Return the completed packet to the Nursing Office

To properly complete the packet, please follow all instructions (front/back)

1. DIAA SPORTS PHYSICAL FORM INSTRUCTIONS

This form requires 11 signatures!!!

1. Parent signature	page 1 _____
2. Student signature	page 1 _____
3. Parent signature	page 1 _____
4. Parent signature	page 1 _____
5. Parent signature	page 1 _____
6. Athlete signature	page 2 _____
7. Parent signature	page 2 _____
8. Health care provider signature	page 3 _____
9. Parent signature	page 4 _____
10. Athlete signature	page 4 _____
11. Health care provider signature	page 4 _____

***Page 1 Box: This is for sports that your child <u>cannot</u> medically participate in.**

Did you completely fill out Section 1 & 2 on the School Athlete Medical Card?

If any of these 11 signatures or sections is missing, the physical is incomplete and will not be accepted per DIAA rules and regulations.

DIAA requires that every student have a current sports physical in place in order to be eligible to try out and participate in any school-sponsored sport, this includes conditioning. ***The physical exam must be completed on or after APRIL 1st of thecurrent year and runs through June 30 of the following year.*** Any questions related to sports, please contact the Athletic Director, Mark Eckels at 302.697.7860. DIAA website: www.doe.state.de.us/programs/diaa.

**Please note: The first Parent and Student signature on Page 1 of the DELAWARE INTERSCHOLASTIC ATHLETE ASSOCIATION is stating that both the parent and the student have reviewed the Concussion Information and the Symptoms and Risk Factor for Sudden Cardiac Arrest forms (enclosed in the packet)

***CCA Athletic Department reserves the right to determine athletic eligibility

2. Calvary Christian Academy Handbook

Parent and student to read handbook (keep for future reference)

Complete and return page 11: Parent/Student Athletic Agreement

1. Parent signature page 11 _____

2. Student Athlete signature page 11 _____

3. Carpool Consent Form

Parent to complete and return (even if you do not consent)

1. Parent signature for adult driver (optional) page 1 _____

2. Parent signature for student driver (optional) page 1 _____

** Please note: if you choose not to sign the form, you will be responsible to get your child to all practices and to all games. ***Please annotate anywhere on the form that you do not consent and return the form.***

4. Student Permission to Travel and Parental Consent for Medical Treatment

Parent to read, sign and return with packet

1. Parent signature for medical release page 1 _____

** Please note: In case of an emergency, **every** effort will be made to first communicate with you, the parent. If you choose not to sign this form, immediate medical care may be delayed and may be the cause of an adverse effect from not receiving prompt & immediate medical attention. ***If you choose not to sign this form, please annotate this and return the form (write "refused" on the form and return).***

Forms must be complete for the student to participate in CCA athletics. Any forms with missing signatures will be returned. Thank you.