



# ALVERNO HEIGHTS ACADEMY

*Be who you imagine*

## ALVERNO ATHLETICS 2018-2019

### *Important Information*

#### **SPORTS PHYSICALS**

If your daughter is considering participating in or trying out for any sport at Alverno Heights Academy, she must have a sports physical completed prior to tryouts. The “Alverno Heights Academy Athletics Physical Form 2018-2019” must be returned to the Front Office before tryout dates and your daughter should also have a copy of the form available to provide to the Head Coach at that time.

Physicals should be completed in August as they remain valid for one year and will cover all of the sports your daughter may participate in for 2018-2019 school year.

For your convenience, **sports physicals** will be conducted on campus by Dr. Dennis Buckley, D.C. and staff on **Thursday, August 16, 2018** from **12:00 p.m. to 2:00 p.m.** Checks should be made out to “Dr. Dennis Buckley D.C” in the amount of \$20. Each physical will take approximately 5-10 minutes and students must have the “Alverno Heights Academy Athletics Physical Form 2018-2019” with the parent section filled out prior to getting a physical. **A parent/guardian MUST be present during the physical exam (no exceptions).** If you have any questions, please e-mail Coach Ken Berry, Athletic Director, a [kberry@alvernoheights.org](mailto:kberry@alvernoheights.org).

#### **ATHLETICS PARTICIPATION**

In order to participate in athletics at Alverno Heights Academy, your daughter must maintain a 2.0 GPA with no “F”s at the marking periods (quarter and semester). Students with a “D” at the marking period will be placed on probation and a student with an “F” will be removed from the team. All incoming freshmen are eligible to try-out for a sport unless they are on academic probation.

Once a team’s roster has been finalized, each student on that team will have a \$150 athletics fee added to their FACTS tuition account. The \$150 athletics fee is per sport per season. The former uniform deposit has been eliminated and we thank you in advance for making sure your daughter returns her athletic jersey in a timely manner at the conclusion of each season. If her uniform is not returned, please be aware that your tuition account will be charged accordingly.

#### **MANDATORY PARENTS AND COACHES MEETING**

If your daughter is planning on playing a sport during the 2018-2019 school year, please plan to attend the corresponding **mandatory “Parent and Coaches Meeting”** which will take place **at the beginning of each sport season (times and dates to be announced)** in the **Learning Technology Center**.



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## ALVERNO HEIGHTS ACADEMY ATHLETICS PHYSICAL FORM 2018-2019

**MUST BE ON FILE IN OFFICE BEFORE PARTICIPATING IN ANY SPORT OR TRYOUTS.**  
**PLEASE PRINT OUT. MUST BE COMPLETED BY PARENT/GUARDIAN AND PHYSICIAN.**

To The Examining Physician:

This student wishes to participate in competitive athletics. Strenuous activity at contests and daily after school practices will be added to usual school activities. The local School District and Alverno Heights Academy require medical approval prior to participation. This approval will be effective for any sport for the entire school year unless otherwise state, provided there is no intervening injury or serious illness. Please give careful consideration to your recommendation for the pupil's protection. Degree of maturity and emotional stability should be considered as well as physical condition. It is strongly recommended that tetanus immunization be brought up-to-date.

**STUDENT INFORMATION (TO BE FILLED OUT BY PARENT/GUARDIAN):**

Print Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list any surgeries that student has had:

\_\_\_\_\_

- Does student have any allergies to medication? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student ever had a dislocated shoulder? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student ever had any knee or ankle problems? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student ever had a head injury or fainted? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student had any sport injuries? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student ever had diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_
- Has student ever had asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES TO ANY QUESTION, PLEASE EXPLAIN (a "yes" answer will not automatically prevent student from participating).

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL EXAMINATION: (TO BE FILLED OUT BY EXAMINING PHYSICIAN):**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

General Condition: \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Bones and Joints \_\_\_\_\_

Abdomen \_\_\_\_\_

Was any condition found which should be corrected before participating? \_\_\_\_\_

I hereby certify that the above named student is physically fit to engage in sports.

\_\_\_\_\_  
Doctor's Printed Name \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_