

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

**Firm Foundation Christian  
Middle School & High School  
Athletic Packet  
2017-2018**



**FIRM FOUNDATION ATHLETIC PARTICIPATION FORM**

**2017-2018**

*This athletic participation packet will cover all athletic events for the 2017-2018 school year. Each athlete must have one athletic packet on file with the FFCS Athletic Department.*

*All information must be complete. If any changes are made during the 2017-2018 school year, it is the family's responsibility to inform the Athletic Director so the necessary changes are documented.*

**Athlete's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**EMERGENCY HEALTH CARE INFORMATION**

**2017-2018**

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Ph #: \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Group/Plan #: \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

***My student athlete has permission to participate in competitive sports for Firm Foundation Christian School and to attend activities related to those sports. While it is expected that reasonable precautions to avoid injury will be exercised by the coach and staff, I acknowledge that neither the school nor the coach are liable in any way should injury occur. I also acknowledge that each athlete is to be covered by medical insurance at all times provided by the parent/guardian while participating in FFCS sports.***

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT MEDICAL CHECKLIST**

**2017-2018**

**(TO BE COMPLETED BY PARENT)**

Please complete the following information as it pertains to your student athlete, including any medical conditions that might impact your child's participation.

I, the parent, will obtain a sports physical for my son/daughter to certify that my child is physically able to compete in athletic programs at Firm Foundation Christian School.

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Athlete's Name** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check the following information concerning your student:**

	YES	NO	If YES, please explain:
Concussion?			
Neck Injury?			
Respiratory Issues?			
Allergies?			
Diabetes?			

**Other:**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT CONSENT FOR TREATMENT FORM**

**2017-2018**

*By signing below, I authorize emergency medical care and treatment for my student athlete during the 2017-2018 athletic season in the event I am not present or otherwise able to personally consent to care. I understand that every effort will be made to contact me or the persons listed as emergency contacts below to explain the nature of the problem prior to any treatment. In the event our family physician is not available to provide medical care or consultation, I authorize treatment by an alternate physician(s) who is then able to render necessary care. I will assume complete financial responsibility for any and all emergency treatment and care provided for my student athlete. I hereby release Firm Foundation Christian School, its employees, coaches, representatives and assigns from any and all liability that may arise and/or is related to emergency medical treatment provided for my student athlete.*

\_\_\_\_\_  
**Athlete's Name** (please print)

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Emergency Contact #1 Name** (please print)

\_\_\_\_\_  
**Relationship**

**Contact Phone** (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Emergency #2 Contact Name** (please print)

\_\_\_\_\_  
**Relationship**

**Contact Phone** (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Physician/Clinic Contact Name** (please print)

\_\_\_\_\_  
**Contact Phone**

\_\_\_\_\_  
**Alternate Physician/Clinic Contact Name** (please print)

\_\_\_\_\_  
**Contact Phone**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRAVEL CONSENT AND RELEASE**

**2017-2018**

*Firm Foundation Christian School heavily relies on parents for transportation to and from athletic events that occur during school hours, as well as non- school times, such as after school, weekends and holidays.*

*By signing this release, I authorize my student athlete, \_\_\_\_\_*

*to travel in a private automobile to and/or from athletic events and practices with those parents listed on the "Parent Travel Release Form" during this school year. In the absence of this signed release, I acknowledge that I will be solely responsible for transporting my child to and from these activities. As an added measure of assurance for approved return transportation from an event, the coach or designee will have a sign-out checklist to release the student from the coach's supervision to the designated adult driver. Each sport season the parent will provide the coach with a list of approved drivers for their child.*

*I further acknowledge that Firm Foundation Christian School, its employees or agents, has no responsibility to supervise the transportation of my student athlete or to exercise supervision and control over my child when not in attendance at the designated activity.*

*Please check the following box(es) if you wish to permit your child to travel to and/or from FFCS with any Firm Foundation parent and/or Staff Member.*

**PLEASE NOTE: This pertains to ALL GAMES and/or PRACTICES**

***My student-athlete can ride with (check all that apply):***

- Any FFCS Parent(s)       Any FFCS Staff Member(s)       Any Coach(es)

***If you DO NOT select any of the boxes above, please write in specific people or families that you want your child to travel with below:***

	Driver's Name
1	
2	
3	

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**ATHLETIC PARTICIPATION MEDICAL/SPORTS PHYSICAL FORM 2017-2018**

**(TO BE COMPLETED BY A PHYSICIAN)**

**Athlete's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

**Student Athlete Physical Exam**

	<b>Satisfactory</b>	<b>Unsatisfactory</b>
1. <b>Respiratory:</b>	_____	_____
2. <b>Cardiovascular:</b>	_____	_____
3. <b>Neurological:</b>	_____	_____
4. <b>Extremities:</b>	_____	_____
5. <b>Teeth:</b>	_____	_____
6. <b>Hearing:</b>	_____	_____
7. <b>Orthopedic:</b>	_____	_____
8. <b>Vision:</b>	_____	_____
9. <b>Skin:</b>	_____	_____

**Yes.** The athlete is **CLEARED** to participate in all athletic activities and contests.

**No.** The athlete is **NOT CLEARED** to participate in athletic activities and contests.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

*\*Sports physicals are good for two years- please check with your doctor or the FFCS Athletic Department before scheduling an appointment*

\_\_\_\_\_  
**Physician's Name** (please print)

\_\_\_\_\_  
**Exam Date**

\_\_\_\_\_  
**Physician's Signature**

***What can happen if my child keeps on playing with a concussion or returns to soon?***

Athletes with the signs and symptoms of concussion should and will be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury.

There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

It is important to note that a student-athlete who has been suspected of suffering a concussion will not return to play until cleared by a medical physician.

***What should I do if I think my student-athlete has suffered a concussion?***

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years: "a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" and "...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. When in doubt, the athlete sits out.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away and do not allow your child to sleep.



**Symptoms may include one or more of the following:**

- Headaches
- Pressure in head
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating question(s) and/or comment(s)

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays uncoordinated movements
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

----- **Required Signature on Concussion Info Below** -----

*I acknowledge the seriousness of concussions as a sports injury and understand the rationale for procedures on how a student-athlete will be treated with a suspected concussion.*

\_\_\_\_\_  
**Student Name** (please print)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Name** (please print)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature**