

Central Valley Christian Academy Sport Participation Assessment

Name: _____ Date of Birth: _____ Male Female

Address: _____ Home Phone: _____

Dad Name: _____ Dad Cell: _____ Mom Name: _____ Mom Cell: _____

Emergency Contacts: Name _____ Phone _____ Cell: _____

Sports to Participate in: Basketball Floor Hockey Football Golf Gymnastics
 Soccer Softball Tennis Track and Field Volleyball Wrestling Other: _____

Student Medical History:

Medical Conditions: None Yes (List below) **Medication:** None Yes (List below) **Allergies:** None Yes (List below)

Surgeries: None Yes (List below) Blood Type: _____ Last Tetanus Booster: _____

Smoking History: _____ Drug History: _____

Grade 9: History

- Neck/back injury
- Head Injury
- Passed out
- Knocked out
- Seizure
- Concussion
- Ankle/Knee injury
- Hernia
- Glasses
- Contacts

Illnesses

- Heart Disease
- Heart Murmur
- High Blood Pressure
- Diabetes
- Asthma
- Mono
- Broken Bones:

Sprains:

Lost Organs

Grade 10: History

- Neck/back injury
- Head Injury
- Passed out
- Knocked out
- Seizure
- Concussion
- Ankle/Knee injury
- Hernia
- Glasses
- Contacts

Illnesses

- Heart Disease
- Heart Murmur
- High Blood Pressure
- Diabetes
- Asthma
- Mono
- Broken Bones:

Sprains:

Lost Organs

Grade 11: History

- Neck/back injury
- Head Injury
- Passed out
- Knocked out
- Seizure
- Concussion
- Ankle/Knee injury
- Hernia
- Glasses
- Contacts

Illnesses

- Heart Disease
- Heart Murmur
- High Blood Pressure
- Diabetes
- Asthma
- Mono
- Broken Bones:

Sprains:

Lost Organs

Grade 12: History

- Neck/back injury
- Head Injury
- Passed out
- Knocked out
- Seizure
- Concussion
- Ankle/Knee injury
- Hernia
- Glasses
- Contacts

Illnesses

- Heart Disease
- Heart Murmur
- High Blood Pressure
- Diabetes
- Asthma
- Mono
- Broken Bones:

Sprains:

Lost Organs

Family History: Heart Disease: Relationship _____
 Sudden Death < 50 yrs Relationship: _____
 Other: _____

I give Central Valley Christian Academy permission to treat my child in the event of an emergency. I have reviewed the above history and have answered to the best of my ability. Parent/Guardian Signature: _____

Name: _____

Date of Birth: _____

Physical Screening:

Grade 9:

Grade 10:

Grade 11:

Grade 12:

Exam Date: _____

Exam Date: _____

Exam Date: _____

Exam Date: _____

Height:				
Weight:				
Blood Pressure:				
Vision:				
Lungs:				
Heart:				
Abdomen:				
Kidney: CVA Tenderness				
Hernia:				
Ortho: Spine: Percussion Tender ROM Scoliosis Touch Toes Upper Extremities: Grip ROM Lower Extremities: Squat Walk Romberg				
Further Comments:				
No Restrictions:				
Things not cleared to F/U:				
SIGNATURE				