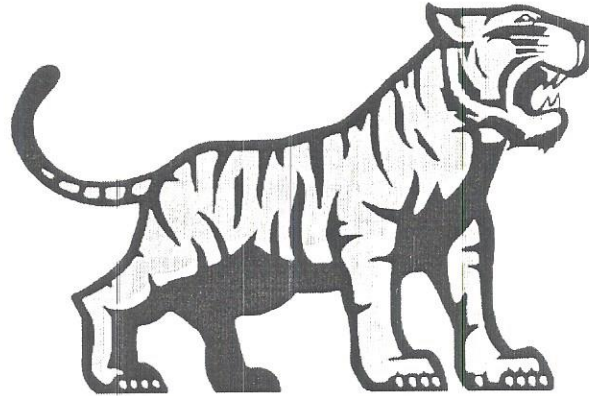


# ***Texas Christian School***



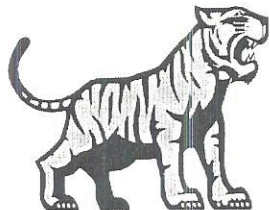
***2021 – 2022***

***Sports Forms Package***

***For All Sports***

***5<sup>th</sup> – 12<sup>th</sup>***

\*All forms are due no later than Monday,  
August 23, 2021, or “before” first game



# *Texas Christian Junior High School*

## *Texas Christian High School*

17810 Kieth Harrow, Houston, TX 77084 (281) 550-6060 (281) 550-2400 FAX

*Herc Palmquist*  
President

*Beckie Soliz*  
Executive Director

*Fully Accredited*  
[www.TexasChristianSchool.org](http://www.TexasChristianSchool.org)

Dear TCS / TCHS Athlete and Parent/Guardian,

The Athletic Department at Texas Christian has put together this package of important information and forms to be completed and returned by Monday, August 23, 2021, or **before the first game**, for **all** athletic sports programs.

We hope all the information and forms are self-explanatory; however, if you should have any questions, please do not hesitate to call the Athletic Director at 281-550-6060.

A physical form is required for each athlete and needs to be on file prior to the first game in order for the athlete to participate. The physical is valid for one year and will be good for all sports played within that year. Your family physician will need to complete the form.

Forms are attached and need to be completed and returned to the Athletic Director as soon as possible but no later than Monday, August 23, 2021. Forms to be completed are the Parental Sport Consent, Athlete's/Parent's Pledge, Code of Conduct, Acknowledgment of Rules, Concussion & Traumatic Brain Injury, Steroid Use Agreement, Sudden Cardiac Arrest Awareness, and Pre-participation Physical Evaluation Medical History and Physical Examination form.

***Please Note: No athlete will be allowed to play if all forms and fees are not received. All forms require signatures of parents and/or students.***

Each athlete will be issued a uniform prior to the first game. Each athlete is responsible for these complete uniforms. Please keep your uniform clean and in good condition at all times. **Only wear your uniform for games, not on weekends, not to the store, not for PE, etc.** Your uniform is very expensive and all articles issued must be turned in at the end of the season in good condition. If your uniform is not turned in or not in good condition, the student's account will be charged for replacement of the uniform.

The coaching staff would like to thank each and every athlete for giving of your time and talents to the Lord and the teams at TCJH/TCIHS. We would also like to take this opportunity to thank the supportive parents for allowing your teens to be a part of these programs. We will need your help in transportation, collecting gate fees, organizing, keeping records, score books, concessions, and much more. Please support the athletic program as well as your teen and give us a helping hand in these areas. Please call the Athletic Director or speak to the Coach and let them know where you can help.

**GO TIGERS!!!** We look forward to a **GREAT** season!!!

Serving Christ,  
The Athletic Department  
And Coaching Staff at TCS/TCHS

**2021-2022 TEXAS CHRISTIAN JR /SR. HIGH PARENTAL SPORT CONSENT FORM**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Father's Work Telephone: \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Work Telephone \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Primary Telephone Number: \_\_\_\_\_

Emergency Contact Cell Telephone Number: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

**Varsity (Sr. High)**  
(9<sup>th</sup>-12<sup>th</sup>)

Volleyball \_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_

Soccer \_\_\_\_\_ Tennis \_\_\_\_\_ Track &amp; Field \_\_\_\_\_

**Junior High**  
(5<sup>th</sup>-8<sup>th</sup>)

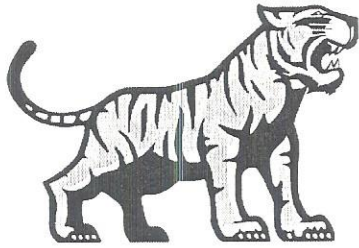
Volleyball \_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_

Tennis \_\_\_\_\_ Track &amp; Field \_\_\_\_\_

**FOR OFFICE USE ONLY:** Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Date Received \_\_\_\_\_

Received By \_\_\_\_\_ (Initials)





# Texas Christian High School

## Texas Christian Junior High School

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### ***Athlete's/Parent's Pledge***

Individual and team success in sports results from commitment. The extent to which young athletes are able to make such commitments reflects their maturity as well as their dedication to family, friends, school, team and God. Your coach already has made a similar kind of commitment. For these reasons, we ask you to read and agree to the following:

As an athlete at Texas Christian, I promise

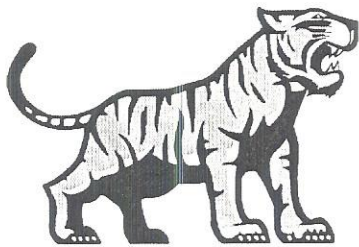
1. To be a worthy representative of my teammates, coaches, and the Lord, abiding by TCJH/TCHS and community expectations and reflecting my team's values of commitment and hard work.
2. To maintain my health and fitness levels by following the training rules as prescribed by the Athletic Department.
3. To reflect the knowledge that a commitment to victory is nothing without the Lord and hard work in practice.
4. To attend every practice unless excused by my coach.
5. To understand that my future as a responsible adult relates more to my academic than my athletic activities.
6. To find the time outside of practice to satisfy my family and spiritual relationships and responsibilities.
7. To accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive interaction, spiritual leadership, and mutual respect.
8. To reflect Godly character I will express my feelings and ideas intelligently and appropriately as Scripture says in Ephesians 4:15, "Speaking the truth in love..."
9. To reflect my belief that true strength involves gentleness and that even the toughest athlete is sensitive to others. Matthew 5:5 "Blessed are the meek; for they shall inherit the earth."

As the parent or guardian of a TCSJH/TCHS athlete, I promise to help support the athletic program by being responsible for taking gate fees for a minimum of one home game per sport that my son or daughter participates in. (Can be either Jr. High or Varsity game)

I have read the above statements and promise to live up to them:

Signature of Student\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent\_\_\_\_\_ Date\_\_\_\_\_



# ***Texas Christian High School***

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### ***Code of Conduct***

Thank you for choosing to participate in this year's athletic program. We, the coaching staff, are excited about our schedules and sports rosters. We feel Texas Christian Junior High/ Texas Christian High School coaches and staff believe students who are selected for the privilege of membership on teams and squads should conduct themselves as responsible representatives of the School and Christ. Members of teams and squads must always serve as exemplars of high moral character and must demonstrate appropriate academic commitment, which is expected from all students. Many of our young elementary children are watching these athletes and we want them to look forward to someday being a part of our sports program. TCJH/TCHS has as its primary goal the development of character with a strong emphasis on academics. Therefore, each coach or sponsor has the obligation to encourage students to perform within high moral and academic standards. We pray that all of our coaches, athletes, and families will conduct themselves in a manner that shows that we compete with honor.

Students must be present at school at least 1/2 day on game day in order to participate in that day's game. Rule enforcement will be consistent and immediate. Each coach has the prerogative to establish additional rules pertaining to the activity supervised. These rules may include attendance at practice, dress, and general conduct of participants during practices, contests, trips, etc. Rules set by the individual coaches must be written and communicated to the student participants before the activity begins.

Students suspended from school may not be allowed to participate in activities or athletics while they are on suspension.

Any student who begins a sport and then withdraws from a team may not be allowed to participate in any other sport for the current school year and all fees will be due at that time.

My signature below acknowledges that I have read the Code of Conduct and I am aware of consequences and policies of the Athletic Department.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_





## ACKNOWLEDGEMENT OF RULES

*Attention School Authorities:* This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current School \_\_\_\_\_

### Parent or Guardian's Permit

- I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.
- It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the Texas Christian Athletic League nor the high school assumes any responsibility in case an accident occurs.
- I have read and understand the Texas Christian Athletic League rules are based upon UIL guidelines (with specific exceptions decided by Members). I also have read the rules and regulations from the school and agree that my son/daughter will abide by all rules governing their participation in Athletics.
- The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative as well as TCAL from any claim by any person whomsoever on account of such care and treatment of said student.
- I have been provided the TCAL approved UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on all forms could subject the student in question to penalties.
- The UIL Parent Information Manual is located at [http://www.uil texas.org/files/athletics/manuals/Parent\\_Manual12.pdf](http://www.uil texas.org/files/athletics/manuals/Parent_Manual12.pdf)
- Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_

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

Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Other \_\_\_\_\_

# CONCUSSION AND TRAUMATIC BRAIN INJURY

## What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way a student's brain normally functions
- Can occur during practice or contests in any sport
- Can occur in activities both associated and not associated with the school
- Can occur even if the student has not lost consciousness
- Can be serious even if a student has just been "dinged" or had their "bell rung"

## Are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, one or more of the following symptoms may become apparent. The student may not "feel right" soon after, a few days after or even weeks after the injury event.

Headache	"Pressure" in the head	Nausea	Vomiting
Balance problems	Dizziness	Blurry Vision	Double Vision
Sensitivity to Light	Sensitivity to Noise	Confusion	Memory Problems
Difficulty paying attention	Feeling sluggish, hazy, foggy or groggy		

If you have concerns regarding any of the above symptoms, your doctor should be consulted for further information and/or examination. Your physician or medical professional can best determine your student's physical condition and ability to participate in athletics.

## What should students do if they believe that they or someone else may have a concussion?

- Students should immediately notify their coach or school personnel.
- Student should be examined by appropriate medical personnel of the parent's choosing. The medical provider should be trained in the diagnosis and treatment of concussions
- If no concussion is diagnosed, the student shall be cleared to return to athletic participation.
- If a concussion is diagnosed, the school protocol for return to play from a concussion shall be enacted. Under no circumstances shall the student be allowed to return to practice or play without the approval of a licensed medical provider trained in the treatment of concussions.

---

**I have reviewed the above material. I understand the symptoms and warning signs of CONCUSSIONS. All concussions should be reported to the school as soon as possible. Previous concussions should be reported on the Medical History form to allow the medical practitioner the best information possible when conducting the annual physical examination.**

Parent Signature / Date: \_\_\_\_\_

Student Signature / Date: \_\_\_\_\_

**CONCUSSIONS – Don't hide it. Report it. Take time to recover.**



# PARENT AND STUDENT NOTIFICATION STEROID USE AGREEMENT FORM

State law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

State law requires that only a medical doctor may prescribe a steroid for a person.

State law provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person in good health is not a valid medical purpose.

Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

## HEALTH CONSEQUENCES ASSOCIATED WITH ANABOLIC STEROIDS

(source: National Institute on Drug Abuse)  
<http://www.nida.nih.gov/Infofacts/steroids.html>

**For boys and men** – shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.

**For girls and women** – growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.

**For adolescents** – growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short for the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt.

**For all ages** – potentially fatal liver cysts and liver cancer; blood clotting, cholesterol changes, and hypertension which can promote heart attack and stroke; and acne. Available evidence may suggest that anabolic steroid abuse, particularly in high doses, promotes aggression that can manifest as fighting, physical and sexual abuse, and property crimes. Upon stopping anabolic steroids, some abusers may experience symptoms of depressed mood, fatigue, restlessness, loss of appetite, insomnia, headaches, muscle and joint pain and the strong desire to return to the use of anabolic steroids.

**For Injectors** – infections resulting from the use of shared needles or non-sterile equipment, including HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Bacterial infections can develop at the injection site, causing pain and abscess.

## STUDENT CERTIFICATION

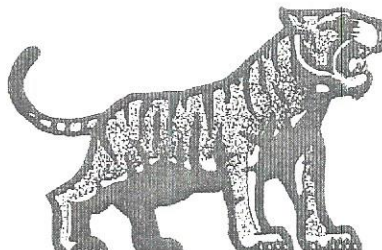
I have read the above information and agree that I will not use illegal anabolic steroids.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT / GUARDIAN CERTIFICATION

I have read the above information and agree to my knowledge my student will not use illegal anabolic steroids.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## SUDDEN CARDIAC ARREST

### What is Sudden Cardiac Arrest (SCA)?

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction of the heart's electrical system, causing the heart to stop beating.

### How common is Sudden Cardiac Arrest?

While studies differ in the actual rate of occurrence, the American Heart Association information indicates that there are approximately 300,000 SCA events outside hospitals each year in the United States. About 2000 patients under the age of 25 die of SCA each year. Studies now being performed in Texas and other states indicate the occurrence rate for high school age athletes may be greater than this figure.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

Dizziness	Fatigue	Lightheadedness
Extreme tiredness	Shortness of breath	Nausea
Difficulty breathing	Vomiting	Racing or fluttering heartbeat
Chest Pains	Syncope (fainting)	

These symptoms can be confusing and unclear in athletes. Often people confuse these warning signs as physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

For this reason these symptoms are included on the Medical History form and required for each student prior to participation in athletic events each year. As parents and student athletes, your truthful answers to these simple questions will assist your medical practitioner when performing the annual physical examination.

### What are the risks of participation and playing with these symptoms?

Continued participation brings with it increased risk. This includes playing in practices and games. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just minutes. Most people who experience a SCA die from the event.

While Texas Christian School does not mandate Cardiac Screening prior to participation, TCS does recognize the importance of our students' health and highly recommend discussing screening options with your healthcare provider. Any Student who shows signs of SCA should be removed by the parents from play. This includes all athletic activity, practices or contests. Before returning to play, the student should be examined and receive clearance by a licensed health care professional of the parents' choosing.

**I have reviewed the above material. I understand the symptoms and warning signs of SCA.**

Parent Signature / Date: \_\_\_\_\_

Student Signature / Date: \_\_\_\_\_



## PREPARTICIPATION PHYSICAL EVALUATION MEDICAL HISTORY



This **MEDICAL HISTORY FORM** must be completed annually by parent (or guardian) and student in order for the student to participate in TCS athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

STUDENT NAME (PRINT):		
GENDER:	AGE:	DATE OF BIRTH:
HOME ADDRESS:		
HOME PHONE:	PARENT CELL PHONE:	
SCHOOL:	GRADE LEVEL:	
PERSONAL PHYSICIAN:		
PHYSICIAN PHONE:		
<i>In case of emergency contact:</i>		
NAME:	RELATIONSHIP:	
HOME PHONE:	CELL PHONE:	

Explain any "YES" answers on a separate piece of paper. Please circle questions for which you have no answer. Any "YES" answer to questions 1- 28 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physicians assistant, chiropractor or nurse practitioner is required before any participation in practices, games or matches.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had chest pain during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you get tired more quickly than your friends during exercise?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever experienced racing of your heart or skipped heartbeats?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high cholesterol?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told you have a heart murmur?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any family member or relative died of heart problems before age 50?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any family member or relative died of sudden unexpected death before age 50?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member been diagnosed with enlarged heart (Dilated Cardiomyopathy)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member been diagnosed with Hypertonic Cardiomyopathy?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has any family member been diagnosed with Long QT Syndrome?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any family member been diagnosed with ion channelopathy (Brugada syndrome, etc.)?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has any family member been diagnosed with Marfan's syndrome?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a severe viral infections (myocarditis, mononucleosis, etc.) in the past year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has a physician ever denied or restricted your participation in sports for any heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had a head injury or concussion?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious or lost your memory?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever experienced a seizure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever had numbness in your arms, hands, legs or feet?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had a stinger, burner or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you missing any paired organs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you presently under a doctor's care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are you currently taking any prescription or nonprescription medications or inhalers?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you have any allergies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever been dizzy before or during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you currently have any skin problems (itching, acne, warts, fungus or blisters)?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever become ill after exercising or working in the heat?                             | <input type="checkbox"/> | <input type="checkbox"/> |



- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 32. Have you ever had any problems with your eyes or vision?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever gotten unexpectedly short of breath with exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have seasonal allergies that require medical treatment?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you use any special protective or corrective equipment?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever had a sprain, strain or swelling after injury?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever broken or fractured any bones?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you ever dislocated any joints?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you ever had any problems with pain or swelling in muscles, tendons, bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please check the appropriate box and explain on separate sheet of paper.

Head <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Wrist <input type="checkbox"/>	Thigh <input type="checkbox"/>	Shin/ Calf <input type="checkbox"/>
Neck <input type="checkbox"/>	Upper Arm <input type="checkbox"/>	Hand <input type="checkbox"/>	Knee <input type="checkbox"/>	
Back <input type="checkbox"/>	Elbow <input type="checkbox"/>	Finger <input type="checkbox"/>	Foot <input type="checkbox"/>	
Chest <input type="checkbox"/>	Forearm <input type="checkbox"/>	Hip <input type="checkbox"/>	Ankle <input type="checkbox"/>	

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 41. Do you want to weigh more or less than you do now?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you lose weight regularly to meet weight requirements for your Extra-Curricular Activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Do you feel stressed out?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Have you been diagnosed with or treated for Sickle Cell Trait or Sickle Cell Disease?          | <input type="checkbox"/> | <input type="checkbox"/> |

**Females Only**

- |   |            |
|---|------------|
| 45. When was your first menstrual period?                                       | _____      |
| 46. When was your most recent menstrual period?                                 | _____      |
| 47. How much time elapses from the start of one period to the start of another? | _____ days |
| 48. How many periods have you had in the last year?                             | _____      |
| 49. What was the longest time between period in the last year?                  | _____ days |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of accident still remains. Texas Christian School assumes no responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, in between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the authorities of such illness or injury.

***I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful and complete responses could subject the student in question to penalties determined by Texas Christian School.***

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

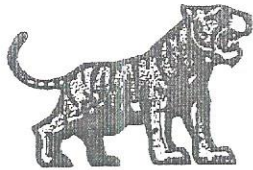
PARENT / GUARDIAN NAME (PRINT): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***For school use only:***

This Medical History Form reviewed by: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_





# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION



STUDENT'S NAME \_\_\_\_\_ SPORT(S): \_\_\_\_\_  
GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % OF BODY FAT: \_\_\_\_\_  
PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y N Pupils: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

This **PHYSICAL EXAMINATION FORM** is good for one year and must be completed and on file at TCS prior to any athletic participation for each school year.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart - Auscultation of the heart in the standing position			
Heart - Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

## CLEARANCE

- ☐ Cleared  
☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
Recommendations: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_