

# ATHLETE / CHEERLEADER HISTORY & PHYSICAL EXAMINATION FORM

## CATHOLIC SCHOOLS ACTIVITIES LEAGUE

To be eligible for participation in CSAL athletics/cheerleading, a student must have on file with their school principal, a signed statement by a practicing licensed physician certifying the he/she has passed an adequate physical examination and is physically fit to participate. A complete history and physical examination must be performed upon a student's initial entrance into CSAL athletics/cheerleading and every subsequent year thereafter. In order to be eligible, the annual history evaluation and physical examination shall not be taken earlier than one full year prior to the date of participation in any CSAL sponsored contest or practice. Example: Participant receiving most recent physical on April 1, 1995 would not be eligible for CSAL track meet held anytime after April 1, 1996 until he/she receives an updated physical examination. Likewise, a participant receiving most recent physical on August 30, 1994 would not be eligible for a football game/practice or volleyball match/practice after August 30, 1995.

### ATHLETE / CHEERLEADER HISTORY & GENERAL INFORMATION

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

School You Attend: \_\_\_\_\_ Grade In School: \_\_\_\_\_  
(Upcoming or current) /

Date of Most Recent Tetanus Immunization: \_\_\_\_\_

Completed by:			
Student, Parent or Guardian		Nurse or Physician	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following questions by checking "yes" or "no". [X]

1. Have any of your family under age 50 had a "heart attack" or "heart problems?" .....
2. Have you ever been told you have a heart murmur, high blood pressure, or a heart abnormality? .....
3. Do you ever have to stop while running a 1/2 mile because of shortness of breath or severe chest pain? .....
4. Are you taking any medications?.....
5. Have you ever, or since your last evaluation have you "passed out" or been "knocked out"?.....
6. Have you ever, or since your last evaluation, had any illness or injury that:
  - a. required emergency medical or surgical attention, or lasted longer than one week?.....
  - b. caused you to miss a practice or game?.....
  - c. related to an insect sting or medications?.....

\*\*\*\*\* ACKNOWLEDGMENT \*\*\*\*\*

The answers above are correct to the best of my knowledge. (Be sure to complete the back of this form, signatures are required.)

Signature of Student Athlete / Cheerleader	Date	Signature of Parent / Guardian	Date
Signature of Nurse	Date		

### PHYSICAL EXAMINATION: \*\*\* (Bold items below must be completed by physician only) \*\*\*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Blood Pressure(Sitting): Right Arm: \_\_\_\_\_ Pulse \_\_\_\_\_  
 Hearing: Passed Screening: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Vision: L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_ With / \_\_\_ / Without / \_\_\_ / (correction)

\*\*\*Please Check Boxes if abnormal and comment:

/ ___ / Skin _____	/ ___ / Mouth & Dental _____
/ ___ / Eyes (Pupil Size): Equal _____, Unequal _____	/ ___ / Genitalia-Hernia _____
/ ___ / Abdomen _____	/ ___ / Lymphatics _____
/ ___ / Maturation Index (Tanner Stage) _____	/ ___ / Orthopedic _____
/ ___ / Chest and Heart _____	Cervical, Back, Spine _____
PMI _____	Shoulders _____
Rythum _____	Arms, Elbows, Wrists _____
Murmurs _____	Hips, Knees, Ankles _____
Lungs _____	Comments: _____
Comments: _____	

\*\*\*\*\*Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_ \*\*\*\*\*

### HISTORY / PHYSICAL DISPOSITION COMPLETED BY PHYSICIAN:

\_\_\_\_\_ Full Participation \_\_\_\_\_ Further Evaluation Required \_\_\_\_\_ Participation Limited \_\_\_\_\_ Participation Denied by Physician

Comments: \_\_\_\_\_

Attention All Parents and Participants:

## CATHOLIC SCHOOLS ACTIVITIES LEAGUE

### \*\*\*\*\* ELIGIBILITY CHECKLIST AND PARENTAL CONSENT FORM \*\*\*\*\*

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#### To Determine Eligibility Upon Annual Enrollment in Your School:

1. Is your child a bona fide student in good standing in a member CSAL school? Yes \_\_\_ No \_\_\_
2. Does the student reside with his/her parents? Yes \_\_\_ No \_\_\_
3. The student will not be or is not (8th grade = 15 yrs of age) \ (7th grade = 14 yrs of age) on or prior to September 1. Yes \_\_\_ No \_\_\_ \ (6th grade = 13yrs of age) /

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#### For Students to Retain CSAL Eligibility Throughout the School Year:

CSAL member schools may enforce stricter rules than those pertaining to the questions above or pertaining to the questions listed below. Contact the Principal, Athletic Director or Coach regarding any matter of eligibility. A student to be eligible to participate in league activities must be certified by the school principal as meeting all eligibility standards.

All CSAL rules and regulations are published and distributed annually to all member schools. To obtain a copy of these policies contact your Athletic Director, Principal, or the CSAL Commissioner's Office. Some of the rules and standards are summarized on this form. If you have questions concerning league rules, the first person you should consult is your school's Athletic Director. [ Participants may be eligible if: ]

1. They do not play when declared academically ineligible by either the CSAL, or their member school.
2. They have passed an adequate physical examination, signed by a physician and have the written consent of their parents or legal guardian. ( See Consent Section Below)
3. They have never competed in any Catholic Schools Activities League contests under any false name or under willful knowledge of their own CSAL rules violations.
4. They do not engage in any illegal outside competition in the same sport during a season in which they are representing their school in the CSAL.

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### Parent or Guardian's Consent

I hereby give my consent for the student identified on the opposite side (physical exam side) of this form, to compete in CSAL approved activities, and to accompany volunteer coaches and/or school representatives on trips. It is understood that neither the CSAL nor the school assumes any responsibility in case of accident. The under signed agrees to be responsible for the safe return of all equipment issued by the team to this student. I have read the information on both sides of this form

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Signature of Parent or Guardian

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Date

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