



NA' NEELZHIIN JI OLTA, INC  
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## Athletic Registration & Physical Examination Athletic Participation

### Athletic Registration

*NOTE TO PARENT(S) OR GUARDIAN(S): You child's best interests are priority here at Na' Neelzhiin Ji Olta'. Please complete ALL areas of this medical examination form. Your child will not participate in games if there are missing items in this form.*

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

S.S.#: \_\_\_\_\_ Census #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Emergency Contact - Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell(s): \_\_\_\_\_

Primary Medical Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*NOTE TO PARENT(S) OR GUARDIAN(S): Place a check on each sport for participation you and your child agree upon.*

Fall Sports	Winter Sport	Spring Sports
_____ Cross Country	_____ Basketball	_____ Baseball (Boys)
_____ Flag Football		_____ Softball (Girls)
_____ Volleyball		_____ Track

### MEDICAL HISTORY *(Note: Complete this section before physical examination.)*

	Yes	No		Yes	No
1. Rheumatic Fever	_____	_____	12. Slipped disc or pinched nerve	_____	_____
2. Asthma or lung disease	_____	_____	13. Paralysis of hands or feet	_____	_____
3. Heart disease	_____	_____	14. Trouble hearing with either ear	_____	_____
4. Fainting	_____	_____	15. Anemia	_____	_____
5. Convulsions or seizure	_____	_____	16. Diabetes	_____	_____
6. Dental bridge or false teeth	_____	_____	17. Congenial defect of the spine or any other part of the bod	_____	_____
7. Meningitis	_____	_____	18. Concussion	_____	_____
8. Bleeding in the head	_____	_____	19. Wears contact lens	_____	_____
9. Numbness in the hands or feet	_____	_____	20. Currently under doctors care	_____	_____
10. Tingling in the hands or feet	_____	_____	21. Ever had an EEG	_____	_____
11. Blurred vision, spots	_____	_____			

If "yes", please explain: \_\_\_\_\_

## MEDICAL HISTORY (continued)

Injuries requiring medical attention (Please explain, list date, and what was done): \_\_\_\_\_

Surgery (List date and reason): \_\_\_\_\_

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

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

Insurance Co. (if any): \_\_\_\_\_ Policy #: \_\_\_\_\_ Id# \_\_\_\_\_

### PARENTAL CONSENT/RELEASE OF LIABILITY

As the parent or legal guardian of my participating child, I give permission for my child to participate in the sports program indicated on page one. I understand there is a risk of injury in athletic activities. I will not hold the Na' Neelzhiin Ji Olta' Athletic Program or Na' Neelzhiin Ji Olta', Inc. liable for any expense of liability my child may suffer for participating in the said sports activities indicated on page one.

I hereby give consent for \_\_\_\_\_ (child's name) to participate in the athletic program at Na' Neelzhiin Ji Olta', Inc. I give consent for treatment by medical personnel if my child should become ill or injured, also releasing information from this form to medical personnel. Finally, I consent athletic personnel to provide treatment for minor injuries incurred during athletic activities.

Signature of Parent(s) or Guradian(s): \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL EXAMINATION REPORT *(Note: Completed by physician.)*

1. Height: \_\_\_\_\_ 2. Weight: \_\_\_\_\_ 3. Blood Pressure \_\_\_\_\_ 4. Vision: R \_\_\_\_\_ L \_\_\_\_\_

	Normal	Abnormal	Remarks
5. Respiratory			
6. Cardiovascular			
7. Abdomen (including no hernias)			
8. Neurologic			
9. Musculosketetal			
10. Extremities			
11. Skin			
12. Urinalysis			

13. Last Tetanus Booster: \_\_\_\_\_

I certify I have, on the date below, examined this individual and find him/her physically able to compete in athletic activities.

Physician's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_