



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 _____