



# MINTZ CHRISTIAN ACADEMY

2741 Mintz Road ♦ Roseboro, NC 28382 ♦ (910) 564-6221 Office ♦ [www.mcanc.com](http://www.mcanc.com)

## Athletic Participation / Parental Consent Physical Examination Form

For School Year \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Athletic Participation Part I  
(to be completed and signed by student)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

City/Zip Code: \_\_\_\_\_

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

I have read the condensed individual eligibility rules of Mintz Christian Academy that appear below and believe I am eligible to represent Mintz in Athletics.

- Must have a minimum 2.5 cumulative grade point average for the quarter grading period to be eligible to participate in any extracurricular program at Mintz.
- If a student has a 2.5 grade point average, but has a failing grade (below 70) in one course, the Principal /Athletic Director will determine eligibility of that student.
- Must have submitted to the Principal/Athletic Director before any kind of participation, including tryouts or practice as a member of any school athletic team, a completed Athletic Participation/Parental Consent /Physical Examination Form.
- Eligibility to participate in athletics is a privilege you earn by meeting the above minimum standards
- If you have any questions regarding your eligibility or are in doubt about the effort an activity might have on your eligibility, check with your Principal for interpretation.

Student Signature: \_\_\_\_\_

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

**A sports physical is required each school year.**

# MINTZ CHRISTIAN ACADEMY

2741Mintz Road ♦ Roseboro, NC 28382 ♦ (910) 564-6221 Office ♦ [www.mcanc.com](http://www.mcanc.com)

## Part II: Acknowledgement of Risk and Insurance Statement (To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ to participate in any of sports or team sponsored by Mintz Christian Academy

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I, hereby, waive and release any and all claims for damages, personal injury and death, loss of property or property damaged as a result of participation in sports. I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved.

I have provided Mintz Christian Academy with a copy of my insurance card.

Signature of parent/guardian \_\_\_\_\_  
Date \_\_\_\_\_



# MINTZ CHRISTIAN ACADEMY

2741 Mintz Road ♦ Roseboro, NC 28382 ♦ (910) 564-6221 Office ♦ [www.mcanc.com](http://www.mcanc.com)

THIS MEDICAL EXAMINATION AND FORM MUST BE COMPLETED ANNUALLY AND BE ON FILE WITH ATHLETIC DIRECTOR OR OFFICE MANAGER PROR TO ANY ATHLETIC PRACTICE OR COMPETITION.

**Please print or type:**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(LAST) (FIRST) (Middle)

Date of Physical: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_

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

Legal Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Orthopedist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Alerts: Are you allergic to any type of medications, List: \_\_\_\_\_

---

Other allergic reactions, List: \_\_\_\_\_

Explain any other Medical conditions that may pose problems for you during participation in activities: \_\_\_\_\_

**Request for permission: We the undersigned student and the student's parent/legal guardian, apply for permission to participate in the following sports. Note: Strength training may be a required component for any sport.**

Please check which activities you are giving permission for your son or daughter to participate in:

( ) Volleyball ( ) Soccer ( ) Basketball ( ) Golf ( ) Baseball/Softball

**Insurance:** Mintz Christian Academy (MCA) furnishes a Student Insurance Policy that provides limited benefits for all students in the MCA system who participate in school sponsored and supervised interscholastic athletic activities.

The policy provides excess coverage for a student with other insurance coverage, but it pays only when other benefits have been exhausted. If your son or daughter should be injured while participating in a school sponsored or supervised interscholastic athletic event, the following procedure must be followed to process a claim under the insurance provided by MCA.

\*See a physician    \*Pick up a claim form from the MCA office                      \*Complete and submit the form and file it with the Insurance company within 60 days of the injury.

**STUDENT'S NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**MEDICAL HISTORY**

Students and parents: This health record is a critical element in the determination of a student's risk of injury in extra-curricular activities. Please take the time to read and circle the correct responses before seeing a physician for the athlete's physical examination.

1.	Has anyone in the student's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES		NO		DON'T KNOW
2.	Has the student ever stopped exercising because of dizziness or passed out during exercise?	YES		NO		DON'T KNOW
3.	Does the student have asthma (wheezing), hay fever or coughing spells after exercise?	YES		NO		DON'T KNOW
4.	Has the student ever had a broken bone, had to wear a cast or had an injury to any joint?	YES		NO		DON'T KNOW
5.	Does the student have a history of concussion (being knocked out)?	YES		NO		DON'T KNOW
6.	Has the student ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES		NO		DON'T KNOW
7.	Does the student have a chronic illness or see a doctor regularly for any particular problem?	YES		NO		DON'T KNOW
8.	Does he student take any medications(s)?	YES		NO		DON'T KNOW
9.	Is the student allergic to any medication, foods, or bee stings?	YES		NO		DON'T KNOW
10.	Does the student have only one or any paired organs/ (eyes, kidneys, testicles, ovaries, etc.)	YES		NO		DON'T KNOW
11.	Has he student had an injury in the last year that caused him student to miss three or more consecutive days of practice or competition?	YES		NO		DON'T KNOW
12.	Has the student had surgery or been hospitalized in the past year?	YES		NO		DON'T KNOW
13.	Has the student missed more than five consecutive days of participation in usual activities because of an illness, or has the student had a medical illness diagnosed that has not been resolved in the past year?	YES		NO		DON'T KNOW
14.	Are you, the student, worried about any problem or condition at this time?	YES		NO		DON'T KNOW
15.	Does the student have diabetes?					
16.	Is there a family history of diabetes?					

**\*Please give details on any "YES" answer from the above health history.**

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height \_\_\_\_\_ Weight \_\_\_\_\_ Percent body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision R \_\_\_\_\_ / \_\_\_\_\_ uncorrected R \_\_\_\_\_ / \_\_\_\_\_ corrected L \_\_\_\_\_ / \_\_\_\_\_ uncorrected L \_\_\_\_\_ / \_\_\_\_\_ corrected

		NORMAL	ABNORMAL FINDINGS	INITIALS
1.	Eyes			
2.	Ears, Nose, Throat			
3.	Mouth & Teeth			
4.	Neck			
5.	Cardiovascular			
6.	Chest & Lungs			
7.	Abdomen			
8.	Skin			
9.	Genitalia-Hernia (male)			
10.	Musculoskeletal: ROM, strength, etc.			
	*Neck			
	*Spine			
	*Shoulders			
	*Arms/hands			
	*Hips			
	*Thighs			
	*Knees			
	*Ankles			
	*Feet			
11.	Neuromuscular			
12.	Diabetes- check Yes or No Appropriate answers If Yes, Insulin-Dependent Yes or No	Non-Insulin Dependent Yes or No		

Comments re: Abnormal Findings:

Please Print / Stamp	
Physician Name	
Street Address	
City, State, Zip code	
Telephone	

I certify that I have examined this student and found him/her medically qualified to participate in sports activities. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States. (Doctor of Chiropractic Medicine is not satisfactory)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARTICIPATION RESTRICTIONS:

**Medical Authorization-** As the parent or legal custodian of this student, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatments recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

**Risk of Injury-** We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student will be under the supervision and direction of a MCA coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MCA can eliminate the risk of injury in sports. Injuries may and do occur. Injuries may and do occur. Injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

**We, the undersigned student and parent/legal guardian, certify that the information contained in this document is accurate and correct, and we agree to abide by all the eligibility rules and regulations.**

**Student:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature – Printed Student Name**

**Parent:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature – Printed Parent Name**

**Legal Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature – Printed Legal Guardian Name**

## STUDENT PLEDGE

Please read, initial each item, sign and return.

1. I pledge, in my words and actions to encourage my teammates and coaches. \_\_\_\_\_
2. I will make my MCA team one of my top priorities and will not miss practices or games because of other extra-curricular activities. \_\_\_\_\_
3. I will use maximum effort, learn new skills, and bounce back from mistakes. I will work every day to by best ability in order to grow as an athlete and a person and to help my team improve. \_\_\_\_\_
4. I will show respect to opposing athletes, opposing Fans, opposing coaches, and officials. I will refrain from “trash talking” or questioning calls by officials. After the game, I will conduct myself with dignity- win or lose by offering a handshake to opposing players. \_\_\_\_\_
5. I pledge to listen and follow my coach’s instructions. I understand that for any relationship to work there has to be mutual trust. I will trust my coach’s plan for our team, and I will earn his/her trust by following through with what he/she would have me do. \_\_\_\_\_
6. I pledge to refrain from making negative comments about my coach to my teammates or others. I understand this can seriously damage team morale and chemistry and undermine my coach’s ability to do his/her best. If I have a conflict with the coach, I pledge to handle it in a Biblical manner and approach the coach directly privately, and respectfully. \_\_\_\_\_
7. I will be on time to practices, games and team functions. I understand that being late might put me at risk by not providing adequate time for warm-up. \_\_\_\_\_
8. I pledge to conduct myself in a manner that will honor Jesus Christ. I realize that I represent Jesus Christ, my family and Mintz Christian Academy on the field, court and as a teammate.

---

(Print Student Name)

---

(Date)

---

(Student signature)

## PARENT PLEDGE

Parents, please keep the following in mind:

- Please use positive encouragement toward your child
- Please understand that fewer than 1% of youth sports participants receive college athletic scholarships and that the top three reasons play sports are: a) to have fun; b) to make new friends; c) to learn new skills
- Please understand that the game is for the players, and keep sports in the proper perspective
- Please encourage your child to use maximum effort, to learn new skills, and to bounce back from mistakes
- Please understand that children have different natural abilities and are at different levels of physical development and that the true measure of your child's success is not how they compare to others, but how he/she is doing in comparison to his/her best self.
- Please "Honor the Game" and understand the importance of setting a good example for your child and that your child might not be embarrassed by any out-of-bounds behavior on your part. No matter what others do, please show respect for all involved in the game, including coaches, athletes, opponents, opposing fans, and officials. Please understand that officials make mistakes. If the officials make a "bad" call, please "Honor the Game" and be respectful.
- Please refrain from calling out instructions to your child in practice or games, approaching the bench during a game, or breaks in a game. Please understand that this is the coach's job. Please limit your comments during a game to encouraging your child and other players for both teams.
- Please refrain from making negative comments about your child's coach in front of your child, your child's teammates or other team parents. If you have a conflict with the coach, please pledge to handle it in a Biblical manner respectfully.
- Please remember that your actions are a model for your child and those around you. Please ensure your conduct is honoring to Jesus Christ.
- Please be on time to pick up your child from all games and practices.

---

(Print Parent/Guardian Names)

---

(Signature of Parent/Guardians)