



REQUIRED TO TRY-OUT FOR ALL SPORTS

Dear Parent/Guardian,

This form should be dated after June 1st, 2019 and completed on both sides and given to the School Nurse before participating in any tryout for any school sport. It will remain on file for the 2014/2015 season.

Students Name _____ ID # _____

Emergency Contact Number _____

Check the Sport(s) you will tryout for this year:

Baseball _____

Soccer _____

Basketball _____

Softball _____

Bowling _____

Swimming _____

Cross Country _____

Step _____

Dance _____

Track & Field _____

Golf _____

Tennis _____

Handball _____

Volleyball _____

Lacrosse _____

Weight Room _____

Parental Permission and Emergency Authorization: This section *must* be signed.

I give my child permission to participate in the above mentioned sport(s). I, the undersigned, also agree that participation in the above mentioned sport(s) has its risks and I further agree that medical insurance coverage for my son/daughter on this sport(s) at Archbishop Molloy High School will be provided by me. (The policy covering all students is an "excess policy.") I further agree that Archbishop Molloy, its agents and employees shall not be liable to me for any injury or damage resulting directly or indirectly from my child's participation in this sport(s). I also agree that I will not sue, arrest, attach or prosecute its agents and employees from all actions, claims and demands my child may have for any injury or damage.

Emergency Authorization: I hereby give my permission to the medical and or coaching personnel selected by the school to order X-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection and /or anesthesia and /or surgery for my child name above. This form may be photocopied for use out of school.

Signature of parent or guardian _____ Date _____

Nurses Office

83-53 Manton Street, Briarwood, NY 11435 | Phone:718-441-2100 ext. 123 | www.molloyhs.org



ARCHBISHOP MOLLOY HIGH SCHOOL

Not for school but for life

NAME _____ STUDENT ID # _____ SEX _____ D.O.B. _____

EXPLAIN YES ANSWERS BELOW.

YES NO

A yes answer to a question does not mean automatic disqualification from athletic activity.

- | | | |
|---|-----|-----|
| 1. Have you ever been hospitalized? | ___ | ___ |
| 2. Are you presently taking any medications or pills? | ___ | ___ |
| 3. Do you have any allergies (medicine, bees, or other stinging insects)? | ___ | ___ |
| 4. Have you ever passed out during or after exercises? | ___ | ___ |
| Have you ever been dizzy during or after exercise? | ___ | ___ |
| Have you ever had chest pain during or after exercise? | ___ | ___ |
| _____ | | |
| Do you tire more quickly than your friends during exercise? | ___ | ___ |
| Have you ever had high blood pressure? | ___ | ___ |
| Have you ever been told you have a heart murmur? | ___ | ___ |
| Have you ever had racing of your heart or skipped heartbeats? | ___ | ___ |
| _____ | | |
| 5. Do you have any skin problems (itching, rashes, acne)? | ___ | ___ |
| _____ | | |
| 6. Have you ever had a head injury? | ___ | ___ |
| Have you ever been knocked out or unconscious? | ___ | ___ |
| Have you ever had a seizure? | ___ | ___ |
| _____ | | |
| Have you ever had a stinger, burner or pinched nerve? | ___ | ___ |
| _____ | | |
| 7. Have you ever had heat or muscle cramps? | ___ | ___ |
| Have you ever been dizzy or passed out in the heat? | ___ | ___ |
| 8. Do you have trouble breathing or do you cough during or after activity? | ___ | ___ |
| 9. Do you use any special equipment (pads, braces, mouth guard or goggles, etc.)? | ___ | ___ |
| 10. Have you had any problems with your eyes or vision? | ___ | ___ |
| Do you wear glasses or contacts or protective eyewear? | ___ | ___ |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | ___ | ___ |
| Body Part _____ | | |
| 12. Have you had any other medical problem (infectious mononucleosis, diabetes, asthma, etc.)? | ___ | ___ |
| 13. Have you had a medical problem or injury since your last evaluation? | ___ | ___ |
| 14. When was your last tetanus shot? _____ | | |
| 15. When was your first menstrual period? _____ | | |
| What was your longest time between your periods? _____ | | |

EXPLAIN ALL "YES" ANSWERS _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Parent/Guardian Signature _____ Date _____

Physicians Examination: Must be dated after June 1st, 2019
This certifies that I have examined the above named student and he/she is in good health and is physically cleared to work and participate in all interscholastic sports without any restrictions during the school year 2019/2020.

Print Name of Physician _____
Physician's Signature _____

Physician's Stamp _____
Date of Examination _____

Nurses Office