

**Physical Form**  
**Northwood Temple Academy Athletic Participation**

I hereby apply for permission in interscholastic sports at Northwood Temple Academy.

**Requirement:** This form is to be filled out completely and filed in the Office of the Athletic Director before the student can participate in the school athletic programs. The student's address below is correct and in the event a move from this address is to be made, the student agrees to inform the Athletic Director prior to the move at least one school day.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address of Student & Parent Legal Guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing athletics as set forth by the North Carolina State Board of Education and the Association to which my school is a member.

Signature of Student \_\_\_\_\_

**MEDICAL HISTORY**  
(To be completed by Parents)

Student \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

Is there a known history of:

- |   |        |       |
|---|--------|-------|
| A. Birth defomities (one eye, one kidney, etc.)         | Yes___ | No___ |
| B. Known past illness of more than one week's duration? | Yes___ | No___ |
| C. Medical conditions currently under treatment?        | Yes___ | No___ |
| D. Fractures or other disabling injuries?               | Yes___ | No___ |
| E. Any permanent deformity or disability?               | Yes___ | No___ |
| F. Allergy (drugs, food, clothing, etc.)?               | Yes___ | No___ |
| G. Mental disorder of convulsions?                      | Yes___ | No___ |

Explain any above question(s) answered yes: \_\_\_\_\_

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**PARENTAL PERMISSION**

As parent or legal guardian of \_\_\_\_\_, I hereby give my consent for (his/her) practice and play in any athletic event. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I agree to the need for a screening medical examination and certify that the medical history above is accurate to the best of my knowledge.

I agree he/she is adequately covered by an accident and health and/or hospitalization insurance policy which is in effect during his/her participation in such activities. This coverage is by virtue of: (Check on of the following)

( ) My (our) personal insurance policy \_\_\_\_\_  
Name of Insurance Company Policy #

( ) Military Medical Services Available \_\_\_\_\_  
Student's I.D. Number Sponsor's I.D. #

I (we) also acknowledge and certify that this certificate hereby releases and absolves Northwood Temple Academy, its agents and employees from all liability for injuries and related expenses incurred by the student as a result of participating in school sponsored interscholastic athletic practice and games without being adequately covered by the insurance protection certified to above.

Signature of Parent/Guardian \_\_\_\_\_

**MEDICAL EXAMINATION**

Height	Weight	Blood Pressure
1. _____ Eyes	_____	_____
2. _____ ENT	_____	_____
3. _____ Heart	_____	_____
4. _____ Abdomen	_____	_____
5. _____ Lungs	_____	_____
6. _____ Genitalia (Males only)	_____	_____
7. _____ Musculoskeletal	_____	_____
8. _____ Neurological	_____	_____
9. _____ Skin	_____	_____

LABORATORY

Urinalysis: \_\_\_\_\_

Other (Where indicated): \_\_\_\_\_  
\_\_\_\_\_

I certify that I have examined this student and find him medically (qualified, not qualified) to compete in interscholastic sports.

Licensed to practice medicine.                      Yes \_\_\_\_\_      No \_\_\_\_\_

Physician's Signature \_\_\_\_\_

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

If student not qualified, list reasons for disqualification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, and eye, or eyes.