

Northstar Christian Academy Sports Candidate's Questionnaire

PRIOR TO THE BEGINNING OF TRYOUTS

A health review of each student must be completed by a parent or guardian and will be valid only if
SIGNED, DATED AND RETURNED PRIOR TO THE BEGINNING OF TRYOUTS

Please Print

SPORT _____

Student Name _____ Grade _____ Sex _____ Birthdate _____

Address _____ Home Phone _____

Parent/Guardian _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Home Phone _____ Cell Phone _____

(Not a Parent)

HEALTH HISTORY

(To be completed by parent/guardian)

Chronic or recurrent illness?	Yes	No
Problems with heart or blood pressure?	Yes	No
Hospitalization in the last 12 months?	Yes	No
Dizziness, fainting, frequent headaches?	Yes	No
Absence or loss of function of an eye, kidney, testicle, or other organ?	Yes	No
Allergy to medication, insect bite/sting, or foods?	Yes	No

Chest pain, tightness, pressure or discomfort with exercise?	Yes	No
Have asthma, exercise induced asthma or reactive airway disease?	Yes	No
Concussion or unconsciousness?	Yes	No
Is there any family history of sudden death?	Yes	No
Has the student ever been restricted from sports competition?	Yes	No
Is there any reason why this student should not participate in sports?	Yes	No

Using this space, please provide an explanation for any question answered yes. Failure to provide information may result in the delay of tryouts for your child.

Does your child take medication either at home or at school? (list them) _____

Has your child had any injuries in the last 12 months? (list them) _____

Please list any injuries requiring medical care _____

A HEALTH HISTORY REVIEW and CLEARANCE BY A LICENSED HEALTH CARE PROVIDER MAY BE REQUIRED FOR RE-ENTRY AFTER AN INJURY OR AN ABSENCE FROM SCHOOL DUE TO ILLNESS OF FIVE OR MORE DAYS.

Parent/Guardian: I have carefully read and understand the above. To the best of my knowledge there is no existing condition that should exclude my child from athletic participation. My signature below constitutes my permission for my child to participate in the above named sport. I understand that Northstar Christian Academy **does not** provide student accident insurance and **does not** assume the responsibility for lost or broken corrective lenses and orthodontic devices. In the event of an emergency, and I cannot be reached, my signature below constitutes my permission for my child to receive medical evaluation and necessary treatment to ensure his/her health and safety.

Parent/Guardian Signature _____ Date _____

For School Nurse Only

This certifies that _____ is physically qualified to participate in the sport indicated above. Date of last physical _____

Date _____ Signature _____

