

**Albuquerque Parochial and Independent Athletic League
Athletic Participation Form**

Student Name: _____ **Date of Birth:** _____

I agree that all athletics at Our Lady of Fatima School is entirely voluntary on my part and is made with the understanding that I have not or will not violate any eligibility rules and regulations of the A.P.I.A.L. I will conduct myself in a sportsmanlike manner at all times.

Date: _____ **Signature:** _____

The Albuquerque Parochial League wishes to provide the best possible athletic programs for its member schools. The league wants athletic participation to be a valuable educational experience. You are requested to read the following carefully and thoroughly. The attached forms are to be filled out completely and filed in the school office before your child will be permitted to practice and/ or complete. We expect him/her to represent their school in a manner that the parents, school, parish and community can be proud of them.

1. PARENTAL CONSENT-We want to be certain of your consent for your child's participation in athletics and of all the responsibilities that go with that participation, therefore, it is necessary that you complete the attached medical information form carefully, and read and agree to the requirements on the participation agreement.
2. PHYSICAL EXAMINATION-We require a physical examination to ensure that your child is physically able to participate in athletics. *This form must be completed prior to the start of practice for any sport.*
3. EMERGENCY CARD-We must know the information on the emergency card in the event of an injury to your child. All information on those cards is kept strictly confidential, but is necessary for any medical attention to be administered.
4. ELIGIBILITY-Rules governing eligibility are determined by the Albuquerque Parochial and Independent Athletic League and its member schools. Our Lady of Fatima's guidelines are outlined in the handbook.

PARENTS PLEASE COMPLETE ALL FORMS AND RETURN TO SCHOOL

My son/daughter _____ has my permission to participate in the after school sports program at Our Lady of Fatima School. He/she has further permission to attend games and/practices via private cars. I understand Our Lady of Fatima School, church, sponsors, coaches, and drivers are NOT responsible for accidents or injuries incurred at the games or practices, or on the way to or from games/practices when driving.

I acknowledge that students are responsible for their uniforms during the time of season play. Uniforms must be turned in **WITHIN TEN DAYS OF THE END OF THE SEASON.**

You will be responsible for the replacement cost of this uniform if it is damaged in any way beyond reasonable wear and usage. Therefore the check that was attached will then be cashed.

REQUIREMENTS FOR PARTICIPATION IN OUR LADY OF FATIMA SPORTS

- 1. Insurance company for participation and drivers**
- 2. Medical, physical, and information forms signed by parents and physicians. Physical form must release student to participate in organized sports.**
- 3. Grades, as well as conduct and effort must be acceptable throughout the season for each student. You must comply with Albuquerque Parochial and Independent Athletic League requirements as well as Our Lady of Fatima's requirements. If standards are not met at the beginning of the season and maintained throughout the season the student will not be allowed to participate.**
- 4. A \$50.00 per student per year participation fee which covers the referee fee and student award medals are due before uniforms are handed out. This fee once paid is NON-REFUNDABLE.**
- 5. There is a \$25.00 deposit for the use of uniforms. This amount will be refunded if the uniform is returned in reasonably good condition.**

Signature _____ Date _____
Parent or Guardian

MEDICAL EXAMINATION REPORT FOR ATHLETIC PARTICIPATION

(medical history report must be completed by guardian before examination)

Student Name: _____ Grade: _____

Parent Name: _____ Phone: _____

Family Physician: _____ Address: _____

Phone _____

NOTE TO PARENT: In order that the best plan may be made for your child, it is necessary that we have your cooperation by filling out this questionnaire before he/she can participate in interscholastic competition sports. After conferring with your child, please sign your name after each sport in which you permit him/her to participate.

___ Volleyball ___ Basketball ___ Flag Football ___ Track ___ Softball ___ Other

	YES	NO		YES	NO
1. Asthma or lung disease	_____	_____	15. Trouble hearing with either ear	_____	_____
2. Seizure or convulsions	_____	_____	16. Any anemia in family	_____	_____
3. Physician's care NOW	_____	_____	17. Rheumatic Fever	_____	_____
4. Prescribed medication	_____	_____	18. Illness lasting more than a week	_____	_____
5. Allergic to any medication	_____	_____	19. Treated for meningitis	_____	_____
6. Heart disease	_____	_____	20. Surgical operation	_____	_____
7. Ever fainted	_____	_____	21. Were you told you had defect of the spine or any other part of the body	_____	_____
8. Dental Bridge or false teeth	_____	_____	22. Have you ever been told you have a slipped disc or pinched nerve	_____	_____
9. Injuries requiring medical attention	_____	_____	23. Has had a tetanus shot within the past 5 years	_____	_____
10. Pain in neck or stiff neck	_____	_____	24. Have you ever had a concussion or a head injury	_____	_____
11. Pain in the shoulder blades	_____	_____	25. Ever had a EEG (Electro-encephalogram)	_____	_____
12. Numbness and tingling of the hands	_____	_____	26. Anyone in family has diabetes	_____	_____
13. Spells of blurred vision/fuzzy vision	_____	_____	27. Wear contact lenses	_____	_____
14. Weakness or paralysis of the hand or leg	_____	_____			

PARENTAL CONSENT: I hereby give my consent for my child named above to engage in interscholastic athletics as are approved by Our Lady of Fatima School and to represent his/her school as a team member on trips. I have reviewed this history with my child and to the best of my knowledge it is accurate. I further understand that the Parochial League or school will not be held responsible in any way.

Signature of Parent or Guardian

Date

MEDICAL EXMINATION REPORT
(To be completed by physician)

Student Name: _____ **Age:** _____
Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

	NORMAL	ABNORMAL	REMARKS
Respiratory	_____	_____	_____
Cardiovascular	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitalia	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Deformities	_____	_____	_____
Surgical Scars	_____	_____	_____
Skin	_____	_____	_____
Urinalysis (sugar)	_____	_____	_____

I certify that I have on this date reviewed the above history and examined this individual and find him/her physically able to compete in supervised activities checked in Section A.

Date of examination: _____ **Signature of Physician:** _____

Physician's address: _____ **Phone number:** _____