MEKEEL
CHRISTIAN ACADEMY

Dear MCA Students & Parents,

Please find the attached forms that you will need for athletics this school year. I am looking forward to all the excitement, exercise, and experiences the students will be enjoying as part of the athletic program at Mekeel Christian Academy. **These forms should be returned to the appropriate office.** In order for an athlete to participate in a school-sponsored sport the school nurse must clear her/him before actively participating in the sport. The state requires that the athlete have a current physical (within 1 year) on file in the health office that has been co-signed by the school physician. In addition to this physical, the state also requires that an interval health history be done **within 30 days** of the start of each season the athlete plans to participate in. The student must have his/her parent fill out an interval health history form within 30 days of each season and return it to the health office as soon as possible prior to the first day of tryouts (but no sooner than 30 days prior). Athletes will be allowed to turn in the required paperwork after this deadline; however, there is no guarantee that the athlete will be able to start participating in the sport at the start of the season (this includes tryouts). Any paperwork turned in after this deadline will be processed as time allows (after all paperwork handed in on time has been processed). There is a minimum turnaround time of 24 hours. Once the school nurse has processed an athlete's paperwork, she will issue a clearance slip to the athlete. It is the athlete's responsibility to hand the clearance slip to his/her coach in order to participate.

Sincerely,

Kelsey Collins
Athletic Department
Mekeel Christian Academy

Eligibility Checklist:	**Office**	**Interval**
☐ Current NYS Physical	(Health Office)	Within 12 Months
☐ Sports Insurance Information	(Athletic Dept.)	Annual School Year
☐ Waiver to Participate	(Athletic Dept.)	Annual School Year
☐ Health History Update	(Health Office)	Every Sport Season

Athletic Office

Sports Insurance Information

For School Year: 20____ - 20____

_____

Student's Name Birth Date Grade M/F

Sport(s) particpating in:_____

LIST CURRENT:
Medications + Dosages

_____
_____
_____
_____

Medical Conditions

_____
_____
_____
_____

Name of FATHER / GUARDIAN: _____ Home Phone:_____
Work Phone: _____ Cell Phone: _____
Name of MOTHER / GUARDIAN: _____ Home Phone:_____
Work Phone: _____ Cell Phone: _____

_____

Student's Home Address City Zip Code

Emergency Contact Person: _____ Phone:_____ ____

IN CASE OF EMERGENCY
Physician: _____ Phone:_____
Hospital Preference:_____

INSURANCE INFORMATION
Insurance Carrier_____ Phone_____ Policy #_____
Policy Holder_____ Hospital Preference _____
Date of Last Tetanus Shot:_____

_____

Parent/Guardian Signature Date

Athletic Office

General Agreement/Release /Waiver Athletic Participation Permission

School Year 20___ - 20___

My child, _____, has the opportunity to participate in interscholastic organized sports and athletic activities provided or sponsored by Mekeel Christian Academy. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that on rare occasions these injuries can be severe as to the result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in interscholastic organized sports and athletic activities provided or sponsored by Mekeel Christian Academy

1) I give my express permission for my child to participate fully in any interscholastic organized sports and athletic activities provided or sponsored by Mekeel Christian Academy (including such travel as may be incident to such participation);
2) I assume all risks, including any risks associated with any special medical needs or condition of my child, for my child's participation in any such sport or activity (including travel incident thereto);
3) I authorize any coach or other adult supervising any sport or athletic activity in which my child participates to obtain on behalf of my child in my absence and at my expense any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto);
4) I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation, and
5) I agree that all expenses relating to or arising out of any such injuries or loss of life will be at my financial responsibility, and my child and I agree to release, hold harmless and indemnify Mekeel Christian Academy and its officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees with respect to any injuries, regardless of severity or loss of life relating to, or arising from my child's participation in any such sport or activity.
6) I fully understand if there is any drug/alcohol use, each coach has the right to enforce disciplinary measures in addition to what school administration might deem necessary. These measures could include conditioning, suspension and even dismissal from the team.
7) I understand that if my child does not ride on transportation provided by MCA, I will be responsible for his/her safety, and MCA shall not be liable for any injury or damages incurred as a result thereof.

I/WE HAVE READ THIS AGREEMENT/RELEASE WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS

Student's Name _______ Grade _____

Parent or Legal Guardian _____ Signature: _____

Mekeel Interval Health History for Athletics

Student Name:	DOB
School Name:	Age
Grade (check): ☑ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Limitations: ☐ NO ☐ YES
Sport	Date of last Health Exam:
Sport Level: ☐ Modified ☐ Fresh ☐ JV ☐ Varsity	Date form completed:

MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.

Does or Has Your Child

General Health	No	Yes
Ever been restricted by a health care provider from sports participation for any reason?	☐	☐
Ever had surgery?	☐	☐
Ever spent the night in a hospital?	☐	☐
Been diagnosed with mononucleosis within the last month?	☐	☐
Have only one functioning kidney?	☐	☐
Have a bleeding disorder?	☐	☐
Have any problems with hearing or have congenital deafness?	☐	☐
Have any problems with vision or only have vision in one eye?	☐	☐
Have an ongoing medical condition?	☐	☐
If yes, check all that apply: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other:		
Have Allergies?	☐	☐
If yes, check all that apply ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other:		
Ever had anaphylaxis?	☐	☐
Carry an epinephrine auto-injector?	☐	☐
Brain/Head Injury History	**No**	**Yes**
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	☐	☐
Receive treatment for a seizure disorder or epilepsy?	☐	☐
Ever had headaches with exercise?	☐	☐
Ever had migraines?	☐	☐

Does or Has Your Child

Breathing	No	Yes
Ever complained of getting extremely tired or short of breath during exercise?	☐	☐
Use or carry an inhaler or nebulizer?	☐	☐
Wheeze or cough frequently during or after exercise?	☐	☐
Ever been told by a health care provider they have asthma or exercise-induced asthma?	☐	☐
Devices / Accommodations	**No**	**Yes**
Use a brace, orthotic, or another device?	☐	☐
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	☐	☐
Wear protective eyewear, such as goggles or a face shield?	☐	☐
Wear a hearing aid or cochlear implant?	☐	☐
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		
Digestive (GI) Health	**No**	**Yes**
Have stomach or other GI problems?	☐	☐
Ever had an eating disorder?	☐	☐
Have a special diet or need to avoid certain foods?	☐	☐
Are there any concerns about your child's weight?	☐	☐
Injury History	**No**	**Yes**
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	☐	☐
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	☐	☐
Have a bone, muscle, or joint that bothers them?	☐	☐
Have joints that become painful, swollen, warm, or red with use?	☐	☐
Ever been diagnosed with a stress fracture?	☐	☐

Student Name:		DOB:	

DOES OR HAS YOUR CHILD		
HEART HEALTH	**NO**	**YES**
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	☐	☐
Lightheadedness, dizziness, during or after exercise?	☐	☐
Chest pain, tightness, or pressure during or after exercise?	☐	☐
Fluttering in the chest, skipped heartbeats, heart racing?	☐	☐
Ever been told by a health care provider they have or had a heart or blood vessel problem?	☐	☐

If yes, check all that apply:

- ☐ Chest Tightness or Pain
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ New fast or slow heart rate
- ☐ Has implanted cardiac defibrillator (ICD)
- ☐ Has a pacemaker
- ☐ Other:
- ☐ Heart infection
- ☐ Heart Murmur
- ☐ Low Blood Pressure
- ☐ Kawasaki Disease

DOES OR HAS YOUR CHILD		
FEMALES ONLY	**NO**	**YES**
Have regular periods?	☐	☐
MALES ONLY	**NO**	**YES**
Have only one testicle?	☐	☐
Have groin pain or a bulge, or a hernia?	☐	☐
SKIN HEALTH	**NO**	**YES**
Currently have any rashes, pressure sores, or other skin problems?	☐	☐
Ever had a herpes or MRSA skin infection?	☐	☐
COVID-19 INFORMATION		
Has your child ever tested positive for COVID-19?	☐	☐
If **NO, STOP.** Go to Family Heart Health History. If **YES,** answer questions below:		
Date of positive COVID test:		
Was your child symptomatic?	☐	☐
Did your child see a health care provider for their COVID-19 symptoms?	☐	☐
Was your child hospitalized for COVID?	☐	☐
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	☐	☐

FAMILY HEART HEALTH HISTORY

A relative has/had any of the following:

Check all that apply:

- ☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
- ☐ Arrhythmogenic Right Ventricular Cardiomyopathy?
- ☐ Heart rhythm problems, long or short QT interval?
- ☐ Brugada Syndrome?
- ☐ Catecholaminergic Ventricular Tachycardia?
- ☐ Marfan Syndrome (aortic rupture)?
- ☐ Heart attack at age 50 or younger?
- ☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

- ☐ Known heart abnormalities or sudden death before age 50?
- ☐ Structural heart abnormality, repaired or unrepaired?
- ☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered **NO** to ***all*** questions, **STOP**. Sign and date below.
GO to page 3 if you answered **YES** to a question.

Parent/Guardian Signature:	Date:

Student Name:		DOB:	

If you answered **YES** to any questions give details. Sign and date below**.**	
Parent/Guardian Signature:	Date: