



## CBA Athletic Participation Permission & Health Update Form

Parents of students wishing to try out and participate in interscholastic athletics must complete this health update and permission form. Both the student and parent must sign at the bottom of the form. Please complete in pen (no pencil/marker).

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of most recent physical \_\_\_\_\_ Sport \_\_\_\_\_

Since the last pre-participation physical examination, has your son:

1. Been medically advised not to participate in a sport? Yes \_\_\_ No \_\_\_  
If yes, describe in detail: \_\_\_\_\_
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes \_\_\_ No \_\_\_  
If yes, explain in detail: \_\_\_\_\_
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes \_\_\_ No \_\_\_  
If yes, describe in detail: \_\_\_\_\_
4. Fainted or "blacked out?" Yes \_\_\_ No \_\_\_  
If yes, was this during or immediately after exercise? \_\_\_\_\_
5. Experienced chest pains, shortness of breath or "racing heart?" Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
6. Has there been a recent history of fatigue and unusual tiredness? Yes \_\_\_ No \_\_\_
7. Been hospitalized or had to go to the emergency room? Yes \_\_\_ No \_\_\_  
If yes, explain in detail: \_\_\_\_\_
8. Since your son's last physical examination, has there been a sudden death in the family or has any family member under the age of 50 had a heart attack or "heart trouble?" Yes \_\_\_ No \_\_\_
9. Started or stopped taking any over the counter or prescribed medications? Yes \_\_\_ No \_\_\_  
If yes, name of medication(s) \_\_\_\_\_

I, \_\_\_\_\_, hereby make application for participation in interscholastic athletics at Christian Brothers Academy, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules; injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis and even death. I acknowledge that I have read and understand this warning.

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**I give permission for my son to participate in interscholastic sports at CBA. I also understand that some medical information may need to be shared with those involved in the athletic program (Nurse, A.T., A.D., Coach). I certify that the information provided herein is accurate.**

Parent/Guardian \_\_\_\_\_ Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_