menstrual cycle? \_\_\_\_\_

**PHYSICAL EXAMINATION**

Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

Vision: uncorrected: \_\_\_\_\_

Glasses? \_\_\_\_\_

corrected: \_\_\_\_\_

Contacts? \_\_\_\_\_

HEENT: \_\_\_\_\_

Neck: ROM: \_\_\_\_\_ Palpitation: \_\_\_\_\_ Tenderness: \_\_\_\_\_

Chest: Auscultation: \_\_\_\_\_

Wheezing? \_\_\_\_\_ Rales? \_\_\_\_\_

CV: Heart Murmur: \_\_\_\_\_

\* Murmur increases with valsalva? \_\_\_\_\_

\* Murmur grade III or IV? \_\_\_\_\_

\* Murmur diastolic? \_\_\_\_\_

Rhythm: \_\_\_\_\_ Click: \_\_\_\_\_ Rub: \_\_\_\_\_

Edema? \_\_\_\_\_ Cyanosis? \_\_\_\_\_

Abdomen: \_\_\_\_\_

\* Enlarged liver? \_\_\_\_\_ \* Enlarged spleen? \_\_\_\_\_

Hernia? \_\_\_\_\_ Scars? \_\_\_\_\_

Skin: Gen.: \_\_\_\_\_

Rashes: \_\_\_\_\_

\*\*MS: Shoulder \_\_\_\_\_

Elbow \_\_\_\_\_

Wrist/Hand \_\_\_\_\_

Back \_\_\_\_\_

Hip \_\_\_\_\_

Knee \_\_\_\_\_

Ankle \_\_\_\_\_

Feet \_\_\_\_\_

Other \_\_\_\_\_

**General Observations & Identified Problems:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

>2 (Tall \_\_\_\_\_ Striae \_\_\_\_\_ Hyperextensibility \_\_\_\_\_ Upper to lower body ratio <0.9) \_\_\_\_\_ Lens dislocation \_\_\_\_\_)

(\*\*detailed exam if history of injury of problem)

This individual has been cleared for participation in the following sports:  Soccer  Volleyball, Basketball  Track  Cheerleading  Golf

Additional evaluation suggested:  Coach/Trainer  Family Physician  Sports Physician  Orthopedic Surgeon  Other (\_\_\_\_\_)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_