



St. Thomas Aquinas Regional School AQUINAS

13750 Mary's Way
Woodbridge, VA 22191
Phone: 703.491.4447
Fax: 703.492.8828
www.aquinastars.org

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate examination & certification required for each school year dated on or after June 1 through May 31 of the succeeding year. Form must be on file in the Clinic prior to participation.

PART I – ATHLETIC PARTICIPATION

Name _____ Male__ Female__ School Year____ Grade____
Last First MI

Home Address _____

City/Zip _____ Date of Birth _____

Home Phone _____ Student Signature _____

INTERSCHOLASTIC ATHLETICS – GENERAL ELIGIBILITY RULES

ELIGIBILITY

Students in grades 7, 8 who are in good academic, effort and behavior standing may participate in any sport offered by Saint Thomas Aquinas Regional School. If there are not enough students to fill the team from the eligible grades, the Athletic Director reserves the right to choose students from lower grades. Sixth grade students and younger may participate on a sport when, in the opinion of the coach, athletic coordinator, and principal feel the student is mature enough and has the skills necessary to compete at that level.

PARTICIPATION

A student may participate on only one school team during a given sport season. The program exists for the students of STARS in order to foster positive school spirit, good sportsmanship, character formation, positive experience in team participation and, most importantly, an enjoyable time for students. The school administration, Athletic Director, and volunteer coaches emphasize this. However, in order to effectively manage large teams, students may be placed according to skill level on a team. Every student is guaranteed some playing time.

ACADEMIC/CONDUCT ELIGIBILITY

All students participating in any Aquinas athletic function must meet the following criteria during the academic year. Eligibility is based on academic standing, effort, and conduct. Grades will be reviewed every four weeks.

In addition to the student's maintaining an overall C average with no F's, the middle school teachers, in consultation with the Athletic Director, will evaluate the student's effort and behavior. Evaluation will occur every four weeks or as needed.

If a student is placed on athletic probation for academics, effort, or behavior, the following will take place:

- The Athletic Director will notify the student, parent, and the coach.
- The Athletic Director and the coach will counsel the student in the area of concern.

If no improvement occurs during the first week after notification, the student's playing time will be limited for the following week. Thereafter, any lack of progress will result in the student being suspended from participating in games. There will be a minimum of 2 weeks suspension before reevaluation. Middle school teachers and the



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Athletic Director will meet weekly to assess student's progress. A student on academic probation will attend all practices, but may not be eligible to participate in any contest during this period.

MEDICAL EXAMINATION/PARENTAL PERMISSION

All students participating in a school sponsored team athletic activity **must have a Saint Thomas Aquinas Regional School physical examination** form filled out by a medical physician and have permission from the medical physician and parent/guardian BEFORE the participant may engage in any sport. A Diocese of Arlington Permission for Emergency Care Form must be completed by each participant and signed by the participant's parent or guardian at the beginning of the school year. A copy of the emergency form will be made available for the coaches for both home and away games. These forms will be provided in a sealed envelope to secure participant's private information and to only be opened by the coach should an emergency occur.

*Please note the only form that will be accepted for sports will be the **Saint Thomas Aquinas Regional School Athletic Participation/Physical Form**. WE DO NOT ACCEPT THE PWC SPORT'S PHYSICAL FORM. Forms are available in the office, clinic and on the web site@ www.aquinastars.org.

INSURANCE

All students participating in the athletic program at Saint Thomas Aquinas Regional School shall be covered by some type of accident insurance. Insurance must be provided by the family through their own policy.



PART II – MEDICAL HISTORY

This form should be completed by parent & athlete prior to the time of physical exam and should be taken to the physician's office to be reviewed during the examination.

	<u>YES</u>	<u>NO</u>
1. Have you ever had any of the following		
a. Heart murmur	—	—
b. High blood pressure	—	—
c. Other heart problems	—	—
d. Broken bones	—	—
e. Weak joints-ankles, knees	—	—
f. Concussion	—	—
g. Operation	—	—
h. Seizures or epilepsy	—	—
2. Have you ever fainted or passed out?	—	—
3. Have you ever been knocked out?	—	—
4. Have you ever been hospitalized?	—	—
5. Have you ever had to stop running due to chest pain, or shortness of breath?	—	—
6. Have you ever had significant allergies?		
a. hay fever	—	—
b. asthma	—	—
c. bee stings	—	—
d. poison ivy	—	—
e. foods	—	—
f. medications	—	—
7. Are you required to have an EpiPen?	—	—
8. Do you carry and Inhaler?	—	—
9. Do you take any medications regularly?	—	—
10. Have you had any illnesses lasting a week or more? such as mononucleosis, etc.?	—	—
11. Have you had any blood disorders, including sickle cell trait, anemia, etc.?	—	—
12. Has any family member had a heart attack, heart problems or other sudden death before the age of 50?	—	—
13. Do you have any missing or non-functioning organs such as testes, eye, kidneys, etc.?	—	—
14. Menstrual history:		
a. Have you begun menses yet?	—	—
b. If so, what age? _____		
c. Do you have any menstrual problems?	—	—
15. DATE OF LAST TETANUS IMMUNIZATION? _____		



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PART III – PHYSICAL EXAMINATION
 (To be completed and signed by examining physician)

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Index _____

*Percent Body Fat _____

B/P _____

*Pulse (rest) _____

(Exercise) _____

(Recovery) _____

*Vision: Corrected (L)_(R) Both _____

Uncorrected (L)_(R) Both _____

*Audiogram _____

Cervical Spine/neck _____

Back _____

Shoulders _____

Arm/elbow/wrist/hand _____

Knees/hips _____

Ankles/feet _____

Eyes _____

Ears _____

Nose _____

Throat _____

Teeth _____

Skin _____

LABS:

*Urine _____

*Hbg and/or Hct _____

*Fe Stores _____

Lymphatic _____

Heart _____

Lungs _____

Abdomen _____

Genitalia/hernia _____

***WHEN MEDICALLY INDICATED**

Peripheral pulses _____

I have reviewed the data above, reviewed the athlete's medical history form and make the following recommendations for his/her participation in athletics

1. FULL PARTICIPATION _____

2. LIMITED or NO PARTICIPATION _____

Reason _____

3. REQUIRES ADDITIONAL EVALUATION _____

4. COMMENTS & EXPLANATIONS _____

PHYSICIAN'S SIGNATURE _____ M.D. Date _____

Physician's Name, Address, Phone Number (Print) _____



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PART IV – ACKNOWLEDGMENT OF RISK & INSURANCE STATEMENT

(To be signed and completed by parent/guardian)

The undersigned is the parent or guardian of _____

Athlete Name

and is aware of the following sports the student wishes to participate in:

- | | | | | | |
|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|
| Football | <input type="checkbox"/> | Soccer | <input type="checkbox"/> | Basketball | <input type="checkbox"/> |
| Baseball | <input type="checkbox"/> | Softball | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> |
| Wrestling | <input type="checkbox"/> | Cheerleading | <input type="checkbox"/> | Lacrosse | <input type="checkbox"/> |
| Track | <input type="checkbox"/> | | | | |

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 a higher risk. I have had an opportunity to understand the risks associated with sports through written handouts, communication with coaches, or some other means. The above stated athlete has medical insurance covered through a personal family policy.

It is the parent's responsibility to provide transportation to & from practices. Any games scheduled on early out days or after school hours will have transportation provided by parents. If other transportation arrangements are to be made (i.e.: bus), the Athletic Director will provide information, fees, and permission forms for each event that requires special transportation.

I have completed the medical history questionnaire, given my consent and approval to receive a medical examination, as required in Part III of this form and am fully aware of the risks involved in my child participating in a team sport.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____