

# OBCA SPORTS PROGRAM

Open Bible Christian Academy is a member of the Maryland Independent Athletic Conference (MICA)

## Requirements

Student must complete a sports physical prior to the start of the season. Forms attached and must be completed by your physician.

**\*\*All forms must be submitted to the school nurse before the season begins\*\***

## Required Document Checklist

- \_\_\_\_\_ Part 1 of Medical Evaluation (parents fill out)
- \_\_\_\_\_ Pre-Participation Physical Evaluation (Doctor fills out)
- \_\_\_\_\_ Athletic Permit Form
- \_\_\_\_\_ Athletic Department Policy
- \_\_\_\_\_ Car pool Permission Slip
- \_\_\_\_\_ Concussion Awareness Acknowledgement

## Guidelines

Parents will have to help carpool the team **to** and **from** away games that are a significant distance from OBCA.

For away games that are close to OBCA, parents will be needed to carpool the team **to** the game and athlete's parents will be required to pick up their child from the game.

The athletic schedule will include game time, location and pick up time. The schedule will be issued at the beginning of practices and will also be available on OBCA's website under Athletics

# OPEN BIBLE CHRISTIAN ACADEMY

13 Open Bible Way Kingsville, Maryland 21087  
410-593-9940 FAX 410-593-9942

## PART 1 - Medical Evaluation of Student for Participation in Interschool Sports

To be completed by Parent or Guardian and submitted to the examining physician before he examines the student.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Personal Health of Student** (check correct reply) **YES** **NO** (check correct reply) **YES** **NO**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Has had injuries or accidents requiring medical attention..... <input type="checkbox"/></li> <li>2. Has had a surgical operation..... <input type="checkbox"/></li> <li>3. Has been in a hospital..... <input type="checkbox"/></li> <li>4. Has had sickness lasting longer than one week..... <input type="checkbox"/></li> <li>5. Takes medicine now or regularly..... <input type="checkbox"/></li> <li>6. Has a condition now under a physician's care..... <input type="checkbox"/></li> <li>7. Has a defect in hearing or eyesight..... <input type="checkbox"/><br/>(wears glasses, contact lenses)</li> <li>8. Is there any reason this student should not take part in any sport?..... <input type="checkbox"/></li> <li>9. Has had complete poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin)..... <input type="checkbox"/></li> </ol> | <ol style="list-style-type: none"> <li>10. Has had tetanus toxoid and booster inoculation..... <input type="checkbox"/><br/>Date of last booster _____ / _____ / _____</li> <li>11. Has seen a dentist within the past 6 months..... <input type="checkbox"/></li> <li>12. To my knowledge the paired organs that follow are present and healthy: Eyes..... <input type="checkbox"/><br/>Ears (hearing)..... <input type="checkbox"/><br/>Lungs..... <input type="checkbox"/><br/>Kidneys..... <input type="checkbox"/><br/>Testicles or ovaries..... <input type="checkbox"/><br/>Arms/legs..... <input type="checkbox"/><br/>Fingers/toes..... <input type="checkbox"/></li> </ol> |
|--|--|

If you answered "YES" to any of the above questions, explain here with names and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered "NO" to any of the above questions, explain here with names and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for the above secondary school student to engage in interscholastic sports activities as a representative of his school, except those activities crossed out by the examining physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests. I give my permission for the physician to complete Part 2 for confidential use in meeting my child's health and education needs in school.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

## PRE-PARTICIPATION PHYSICAL EVALUATION for INTERSCHOLASTIC ATHLETICS

This page to be completed by physician/nurse practitioner/physician assistant

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ % BODY FAT (optional) \_\_\_\_\_ PULSE: \_\_\_\_\_ BP: \_\_\_\_\_  
 VISION: R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED? Y N PUPILS: EQUAL \_\_\_\_\_ UNEQUAL \_\_\_\_\_

	NORMAL	ABNORMAL FINDING	INITIALS *
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**CLEARANCE:**

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- NOT cleared for [Sport(s)]: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of Physician/Nurse Practitioner/Physician's Assistant \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Print or Type  
Phone: \_\_\_\_\_

Signature of Physician/Nurse Practitioner/Physician Assistant \_\_\_\_\_

I hereby certify that I have reviewed the student pre-participation History Form and performed a comprehensive pre-participation physical evaluation of the herein named student.

\*DATE OF EXAM: \_\_\_\_\_

**PHYSICIANS STAMP:**

**OPEN BIBLE CHRISTIAN ACADEMY - ATHLETIC PERMIT FORM** (as of 8/1/18)

Name of Student: \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Complete

Address: \_\_\_\_\_

Mother's name \_\_\_\_\_ day time phone \_\_\_\_\_ cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ day time phone \_\_\_\_\_ cell phone \_\_\_\_\_

Dear Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities other than those carried on as part of the regular physical education class program, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in \_\_\_\_\_ (name of sport)

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within 10 (ten) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Open Bible Christian Academy athletics.

In order to participate in interscholastic activities, the student must have accident insurance coverage in effect (please check below).

\_\_\_\_\_ Blue Cross/Blue Shield \_\_\_\_\_ (policy number)

\_\_\_\_\_ Other commercial insurance \_\_\_\_\_ (name and policy number)

In an emergency, if parents cannot be contacted, notify:

Name \_\_\_\_\_ (phone) \_\_\_\_\_

Family Doctor \_\_\_\_\_ (phone) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Known allergies \_\_\_\_\_

The team coach may apply first aid treatment until the family doctor can be contacted \_\_\_\_\_ (yes) \_\_\_\_\_ (no). We give our consent for the coach to use his/her own judgement in securing medical aid and ambulance service in case the parents cannot be reached. \_\_\_\_\_ (yes) \_\_\_\_\_ (no).

I have read the above statements and hereby give my written consent.

Date \_\_\_\_\_ Mother's signature \_\_\_\_\_

Father's signature \_\_\_\_\_

## OPEN BIBLE CHRISTIAN ACADEMY ATHLETIC DEPARTMENT POLICY

While under the supervision of the coaching staff of Open Bible Christian Academy in any activity connected with a team, an athlete must at all times place the best interests of his/her team and his/her school above his/her own personal interests. This includes all practices, contests, traveling to and from such events and in any other situation where the purpose of the activity is related to team membership.

In cases where the conduct of an athlete becomes inappropriate for a representative of our school's interscholastic program, he/she may be subject to expulsion from the team. Such measures will be taken only after consideration of the circumstances by the coach and school administration.

The following is a list of violations which our coaching staff considers to be unacceptable behavior and which would, in all probability, result in the forfeiture of team membership. This list should not be considered complete, since there could be other infractions occurring of the same severity.

1. Use of drugs
2. Use of tobacco products
3. Use of alcohol
4. Stealing
5. Flagrant misconduct
6. Insubordination
7. Failure to meet responsibilities to the team: Family vacations (other than during the times designated by the school calendar), routine dental check ups, hair appointments, baby-sitting, etc. are examples of unacceptable substitutes for team practices and games.
8. Poor sportsmanship
9. Failing grade in any class YTD

We believe that one of our foremost educational objectives in working with young people in a sports setting is to foster the development of responsible and ethical behavior. For this reason, we would like each athlete and parents of the athlete to become familiar with the aspect of our coaching philosophy and to indicate his/her awareness of this philosophy by signing below.

Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed and returned to the school office.

**OPEN BIBLE CHRISTIAN ACADEMY  
CARPOOL SPORTS TEAM  
PERMISSION SLIP**

Dear Parents,

For all boys' and girls' athletic events for the school year \_\_\_\_\_ season, there will need to be carpools by parents to help transport the players. Please check the schedule carefully so you know the pick up place and times for leaving and returning. Please sign the form below and return to the office before the start of scheduled games.

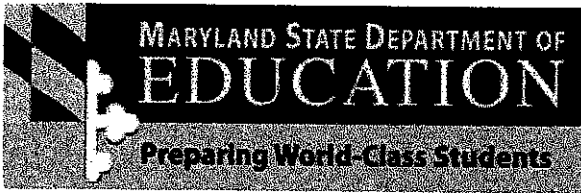
---

I give my permission to Open Bible Christian Academy to take my child, \_\_\_\_\_, to away girls' and boys' athletic events during the school year \_\_\_\_\_ season via parent carpools. The dates are as specified on the schedule and include any potential changes due to re-scheduling. I also give representatives of Open Bible Christian Academy permission to seek proper medical attention should it be necessary during this time.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Figure 4



For official use only:
Name of Athlete _____
Sport/season _____
Date Received _____

### Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Parent/Guardian Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

Student Athlete \_\_\_\_\_ Student Athlete \_\_\_\_\_ Date \_\_\_\_\_  
PRINT NAME SIGNATURE

*It's better to miss one game than the whole season.*

For more information visit: [www.edc.gov/Concussion](http://www.edc.gov/Concussion).