

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

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1,	, as a member of a Nampa Christian athletic team, do
agree to abide by the following rules	s and standards of conduct. I realize that athletic involvement is a
	s with it responsibilities. I further acknowledge that there will be
consequences for misconduct or no	t fulfilling my commitment.
 Lagree to attend and be on t 	time for all practices, meetings, and games. This includes awards

- o 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.
- o I agree to personally gain prior permission from my coach if extenuating circumstances arise where I must be late or miss a team function.
- o I agree to give 100% effort during practices and in games.
- o 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.
- o I agree to keep an attitude of encouragement towards my teammates in every situation.
- O 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.
- o 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.
- o 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.
- O 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.
- o I agree to uphold the guidelines as outlined in the Student and Athletic Handbooks.
- o 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 waiver 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.

School: Sports: Sports	Name:		Sex: M	I / F Date of birth:	Age:	
MEDICAL HISTORY Fall in details of "YES" answers in space below: Yes No	A 11		Phone:			
Fill in details of "YES" answers in space below: Yes No 1. Have you ever been hospitalized?	School:		Sports:	Participation Participation	Grade:	
Have you ever been hospitalized? 6. Have you ever had a head injury?	ME	EDIC	AL HIS	STORY		
Have you ever had surgery?	Fill in details of "YES" answers in space below:	Yes	No		Yes	No
2. Are you presently taking any medication or pills? Have you ever been diagnosed with a concussion? 3. Do you have any altergies (medicine, bees, other insects)? Have you ever had a seizure? 4. Have you ever been dizzy during or after exercise? Have you ever had a stinger, burned or pinched nerve? 4. Have you ever been dizzy during or after exercise? Have you ever had heat or muscle cramps? 4. Have you ever been dizzy during or after exercise? Have you ever had heat or muscle cramps? 4. Have you ever had chest pain during or after exercise? Have you ever been dizzy or passed out in the heat? 5. Do you tire more quickly than your friends during exercise? Have you ever been dizzy or passed out in the heat? 5. Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? 6. Have you ever had high blood pressure? 9. Do you use special equipment (pads, braces, neck rolls, mouth guard or eye guards, etc.)? 6. Have you ever had racing of your heart or skipped heartbeats? 9. Do you wear glasses, contacts or protective eyewear? 6. Do you have any skin problems (infectious mount guard or eye guards, etc.)? 7. Have you have any skin problems (infectious mononucleosis, diabetes, ect.)? 7. Do you have any skin problems (infectious mononucleosis, diabetes, ect.)? 8. Have you have any skin problems (infectious mononucleosis, diabetes, ect.)? 9. Do you wear glasses, contacts or protective eyewear? 9. Do you wear glasses, contacts or protective eyewear? 9. Do you wear glasses, contacts or protective eyewear? 9. Yes No 13. Have you have any skin problems (infectious mononucleosis, diabetes, ect.)? 9. Yes No 14. Were you born withou a kidney, testiled, or any other organ? Yes No 15. When was your first menstrual period? 9. Do you wear glasses, contacts of any information for many life in the protection of the state have any our first menstrual period? 9. Do you wea	Have you ever been hospitalized?		□ 6.	Have you ever had a head injury?		
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Have you ever had a stinger, burned or pinched nerve? Have you ever had a stinger, burned or pinched nerve? Have you ever had chest or muscle cramps? Have you ever had chest pain during or after exercise? Have you ever had chest or muscle cramps? Have you ever had chest pain during or after exercise? Have you ever had heat or muscle cramps?	2. Are you presently taking any medication or pills?			Have you ever been diagnosed with a concussion	?	
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MATE:	SIGNATURE OF STUDENT			DATE:		

PHYSICAL EXAMINATION FORM

Idaho High School Activities Association

Height Weight BP / Pulse Vision R 20 / L 20 / Corrected: Y N		Name:			Da	ite of Bir	th:	-
Normal Abnormal findings		Height	Weight _		BP	_/	Pulse	
Normal Abnormal findings		Visi	on R 20 /	L.20 /	Co	rrected: \	7 N	
Medical Pulses Heart Lungs Skin Skin		V 131	511 R 20 /	_ 120 / _		irected. I		
Pulses			Normal		Abnor	mal findi	ngs	
Heart Lungs Skin Ears, nose, throat Abdomen Genitalia (males)				Medi	cal			1
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Skin Ears, nose, throat Abdomen Genitalia (males) Musculoskeletal Neck Shoulder Elbow Wrist Hand Back Knee Ankle Foot Other CLEARANCE / RECOMMENDATIONS nce: A. Cleared for all sports and other school-sponsored activates. 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 wrestlin NOT cleared for other school-sponsored activities (example: lacrosse): D. Student is NOT permitted to participate in high school athletics. Reason: Recommendation:		Heart						7
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Wrist		Shoulder						7
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	s:					Ph	one:	

INTERIM QUESTIONNAIRE



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.

to the school administration prior to the first practice.			
Name:		Date of birth:	Sex: M / F
Address:		Phone:	
School:	I	Participation Grade:	
I	MEDIC	AL HISTORY	
SINCE LAST PHYSCAL EXAMINATION, H	AS THIS S	STUDENT:	
Fill in details of "YES" answers in space below:	Yes	No	
1. Had surgery?			
2. Been hospitalized?			
3. Been under a physician's care			
4. Had serious illness?			
5. Had an injury requiring a physician's care?			
6. Been rendered unconscious?			
7. Been diagnosed with a concussion?			
8. Started taking any new medications?			
9. Developed any new drug allergies?			
10. Developed any health problems?			
Explain "YES" answers:			
(Parent		ENT FORM d student permission and approval)	
I herby consent to the above named student participating in the inters contests and practice sessions. I further consent to treatment deemed participation. I also consent to release of any information contained in	necessary by p	hysicians designated school authorities for any illnes	s or injury resulting from his/her athlet
My child \square should or \square should NOT have a	physical ex	camination prior to participation in	high school athletics.
Name:	A	ddress:	
City:		Zip:	
Phone:			
PARENT OR GUARDIAN SIGNATURE			DATE:
This application to compete in interscholastic athletics for the above s eligibility rules and regulation of the State Association.	chool is entirely	voluntary on my part and is made with the underst	anding that I have not violated any of t
SIGNATURE OF STUDENT			DATE:

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

RISK FORM

	Prospective Sports Participants and Parents
FROM:	Nampa Christian Schools
SUBJECT	T: NOTICE OF RISK FOR STUDENT ATHLETES
	erson practices, plays and participates in any sport, the activity can be dangerous. The person risks serious anent injury.
impairme	which may result from practicing, playing and participating in sports could cause serious injury or not which may result in permanent damage to the participant. The damage could affect the general health being of that participant.
Serious in future.	ijury could impair a person's ability to earn a living and engage in social and recreational activities in the
	ndersigned, understand the dangers of practicing, playing and participating in sports. We also recognize trance of following instructions given by the coach(es) regarding playing techniques, training, and obeying s.
that FOC	fically acknowledge we have <u>carefully read and understand</u> this Notice of Risk for Student Athletes and OTBALL, VOLLEYBALL, CROSS COUNTRY, CHEERLEADING, BASKETBALL, TRACK, LL, SOFTBALL, WRESTLING, GOLF AND SKI CLUB are sports involving risk of injury.
Date:	
Participar	nt: Parent/Guardian
	SPORTSMANSHIP FORM
TO:	SPORTSMANSHIP FORM Prospective Sports Participants and Parents
TO: FROM:	
FROM:	Prospective Sports Participants and Parents
FROM: SUBJEC	Prospective Sports Participants and Parents Nampa Christian Schools
FROM: SUBJEC	Prospective Sports Participants and Parents Nampa Christian Schools T: SPORTSMANSHIP CONTRACT
FROM: SUBJEC I have re	Prospective Sports Participants and Parents Nampa Christian Schools T: SPORTSMANSHIP CONTRACT ad, understand, and choose to support the NC Sportsmanship Contract.
FROM: SUBJEC I have re Student's	Prospective Sports Participants and Parents Nampa Christian Schools T: SPORTSMANSHIP CONTRACT ad, understand, and choose to support the NC Sportsmanship Contract. Date Grade in School
FROM: SUBJEC I have re Student's Mother's	Prospective Sports Participants and Parents Nampa Christian Schools T: SPORTSMANSHIP CONTRACT ad, understand, and choose to support the NC Sportsmanship Contract. Date Grade in School s Signature

CONCUSSION ACKNOWLEDGEMENT FORM

<u>Instructions</u>

The concussion course must be completed online at:

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 208-475-1719