

ATHLETICS

PHYSICAL EXAMINATION CARD FOR INTERSCHOLASTIC ATHLETICS
Student Information and Permission (To be filled out by Parent or Guardian)

Grade _____ Name of Student _____ Date of Birth _____

Name of Parent/Guardian _____ Telephone _____

Name of Family Physician _____ Telephone _____

Signature of Parent/Guardian _____ Date _____

Physical Examination/Clearance (To be completed only by a Physician)

Medications _____

Vision ___ BP ___ HR ___ UA/Eyes/GI/GU

Ears _____ Allergies _____ Nose _____

Skin _____ Teeth _____ Musculoskeletal _____

Heart _____ Neurological _____ Lungs _____

Do you know any reason why this child should not participate in athletic programs at the THA () No () Yes

Physician's Signature Today's Date Date of Original Examination

Health History (Check all that apply to you):

Asthma (Do you use an inhaler? () Yes () No

Concussion () Contact Lenses () Neck or back surgery ()

Hernia () Hearing Defect () Knocked Unconscious ()

Epilepsy () Heart problems () False teeth or bridge ()

Convulsions () Dehydration problems () Abnormal bleeding tendencies ()

Sprains/ strains/ fractures () Anything else? _____

TUCSON

HEBREW ACADEMY

ATHLETICS

PERMISSION FORM SLIP FOR ATHLETIC PARTICIPATION

We/I, _____, give
my child, _____,

permission to participate on Tucson Hebrew Academy Interscholastic and/or Intramural Athletic Teams during the current school year. I understand that my child will be practicing at the Tucson Hebrew Academy and/or Tucson Jewish Community Center daily and playing competitively against other schools either at the Tucson Hebrew Academy, Tucson Jewish Community Center, or other schools' facilities. Intramural Teams will compete at THA.

We/I, acknowledge that even with qualified coaching, use of approved equipment and strict observance of rules, injuries are still as possibility. On rare occasions these injuries can be so severe to result in total disability, paralysis, or even death.

We/I certify that the address and phone number listed below is correct. We/I accept responsibility of notifying the school if this information should change during the current school year.

Insurance Carrier: _____ Policy #: _____

Parent/Legal Guardian Signature: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

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Emergency Medical Authorization Form

NAME _____ PHONE _____ DOB _____

HOME ADDRESS _____ ZIP _____

PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____

KNOWN ALLERGIES _____

IN CASE OF AN EMERGENCY WE WILL ATTEMPT TO CONTACT A PARENT. IF YOU CANNOT BE REACHED WE WILL ATTEMPT TO CONTACT THE ALTERNATE LISTED BELOW:

ALTERNATE NAME _____ HOME PHONE _____

WORK # _____ CELL # _____ PAGER# _____

IN CASE OF AN EMERGENCY, ANY TREATMENT DEEMED NECESSARY BY THE MEDICAL PERSONNEL DESIGNATED BY THE INTERSCHOLASTIC ATHLETIC PROGRAM AUTHORITIES WILL BE SOUGHT.

PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL OR MINOR SURGICAL TREATMENT, X-RAY EXAMINATIONS AND IMMUNIZATIONS FOR THE ABOVE NAMED STUDENT. IN THE EVENT OF AN EMERGENCY ARISING OUT OF SERIOUS ILLNESS, THE NEED FOR MAJOR SURGERY, OR SIGNIFICANT ACCIDENTAL INJURY, I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. IF SAID PHYSICIAN IS NOT ABLE TO COMMUNICATE WITH ME, THE TREATMENT NECESSARY IN THE BEST INTEREST OF THE ABOVE NAMED STUDENT MAY BE GIVEN.

PARENT/LEGAL GUARDIAN SIGNATURE _____

PRINTED NAME _____ DATE _____

WORK # _____ CELL # _____ PAGER# _____

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TUCSON INDEPENDENT ATHLETIC LEAGUE (TIAL) SPORTSMANSHIP CODE

The purpose of the following code is to encourage everyone involved in THA athletics, including spectators, to continue to support their school's athletic teams yet not harass opponents. Listed below are the guidelines that all TIAL administrators, athletic directors, coaches, team members, cheerleaders, student body and parents should support in their respective schools.

1. A coaches' actions should be so regulated at all times that s/he will be a credit to the profession and the school s/he represents. Coaches should teach their team sportsmanship and proper respect for officials, opponents, and teammates.
2. Team members should demonstrate good sportsmanship and show proper respect toward officials and opponents when participating in an event.
3. All cheering should be done in a positive manner for your own team. Negative conduct listed below should not be allowed:
 - a. Booing, clapping, stomping, waving, or being disrespectful to distract an opponent.
 - b. Pointing and yelling "you, you, you" at an opponent
 - c. Abusive language.

I/We understand that any violation of the sportsmanship code may result in:

1. Athlete being unable to compete in THA program
2. Parent/Fan being unable to attend any THA Athletic event.
3. THA being sanctioned for unsportsmanlike behavior, including revocation of membership from the TIAL.

THIS DOCUMENT MUST BE SIGNED BY ALL THA ADMINISTRATORS, COACHES, TEAM MEMBERS, CHEERLEADERS, STUDENT BODY AND PARENTS THAT PLAN TO ATTEND ANY THA INTERSCHOLASTIC ATHLETIC ACTIVITY.

| PRINT NAME | SIGNATURE | DATE |
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