

**ROCK**  
**ATHLETICS**

**Middle School and Club Sports**  
**ATHLETIC PACKET**



Greetings from the Rock Academy,

Attached is the packet for athletes participating in a sport for the school year

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The following items need to be completed, dated and signed, where indicated, by parents and/or athletes.

1. **The Rock Academy Emergency Card**, which includes family medical insurance information;
2. **Parental Permission Form** for any School-Related Activity;
3. **Health History Form** to be completed by parent;
4. **Physical Examination Form** to be completed by Medical Staff including signature of Physician and DATE;
5. **Student/Driver Insurance Verification Form**
7. **Release of Liability Form (RISK FORM)**
8. **CIF Ethics in Sports Agreement Form**;

Please complete pages 1 through 8 and turn in to **Nick Bertaux, Rock Academy Athletic Director** prior to any participation in any sport, including try-outs, practices, tournaments and/or contests. We appreciate your cooperation and willingness to help us provide a safe and healthy year of athletics! God Bless!



## EMERGENCY CARD

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

SPORT: \_\_\_\_\_ Grade Fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH - DAY - YEAR

Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Known Health Risks (High BP, Asthma, Anemic Etc.) \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_

Insurance Company \_\_\_\_\_

Member ID # \_\_\_\_\_

HMO OR PPO – (CIRCLE ONE) Group # \_\_\_\_\_

What hospitals are covered by your medical insurance?  
\_\_\_\_\_

Mother Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact other than Parents:  
NAME RELATIONSHIP PHONE #



# PARENTAL PERMISSION FORM

## FOR ANY SCHOOL-RELATED ACTIVITY

Student's Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Junior High  High School  (CHECK ONE) Grade \_\_\_\_\_

- Baseball
- Softball
- Basketball
- Cheerleading
- Football
- Soccer
- Volleyball
- Track & Field
- Surf Club
- Sailing Club

**\*Please complete this portion for Other and Field Trip Only**

Purpose of Field Trip (Practice or Game or Any Team Related Event) \_\_\_\_\_

Teacher/Class \_\_\_\_\_ Destination \_\_\_\_\_

Time of Departure from School \_\_\_\_\_ Time of Return \_\_\_\_\_

Dear Parent: Your signature below indicates permission for your child to participate in the above mentioned activity.

X \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN DATE

### Authorization to Consent (Treatment of a Minor)

(We), the undersigned, parent(s) of, \_\_\_\_\_

hereby authorize the Coach or Sponsor to give permission for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on medical staff of any qualified hospital (if you have a preference of hospitals, please make notation on the following) \_\_\_\_\_ or other medical facility. It is understood that this authorization is given in advance for a specific diagnosis/treatment or hospital care being required and is given to provide authority and power on the qualified physician to give specific consent to any and all such diagnosis, treatment or hospital care which the attending physician, in the exercise of his best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

SIGNATURE

PRINT NAME

Parent's Phone: \_\_\_\_\_  
Home Work Cell



## HEALTH HISTORY FORM

(This form to be completed by Parent or Guardian)

Name \_\_\_\_\_ Age \_\_\_\_\_ M F \_\_\_\_\_ Sport \_\_\_\_\_  
CIRCLE ONE

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone (Parent) \_\_\_\_\_ Cell Phone (Athlete) \_\_\_\_\_

Do you have a family history of sudden death? Circle One: YES NO

Do you have or have you ever had any of the following:

MEDICAL CONDITION	YES	NO
Frequent or severe headaches	_____	_____
Dizziness or fainting spells	_____	_____
Unconsciousness at any time	_____	_____
Allergies	_____	_____
Heart troubles	_____	_____
Stroke	_____	_____
High/low blood pressure	_____	_____
Chronic stomach trouble	_____	_____
Kidney stone	_____	_____
Blood in urine	_____	_____
Epilepsy or convulsions	_____	_____
ORTHOPEDIC CONDITION	YES	NO
Neck or spine injury or pain	_____	_____
Paralyzed or unconsciousness	_____	_____
Dislocated joint	_____	_____
Ligament injury	_____	_____
Fractured bones	_____	_____
Surgery on bones or joints	_____	_____
Ever had a cast or crutches	_____	_____
Shoulder/ knee/ankle injuries	_____	_____

MEDICAL CONDITION	YES	NO
Nervous trouble of any sort	_____	_____
Any prophylactic drug use	_____	_____
Bronchitis	_____	_____
Pneumonia	_____	_____
Bleeding ulcers	_____	_____
Anemia	_____	_____
Diabetes	_____	_____
Rheumatic Fever	_____	_____
Hearing difficulties	_____	_____
Skin disease	_____	_____
Other	_____	_____

**EXPLAIN YES ANSWERS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of last visual exam: \_\_\_\_\_

Do you wear corrective lenses? Yes No Glasses Hard lenses Soft lenses (Circle One) Ever have an eye injury/surgery? Yes No When? \_\_\_\_\_ Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

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



## STUDENT/DRIVER INSURANCE VERIFICATION FORM

(Please attach a copy of your current insurance card with this form.)

Name of Student/Driver \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Make of Vehicle \_\_\_\_\_

Model \_\_\_\_\_ # of Seat Belts \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Rock Academy drivers are required to carry minimum liability insurance of a combined single limit of \$300,000 bodily injury and property damage (referred to as 100/300) plus uninsured motorist coverage.

Liability \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_ Uninsured Motorist \$ \_\_\_\_\_

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered Rock Academy students on a school-sponsored activity, and is secondary to my personal auto and liability insurance.

\_\_\_\_\_  
STUDENT/DRIVER SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

By law, the number of people in the vehicle cannot exceed that the number of seats and seat belts.



# RELEASE OF LIABILITY FORM (RISK)

## ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC ACTIVITIES PARTICIPATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is prerequisite to participation in any interscholastic athletic activity. This release essentially says the student named below is going to participate in an athletic activity which involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the student, parents and heirs) will not make a claim against or sue The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

NOW, THEREFORE LET IT BE KNOWN: We, the undersigned, understand and acknowledge that \_\_\_\_\_, (Name of Student) has voluntarily chosen to participate in a school-sponsored athletic activity. We know and fully understand that any athletic activity or competitive sport, including, but not limited to, baseball, basketball, cheerleading, cross country, field hockey, football, golf, lacrosse, soccer, softball, track & field, volleyball, or wrestling, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated-regardless of the care taken by players, coaches, trainers, or other staff. We acknowledge and willingly assume all risks and hazards of potential injury and death in this athletic activity, whether in practice, games, meets, or any other type of competition, including any transportation to or from any such event.

\_\_\_\_\_ 's (Name of Student) participation in this activity is purely voluntary and it is being done at his/her own risk.

In consideration for The Rock Academy allowing the above-named student to participate in this athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student's participation in this activity. We also expressly agree to release and discharge The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this athletic activity, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student's right and the rights of the parents and heirs to make a claim or file a lawsuit against The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents.

California Law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims." (Education Code Section 35330)

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, WE UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ATHLETIC ACTIVITY, WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AN ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

\_\_\_\_\_  
STUDENT/PARTICIPANT SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE