



"Shaping the Future: Discover the Jordan Advantage"

ATHLETIC PACKET

Dear Parents/Guardians:

Your student(s) has indicated an interest in the Jordan Catholic School Athletic Program.

If your child is in 5th through 8th grade and will play on any Jordan sponsored or Jordan Co-op team he/she must meet the following requirements and the packet (all three documents) turned into the school by Orientation Day (Monday, August 16, 2010):

1. Athletic and Sporting Events Parental/Guardian Consent Form and Liability Waiver
2. Medical Information and Emergency Form
3. Sports Physical*

Please keep this cover letter for reference and return all documents to Mrs. Dusenberry, Building Secretary, Central Campus. Thank you for your cooperation. ***Go Jaguars!***

Tom Ryan, Athletic Director

Michael J. Daly, Administrator

*Please note that 6th grade physicals will fulfill the sports physical requirement.

Sports physicals can be obtained from:

- your regular physician
- any express care facility that does physicals
- School Health Link, 2508-25th Street, Rock Island / (309) 732-0958

Jordan Sports: Basketball, Volleyball, Softball (Dad's Club) and Cheerleading

Co-op Sports: Football, Tennis, Golf, Track, Cross Country and Wrestling

The above forms may be downloaded from our website. You can find them under Quick Links at jordanschool.com once they have been posted.

**Athletic and Sporting Events
Parental/Guardian Consent Form and Liability Waiver
2010-2011 Academic Year**

Student Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business: _____ Cell: _____

Request for Permission

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the 2008-2009 academic year (initial all that apply):

_____ Football	_____ Tennis	_____ Basketball
_____ Golf	_____ Track & Field	_____ Cheerleading
_____ Softball	_____ Volleyball	_____ Cross Country
_____ Wrestling	_____ Other: _____	

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Catholic Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Additionally, I give my consent and approval for my child's name and picture to be printed in any sports program, publication, or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accept the responsibility that comes with being a parent/guardian of a student athlete.

Signature: _____ Date: _____



MEDICAL INFORMATION

Student/Minor

Name (first, middle, last) _____
Address _____

Emergency Contact

Parent(s)/Guardian _____
Name (first, middle, last) _____
Phone (including area code) _____

Other Contact

Name (first, middle, last) _____
Relationship _____
Phone (including area code) _____

Student/Minor's Regular Physician

Name (first, middle, last) _____
Phone (including area code) _____

Medical Conditions

Please list any medical conditions of the above student/minor (asthma, diabetes, epilepsy, etc.)

Please list any allergies or allergic reactions to medications of the above student/minor

Please list any medications the above student/minor is now taking

Date of student/minor's most recent tetanus shot

Other pertinent medical information

Medical Insurance Information

Company _____
Identification Number of Plan _____
Identification Number of Covered Employee _____



Pre-participation Examination

To be completed by athlete or parent prior to examination.

Name _____ Sport/Position _____
 Last First Middle School Year _____
 Social Security Number _____
 Address _____
 City/State _____ Phone No. _____
 Birthdate _____ Age _____ Class _____ Student ID No. _____
 Parent's Name _____
 Address _____
 Phone No. _____
 Person to contact in case of emergency _____
 Phone No. _____
 Family Doctor _____ City/State _____
 Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances – glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Family history of cancer?	_____	_____	_____
16. Heart	_____	_____	_____
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

	Yes	No	If yes, please explain (what, where, when)
Have you had high blood pressure or high cholesterol?	_____	_____	_____
Have you ever been told you have a heart murmur?	_____	_____	_____
Has any family member or relative died of heart problems or of sudden death before age 50?	_____	_____	_____
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?	_____	_____	_____
Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	_____
Has anyone in your family had a heart attack before the age of 50?	_____	_____	_____
Head and Nerve	_____	_____	_____
Have you ever had a head injury or concussion?	_____	_____	_____
Have you ever been knocked out, become unconscious, or lost your memory?	_____	_____	_____
Have you ever had a seizure?	_____	_____	_____
Do you have frequent or severe headaches?	_____	_____	_____
Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	_____
Have you ever had a stinger, burner, or pinched nerve?	_____	_____	_____
18. Last tetanus shot?	_____	_____	Date _____
19. Last eye exam?	_____	_____	Date _____
20. Last Menstrual period (if women)	_____	_____	Date _____

Personal Habits

1. Smoking/smokeless tobacco	_____	Yes	No
2. Alcohol/non-medical drugs: marijuana, cocaine, etc.	_____	_____	_____
3. Steroids	_____	_____	_____
4. Eating Disorders – weight loss or gain?	_____	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body)

Skin	_____	Lungs	_____	Shoulders, Arms,
Head	_____	Heart	_____	Hands
Eyes	_____	Abdomen	_____	Hips, Legs, Feet
Nose	_____	Back	_____	Muscle-Strength,
Mouth/Throat	_____	Urination,	_____	Feeling
Nutrition,	_____	Bowel Control	_____	Mental, Emotional
Weight Control	_____	Genital (including	_____	Fatigue
Neck	_____	menstrual for women)	_____	Other: What?

I certify that the above information is correct to the best of my knowledge.

Student Signature _____
 Parent/Guardian Signature _____

Both Student and Parent/Guardian Signatures Are Mandatory

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hops _____ after 2 minutes resting _____
 Visual Acuity: Eyes (R) 20/____ w/o glasses _____ (L) 20/____ w/glasses _____

Other Testing	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental Exam)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart (Sit and Stand)	_____	_____
8. Abdomen	_____	_____
9. Genitalia	_____	_____
10. Musculoskeletal	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Back	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Shin/Calf	_____	_____
Ankle/Leg	_____	_____
Foot	_____	_____
11. Peripheral Pulses	_____	_____
12. Neurologic	_____	_____
13. Mental Status	_____	_____
14. Marfan Screen	_____	_____

Other Tests (optional)

Auditory	U/V	EKG
% Body Fat	Drug Screen	Chest X-Ray
Hgb/Hct	SMAC	Tanner Stage

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes _____ No _____ Limited _____

Additional Comments:

Examination Date _____ Physician's Signature _____
 Physician's Assistant Signature* _____
 Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Student's Name _____ School Name _____

Consent Form to Self-Administer Asthma Medication

(not needed if current form is already on file with school)

Parent Consent

I, _____, do hereby give my son/daughter, _____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent's Signature _____ Date _____

Physician Consent

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____
 Purpose _____
 Dosage _____
 Time/Special Circumstances _____

Physician's Signature _____ Date _____

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing substances.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_drug_classes.pdf

Signature of student-athlete _____ Date _____
 Signature of parent-guardian _____ Date _____

