

JOHNSON CITY CENTRAL SCHOOL DISTRICT
ATHLETIC CARD

Name _____ Grade _____ Date _____

Address _____ Phone _____

Date of Birth _____ Age _____ Height _____ Weight _____

Health History Update

Since his/her last sports physical has the student:

- | | |
|--|----------------|
| 1. Received medical care of injury or illness? | Yes ___ No ___ |
| 2. Been Absent from school more than 5 consecutive days? | Yes ___ No ___ |
| 3. Does student wear contact lens? | Yes ___ No ___ |

Contact Lens - there is a calculated risk involved.

** Parents are responsible for replacement **

If "YES" to any of the above, please list date and type of diagnosis below:

(page 1)

If I am accepted on the training squad, I am expected to obey all training regulations as listed below. I realize that failure to obey training regulations and eligibility rules will result in disciplinary action or removal from the team.

The following procedures will be utilized in implementing the Johnson City Athletic Dept. Training rules:

Coaches will inform students of the following training rules at the initial team meeting, at least three times prior to the first contest, and during the season as required:

- ◆ To adhere to the attendance policy at all times.
- ◆ To follow all training rules as advised by coaches.
- ◆ To refrain from the use of tobacco, alcohol, or illegal drugs.
- ◆ To exemplify appropriate citizenship by my conduct in and out of school
- ◆ To exemplify sportsmanship at all times.
- ◆ To return all issued equipment at the conclusion of the season.
- ◆ To fulfill the Academic Eligibility requirements.

Player's Signature

Date

PARENT CONSENT:

We have filled out the Health History Update and read the "athletic Code" above and are in agreement. We give the above player permission to participate on the _____ team for Johnson City Central School District, during the year _____, I understand that participating in athletic activities implies the risk of injury and the School District insurance has limitations on the coverage of each injury.

Parent/Guardian Signature

Date

(page 2)