

# CBA ATHLETIC PARTICIPATION PERMISSION FORM

[If you have NOT had a doctor's physical after July 1<sup>st</sup> of this year, you need to see your doctor and have the CBA Interscholastic Sports Physical Examination completed.]

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport \_\_\_\_\_  
(One per form)

Address \_\_\_\_\_  
Street Town/City Zip Code

Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

**PARENT** – Please use pen to answer (circle) the following questions about your son's medical history. **Explain "yes" answers** at the bottom of the page.

1. Has your son had or does he currently have:

- |   |     |    |            |
|---|-----|----|------------|
| a. A sports physical after July 1 <sup>st</sup> of this year? (What sport? _____) | Yes | No | Don't Know |
| b. An injury or illness since his last exam?                                      | Yes | No | Don't Know |
| c. A chronic or ongoing illness?  | Yes | No | Don't Know |
| d. Prescribed or over-the-counter medication that your son takes regularly?       | Yes | No | Don't Know |
| e. Recent (within 2 years) surgery, hospitalizations or emergency room visits?    | Yes | No | Don't Know |
| f. Allergies? (i.e. food, medications, bee stings, environmental, seasonal)       | Yes | No | Don't Know |
| 1. Type of reaction (hives, rash, anaphylaxis)?                                   | Yes | No | Don't Know |
| 2. Medication taken for this reaction?  | Yes | No | Don't Know |

2. Has your son had or does he currently have any of the following *head-related* conditions?

- |  |     |    |            |
|--|-----|----|------------|
| a. Concussion (or symptoms of a concussion – memory loss, disorientation, vomiting, etc.)? | Yes | No | Don't Know |
| b. Seizure?  | Yes | No | Don't Know |
| c. Frequent or severe headaches?   | Yes | No | Don't Know |

3. Has your son had or does he currently have any of the following *heart-related* conditions?

- |   |     |    |            |
|---|-----|----|------------|
| a. Chest pain when exercising?                                  | Yes | No | Don't Know |
| b. Congenital heart conditions (murmur, mitral valve prolapse)? | Yes | No | Don't Know |
| c. High blood pressure or elevated cholesterol level?           | Yes | No | Don't Know |
| d. Restrictions from sports for heart problems?                 | Yes | No | Don't Know |
| e. Any family member or relative:                               |     |    |            |
| 1. Died of a heart problem before age 35?                       | Yes | No | Don't Know |
| 2. Died of a heart problem before age 50?                       | Yes | No | Don't Know |
| 3. Died with no known reason?                                   | Yes | No | Don't Know |
| 4. Died while exercising?                                       | Yes | No | Don't Know |
| 5. Marfan's Syndrome?   | Yes | No | Don't Know |

**EXPLAIN "Yes" answers here (include dates):**

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(Continued on next page)

4. Has your son had or does he currently have any of the following *eye, ear, nose, mouth or throat* conditions?
- |  |     |    |            |
|--|-----|----|------------|
| a. Vision problems?  | Yes | No | Don't Know |
| 1. Wear contacts, eyeglasses or protective eye wear? (Circle which type) | Yes | No | Don't Know |
| b. Hearing loss or problems?   | Yes | No | Don't Know |
| 1. Wear hearing aids or implants?  | Yes | No | Don't Know |
| c. Nasal fracture or frequent nose bleeds?                               | Yes | No | Don't Know |
| d. Wear braces, retainer or protective mouth gear?                       | Yes | No | Don't Know |
| e. Frequent strep or any other conditions of the throat (tonsillitis)?   | Yes | No | Don't Know |
5. Has your son had or does he currently have any of the following *neuromuscular/orthopedic* conditions?
- |  |     |    |            |
|--|-----|----|------------|
| a. Been told he had a stinger, burner or pinched nerve?        | Yes | No | Don't Know |
| b. Sprain (ligament)?  | Yes | No | Don't Know |
| c. Strain (muscle)?  | Yes | No | Don't Know |
| d. Swelling or pain in muscles, tendons, bones, joints?        | Yes | No | Don't Know |
| e. Dislocated joint?   | Yes | No | Don't Know |
| f. Low back pain?  | Yes | No | Don't Know |
| g. Fracture(s) or stress fracture?                             | Yes | No | Don't Know |
| h. Wears a protective brace or equipment for any prior injury? | Yes | No | Don't Know |
6. Has your son had or does he currently have any of the following conditions?
- |   |     |    |            |
|---|-----|----|------------|
| a. Experience dizziness, fainting, shortness of breath?               | Yes | No | Don't Know |
| b. Coughing, wheezing or shortness of breath in weather changes?      | Yes | No | Don't Know |
| c. Difficulty breathing during exercise?                              | Yes | No | Don't Know |
| d. Experience excessive fatigue during exercise?                      | Yes | No | Don't Know |
| e. Been told he has exercise-induced asthma?                          | Yes | No | Don't Know |
| 1. Controlled with medication (inhaler)?                              | Yes | No | Don't Know |
| f. Viral infection (mono, hepatitis)?                                 | Yes | No | Don't Know |
| g. Anemia or blood disorder?  | Yes | No | Don't Know |
| h. Any skin conditions (acne, dermatitis, ringworm, herpes)?          | Yes | No | Don't Know |
| i. Weight gain/loss greater than 10 pounds in last 6 months?          | Yes | No | Don't Know |
| j. Heat related problems (dehydration, headache, fatigue, dizziness)? | Yes | No | Don't Know |

**EXPLAIN "Yes" answers here (include dates):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby make application for participation in interscholastic athletics at Christian Brothers Academy, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis and even death. I acknowledge that I have read and understand this warning.

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I give permission for my son to participate in interscholastic sports at CBA. I also understand that some medical information may need to be shared with those involved in the athletic program (Nurse, A.T., A.D., Coach). I have checked that he has earned the credits required by the NJSIAA (see handbook/calendar). I certify that the information provided herein is accurate.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Please Print Signature