

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.

18-19 Mandatory Concussion Material for Trinity Catholic Athletes:

1. 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.

2. Instructions for the Concussion for Students course:

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 certificate 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.



Preparticipation Physical Evaluation (Page 2 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 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was 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: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____