

Dear Celtics,

Welcome to Trinity Catholic High School. We are looking forward to a great year. The following athletic activities will be offered in the upcoming school year.

Fall Sports Season

Sideline Cheerleading
Boys Cross Country
Girls Cross Country
Football
Boys Golf
Girls Golf
Boys Swimming
Girls Swimming
Girls Volleyball
Bowling

Winter Sports Season

Boys Basketball
Girls Basketball
Sideline Cheerleading
Boys Soccer
Girls Soccer
Competitive Cheerleading
Girls Weightlifting

Spring Sports Season

Baseball
Softball
Boys Tennis
Girls Tennis
Boys Track
Girls Track
Boys Weightlifting
Boys Lacrosse
Flag Football
Sand Volleyball

*we are attempting to offer these sports, but it will depend on the numbers

A student must pay an annual \$125.00 **participation fee** in order to participate. The student will not be able to play until the fee has been paid. Send your payment to the office of the Athletic Director. Please make checks payable to Trinity Catholic High School.

We appreciate your support. May God Bless you and your family with health and happiness.

Sincerely,

Tommy Bond
Athletic Director

ATHLETIC PARTICIPATION FEE

Student's Name: _____ Grade: _____ Date: _____

\$125.00 participation fee: _____

Please attach all monies to bottom of this form.

The following need to be completed annually for all TC Athletes:

1. Register through FHSAA (Florida High School Athletic Association) to participate in Athletics:

www.athleticclearance.com – need to register or re-register.

2. Completed physical on FHSAA EL2 Form

3. Instructions for the Impact Concussion Test:

1. www.impacttestonline.com/testing
2. customer ID Code: 270eca3197
3. Click on Launch Baseline Test
4. Click on English
5. Follow the prompts
6. You **do not** have to print certificate out for this test.

4. Instructions for the 3 required NFHS courses (Concussion for Students, Heat Illness Prevention and Sudden Cardiac Arrest :

Course Ordering

Step 1: Go to www.nfhslearn.com.

Step 2: “Sign In” to your account using the email address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, “Register” for an account.

Step 3: Click “Courses” and select “Concussion for Students” from the list of courses.

Step 4: Select your state and click “Order Course.”

Step 5: Select “Myself” if the course will be completed by you.

Step 6: Click “Continue” and follow the on-screen prompts to finish the checkout process. (Note: There is no fee for this course.)

Beginning a Course

Step 1: Go to www.nfhslearn.com.

Step 2: “Sign In” to your account using the email address and password you provided at time of registering for an nfhslearn account.

Step 3: From your “Dashboard,” click “My Courses” and select the “Active” tab.

Step 4: Click “Begin Course” on the course you wish to take.

*Your course will launch on the same page of the web browser.

**Click “Back to Dashboard” when ready to exit course.

Be sure to print the certificates of completion at the end of the course each school’s athletic department is required to keep a copy on file.

For help viewing the course, please contact the help desk at NFHS. There is a tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the NFHS Help Desk at 1-317-565-2023.

5. Pay \$125.00 participation fee



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.