



## NAMPA CHRISTIAN SCHOOLS

2019-2020

High School Athletic Forms

The following paperwork **MUST** be turned in prior to the first day of practice.  
Athletes will not be allowed to practice until **ALL FORMS** are on file in the high school office.

- Statement of Commitment
- Health Examination and Consent Form
- Physical Examination Form
- Interim Questionnaire
- Risk Form
- Sportsmanship Form
- Concussion Acknowledgement Form

\*\* It is **REQUIRED** all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.\*\*

## STATEMENT OF COMMITMENT

I, \_\_\_\_\_, as a member of a Nampa Christian athletic team, do agree to abide by the following rules and standards of conduct. I realize that athletic involvement is a privilege, and not a right, and carries with it responsibilities. I further acknowledge that there will be consequences for misconduct or not fulfilling my commitment.

- I agree to attend and be on time for all practices, meetings, and games. This includes awards banquets, team parties, team pictures and all other team functions. Though I may have outside activities, I will not allow them to interfere with my NCS commitment.
- I agree to personally gain prior permission from my coach if extenuating circumstances arise where I must be late or miss a team function.
- I agree to give 100% effort during practices and in games.
- I agree to inform my coach of an illness or injury that I feel may affect my playing ability. I recognize that lack of practice due to an injury may limit my playing time and that I am still responsible to attend practices and games when injured unless excused by my coach.
- I agree to keep an attitude of encouragement towards my teammates in every situation.
- I agree to perform any function that the coach, in his/her best judgment, not my own, determines is best for the team's overall success.
- I agree to refrain from smoking, drinking, drugs, and profanity anytime and anywhere, and to avoid situations (parties, informal gatherings, etc.) where alcohol and drugs may be present.
- I agree to maintain my academic eligibility as outlined in the Student and Athletic Handbooks and to inform my coach of any academic problems that I encounter.
- I agree to take care of any uniforms or equipment that may be issued to me and will return it when I am asked. If any damage occurs during my possession, I agree to pay for repair or replacement costs. I agree to not use any school issued equipment for any outside activities unless approved by my Head Coach and/or the Athletic Director.
- I agree to uphold the guidelines as outlined in the Student and Athletic Handbooks.
- I understand that if I do not attend four classes on the day of an athletic event, I will not be allowed to participate unless prior arrangements have been made.

By signing below, I, the student-athlete, and we, the parents/guardians, agree to the above stated responsibilities. We waive all rights to the NCS Athletic Department to guide myself, and our child, in the sports participated in, to the best of their ability.

\_\_\_\_\_  
Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

# HEALTH EXAMINATION AND CONSENT FORM



It is required all students complete a history and physical examination prior to his/her first 9th and 11th grade practice in the interscholastic (9-12) athletic program in the State of Idaho. The exam is at the expense of the student and may not be taken prior to May 1 of the 8th and 10th grade years. This examination is to be done by a licensed physician, physician's assistant or nurse practitioner under optimal conditions. Interim history forms are required during the 10th and 12th grade years and must be submitted to the school administration prior to the first practice.

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Sports: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

Fill in details of "YES" answers in space below:

- |  | Yes  | No                       |  | Yes                      | No                       |
|--|--|--------------------------|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | 6. Have you ever had a head injury?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | Have you ever been knocked out or unconscious?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medication or pills?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | Have you ever been diagnosed with a concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, other insects)?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | Have you ever had a stinger, burned or pinched nerve?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | 7. Have you ever had heat or muscle cramps?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | Have you ever been dizzy or passed out in the heat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | 8. Do you have trouble breathing or do you cough during or after exercise?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been told you have a heart murmur?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | 10. Have you ever had problems with your eyes or vision?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | Do you wear glasses, contacts or protective eyewear?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | 11. Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rash, acne)?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |  |                          |                          |
| 12. Have you had a medical problem or injury since your last evaluation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |                          |                          |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any of bones or joints?   |  |                          |  |                          |                          |
| <input type="checkbox"/> head <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> hip <input type="checkbox"/> knee <input type="checkbox"/> ankle |  |                          |  |                          |                          |
| <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> finger <input type="checkbox"/> thigh <input type="checkbox"/> shin <input type="checkbox"/> foot  |  |                          |  |                          |                          |
| 14. Were you born without a kidney, testicle, or any other organ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |                          |                          |
| 15. When was your first menstrual period?  | _____  |                          |  |                          |                          |
| When was your last menstrual period?   | _____  |                          |  |                          |                          |
| What was the longest time between your periods last year?  | _____  |                          |  |                          |                          |

Explain "YES" answers: \_\_\_\_\_

## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

# PHYSICAL EXAMINATION FORM

Idaho High School Activities Association

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
<b>Medical</b>		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Abdomen		
Genitalia (males)		
<b>Musculoskeletal</b>		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

## CLEARANCE / RECOMMENDATIONS

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation/rehabilitation for:

\_\_\_\_\_

- C. NOT cleared to participate in the following IHSAA sponsored sports / activities:

baseball    basketball    cheer/dance    cross country    football    golf  
soccer    softball    swimming    tennis    track    volleyball    wrestling

NOT cleared for other school-sponsored activities (*example: lacrosse*):

\_\_\_\_\_

- D. Student is NOT permitted to participate in high school athletics.

Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician:

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

Signature of physician/medical provider: \_\_\_\_\_ Date: \_\_\_\_\_

(This Physical Examination Form MUST be signed by a licensed physician, physician assistant or nurse practitioner)

# INTERIM QUESTIONNAIRE



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Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Participation Grade: \_\_\_\_\_

## MEDICAL HISTORY

### SINCE LAST PHYSICAL EXAMINATION, HAS THIS STUDENT:

Fill in details of "YES" answers in space below:	Yes	No
1. Had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. Had serious illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had an injury requiring a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been rendered unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been diagnosed with a concussion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Started taking any new medications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Developed any new drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Developed any health problems?	<input type="checkbox"/>	<input type="checkbox"/>

Explain "YES" answers: \_\_\_\_\_  
\_\_\_\_\_

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## CONSENT FORM

(Parent or guardian and student permission and approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated school authorities for any illness or injury resulting from his/her athletic participation. I also consent to release of any information contained in this form to carry out treatment and healthcare operations for the above named student.

My child  **should** or  **should NOT** have a physical examination prior to participation in high school athletics.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulation of the State Association.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE: \_\_\_\_\_

*Note:* The original copy of this form MUST be returned to the school

## RISK FORM

TO: Prospective Sports Participants and Parents

FROM: Nampa Christian Schools

SUBJECT: **NOTICE OF RISK FOR STUDENT ATHLETES**

When a person practices, plays and participates in any sport, the activity can be dangerous. The person risks serious and permanent injury.

Injuries which may result from practicing, playing and participating in sports could cause serious injury or impairment which may result in permanent damage to the participant. The damage could affect the general health and well-being of that participant.

Serious injury could impair a person's ability to earn a living and engage in social and recreational activities in the future.

We, the undersigned, understand the dangers of practicing, playing and participating in sports. We also recognize the importance of following instructions given by the coach(es) regarding playing techniques, training, and obeying team rules.

We specifically acknowledge we have **carefully read and understand** this Notice of Risk for Student Athletes and that FOOTBALL, VOLLEYBALL, CROSS COUNTRY, CHEERLEADING, BASKETBALL, TRACK, BASEBALL, SOFTBALL, GOLF AND SKI CLUB are sports involving risk of injury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant:

\_\_\_\_\_  
Parent/Guardian

## SPORTSMANSHIP FORM

TO: Prospective Sports Participants and Parents

FROM: Nampa Christian Schools

SUBJECT: SPORTSMANSHIP CONTRACT

I have read, understand, and choose to support the NC Sportsmanship Contract.

	Date	Grade in School
Student's Signature _____	_____	_____
Mother's Signature _____	_____	
Father's Signature _____	_____	

# CONCUSSION ACKNOWLEDGEMENT FORM

## Instructions

The concussion course must be completed online at:

[http://www.idhsaa.org/safetywellness/concussion\\_certification.aspx](http://www.idhsaa.org/safetywellness/concussion_certification.aspx)

Once you have completed the course, you can simply email me a copy of your completed certificate or bring a hard copy of the certificate to the high school office.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Tina Pelkey  
High School Athletic Director  
[ad@nampachristianschools.com](mailto:ad@nampachristianschools.com)  
208-475-1719