

Reid Temple Christian Academy
Athletic Participation Consent Form
PLEASE RETURN FORMS TO THE ATHLETIC DIRECTOR

Student's First Name: _____ Student's Last Name: _____

Gender: M F Grade: prek-8th Date of Birth: ___ ___ / ___ ___ / _____

Parent/Guardian Name: _____ Cellphone: _____

Parent/Guardian Email: _____

The student named above has my permission to participate in athletics: By my signature I have read and agree to all of the following statements and my signature authorizes volunteers and employees of RTCA to act in the below-mentioned ways:

1 My permission extends to all athletic practices and games, whether conducted on or off school premises. The school will provide proper and reasonable supervision at practice and games (both home and away). Beyond this point of supervision, the school does not assume any responsibility for any injuries.

2 In exchange for the opportunity for my child to participate in athletics, I freely and fully waive any claim by me, my spouse, or my son or daughter against Reid Temple Academy and its employees or volunteers arising from sports-related injury during his/her participation. I am also fully aware and have had a conversation with him/her and we understand that physical injury, including paralysis, coma or even death can occur as a result of participation in athletics.

3. I have reviewed and discussed the RTCA Athletics Handbook with my son/daughter, and agree to the terms described therein. We understand that the program is staffed by parents, faculty coaches, volunteers and is advised by RTCA and the Athletic Director. Any questions or concerns about the can be will be communicated to our Athletic Director, Gregory Hill.

4. I hereby consent to allow health care providers(s) selected by me to perform a pre-participation physical examination, at my expense, on my child in order to clear him/her for participation. I understand that my child will not be permitted to participate until cleared by a healthcare professional. This includes team tryouts.

5. In the event that my child sustains an injury and I cannot be reached I give permission for my child to be transported to the nearest emergency room based on local EMS protocols to receive necessary medical treatment. I understand that RTCA assumes no financial responsibility for medical treatment that my child receives.

Parent/Guardian Signature: _____ Date: _____

I have read and agree to abide by all policies in the RTCA Athletics Handbook.

Student-Athlete Signature: _____ Date: _____

**Reid Temple Christian Academy
Sports Physical Form**

Student's First Name: _____ **Student's LastName:** _____

Gender: M F **Grade:** prek-8th _____ **Date of Birth:** _____ / _____ / _____

Health History: Please complete this portion prior to examination by a physician. Explain any "yes" answers in the space provided.

- | | | | |
|-----------------------------------------------|-----|--------------------------------------------------------------------------------------|-----|
| 1 Do you have any ongoing or chronic illness? | Y N | 5. Have you ever felt dizzy during or after exercise? | Y N |
| 2 Are you currently taking any medication? | Y N | 6. Have you ever passed out during or after exercise? | Y N |
| 3 Do you have any severe allergies? | Y N | 7. Have you ever had chest pain or an irregular heartbeat during or after exercise? | Y N |
| 4 Have you ever had a seizure or concussion? | Y N | 8. Have you ever sprained, fractured or dislocated a bone, muscle, tendon, or joint? | Y N |

Explain and "yes" answers here: _____

Physician's Evaluation: Please do not complete unless questions 1-8 have been answered by the parent/guardian.

Height _____ Weight: _____ Pulse: _____ BP: _____ Vision L: _____ R: _____ Corrected? Y N

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Other (specify):		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Clearance (Check one of the following three options):

- Cleared for all interscholastic sports
 NOT cleared for interscholastic sports

Cleared for all interscholastic sports, except:

Reason(s):

**COVID-19 Awareness
Parent/Student-Athlete Participation Acknowledgement Statements**

I _____, the parent/guardian of _____, acknowledged that I have received information on all of the following:

- What you should know about COVID-19 to protect yourself and others
- Share facts about COVID-19
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- COVID-19 Frequently Asked Questions from the Maryland State Health Department.
<https://coronavirus.maryland.gov/#FAQ>

I _____, the parent/guardian of _____, will follow the requirements for in-person attendance at any extracurricular athletic and _____ activity event.

- I will not send my child to extracurricular athletic and activities if they are exhibiting any signs/symptoms of COVID 19 or have been exposed to someone with COVID 19 (or presumed to have COVID 19) in the past 14 days.
- I will review symptoms with my child and monitor my child's symptoms every day that my child attends in-person activities/events.
- If my child becomes ill during any in-person activity/event, I will ensure they are picked up promptly. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.

Signs and Symptoms of COVID-19:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Fever (100.4° F or greater) or chills• Cough• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache | <ul style="list-style-type: none">• New loss of taste or smell• Sore throat• Congestion or runny nose• Nausea or vomiting• Diarrhea |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Students must be fever free without the use of fever reducing medications.

Parent/Guardian:
Print Name

Parent/Guardian:
Signature and Date

Student Athlete:
Print Name

Student Athlete:
Signature and Date

- I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the student named below.
- I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in Athletic Activities, the student named below and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release RTCA, the Board, their officers, agents, employees, volunteers, and representatives from all liability for any loss regardless of cause, and claims arising from the student's participation in Athletic Activities.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Parent/Guardian:
Print Name

Parent/Guardian:
Signature

Date:

Student Athlete:
Print Name



Medical Card
Middle School Athletics

Reid Temple Christian Academy • Glenn Dale, MD 20769 • 301-860-6570

Instructions: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:

Birth Date: ___/___/___

Home Address:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

If parent/guardian cannot be reached, person to be contacted in case of emergency

Name:

Relationship:

Home #:

Work #:

Cell #: