



VERITAS PREPARATORY ACADEMY

# Enrollment/Registration Forms

## 2020-2021 School Year

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## VERITAS PREPARATORY ACADEMY

### Notices and Statements

#### PRIVACY STATEMENT

At Veritas Training Academy, hereafter referred to as “Veritas Preparatory School,” “Veritas Prep,” “Veritas Training Academy,” or “Veritas,” we respect and are committed to protecting your privacy with regard to your personal information. We will only collect that information when you complete the following registration forms.

The personal information you provide may include, but is not limited to addresses, zip codes, phone numbers, and email addresses. In addition, non-public personal information is any information that may include bank account numbers and/or credit or debit card numbers.

The personally identifiable information you provide to us is considered private data. We are the sole owners of the information provided. The data may be shared with those employees of Veritas as deemed necessary to provide the specific service requested, such as mailing information to you or processing tuition payments. No personally identifiable information is ever shared with other organizations, advertisers, or third parties without your explicit permission.

The school does reserve the right to share user information in the event that it is necessary to comply with any legal process.

Each student is responsible for acquainting themselves with and abiding by all regulations regarding academic performance, attendance, conduct, and other matters of school policy.

#### NOTICE OF NONDISCRIMINATION

Veritas, mindful of its mission, admits students regardless of gender, sex, race, color, creed, sexual orientation, or national and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

The school does not discriminate on the basis of gender, sex, race, color, disability, or national and/or ethnic origin in the administration of educational policies, admissions policies, and scholarship programs, although certain athletic leagues and other programs may limit participation as some organizations operate as single sex institutions.

While Veritas does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student’s emotional, academic, and physical abilities and the resources available to the school in meeting the student’s needs.

If you have any questions or concerns regarding the above statements, please contact our staff at (562) 777-7456 or at [info@veritatrainingacademy.com](mailto:info@veritatrainingacademy.com).



# VERITAS PREPARATORY ACADEMY

## Registration Form

### Participant Information

PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME	PARTICIPANT MIDDLE NAME
HOME ADDRESS		CITY, STATE, ZIP CODE
PARTICIPANT MOBILE NUMBER	PARTICIPANT DATE OF BIRTH (MM/DD/YYYY)	PARTICIPANT GRADE GAP YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO

### Primary Parent(s)/Guardian(s) Information (Persons listed have complete access and authority over child.)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
MOBILE NUMBER OF PARENT/GUARDIAN	WORK NUMBER OF PARENT/GUARDIAN	EMAIL ADDRESS OF PARENT/GUARDIAN
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
MOBILE NUMBER OF PARENT/GUARDIAN	WORK NUMBER OF PARENT/GUARDIAN	EMAIL ADDRESS OF PARENT/GUARDIAN

### Emergency Contacts and Scope of Authority

CONTACT 1 LEGAL NAME	TELEPHONE NUMBER	RELATIONSHIP TO STUDENT	SCOPE OF AUTHORITY <input type="checkbox"/> PICK UP STUDENT <input type="checkbox"/> RECEIVE GRADES
CONTACT 2 LEGAL NAME	TELEPHONE NUMBER	RELATIONSHIP TO STUDENT	SCOPE OF AUTHORITY <input type="checkbox"/> PICK UP STUDENT <input type="checkbox"/> RECEIVE GRADES

### Parent/Guardian Signature

By signing, the undersigned agrees to the terms and conditions as outlined. All changes must be made in writing.

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VERITAS PREPARATORY ACADEMY

Activity Risk and Liability Waiver

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
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THIS ACTIVITY RISK WAIVER (this "Waiver") dated \_\_\_\_\_

BETWEEN:

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

(Participant 18 years of age or older)  
 (Participant UNDER the age of 18)  
 (Parent or legal guardian of Participant)

Address of Participant \_\_\_\_\_  
 Phone of Participant \_\_\_\_\_  
 Email of Participant \_\_\_\_\_

(collectively the "Participant" or "Participants")  
OF THE FIRST PART

AND

Synergy Foundation  
Veritas Training Academy, Inc.,

(collectively the "Activity Provider" or "Activity Providers")  
OF THE SECOND PART

IN CONSIDERATION of the covenants and agreements contained in this Waiver and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Waiver agree as follows:

Consideration

1. In consideration of being permitted to to utilize the facilities, equipment, housing, services and programs as described below, the Participant releases and forever discharges the Activity Provider, George Zedan, Jimmy Olquin, all spouses, family members, heirs, executors, administrators, legal representatives and assigns, related entities, sub-contractors, coaches, employees, affiliates, representatives, educators, volunteers, partners, members, past and present principals, shareholders, officers, directors, agents, successors, and insurers (collectively referred to as the "Released Parties") from all manner of actions,



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causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including death caused by Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Activity Provider and other Released Parties.

2. The Participant understands that the Participant would not be permitted to participate in the activity described below unless the Participant signed this Waiver.

### Details of Activity

1. The Participant will participate in the following activity: use of facilities and equipment; strength and conditioning training; plyometrics; running; travel; overnight housing; long-term housing; basketball training; basketball practice; fitness camps; use of batting cages and pitching machines; various sports; and athletic camps.
2. Residential Participants agree to follow all house rules and obey the law. Supervision is limited to training times, and time spent within the house from 8 am to 10 pm. Participants should not sneak out of the house, allow guests to enter the property, smoke, vape, take drugs or drink alcohol. If caught doing these things, or breaking any other rules, Participant is subject to immediate discipline, including removal from the property.

### Guardian Status

5. By my signature below, I attest that I am the parent or legal guardian of the Participant named in this Waiver and that I have the authority to execute this Waiver on his or her behalf.

### 6. Early Return Policy

Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

### Transportation Permission

7. The undersigned permits Participant to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities. Participant understands that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

### Concurrent Release

8. The Participant acknowledges that this Waiver extinguishes certain obligations owed to the Participant, and binds the Participant, Participant's spouse, Participant's parents, heirs, executors, administrators, legal representatives and assigns.

### Fitness to Participate

9. The Participant acknowledges that the Participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the activity mentioned above. If required, the Participant will obtain a medical examination and clearance.

### Full and Final



## VERITAS PREPARATORY ACADEMY

10. Participants acknowledge and agree that he or she has carefully read, understands and freely and voluntarily signs this Waiver. By signing this Waiver, on his or her behalf and the behalf of any minor children, they HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE and are forever PREVENTED FROM SUING or otherwise claiming against the Activity Provider, George Zedan, Jimmy Olguin, all spouses, family members, heirs, executors, administrators, legal representatives and assigns, related entities, sub-contractors, coaches, employees, affiliates, representatives, volunteers, partners, members, past and present principals, shareholders, officers, directors, agents, successors, and insurers (collectively referred to as the "Released Parties") for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above-noted activities.

### Lawyer Review

11. The Participant has been given the opportunity and has been encouraged to seek independent legal advice before signing this Waiver.

### Defend and Indemnify

12. I hereby agree to defend and indemnify Released Parties from any claim for liability, loss, damages, or expenses (including attorneys' fees, interest, and costs) resulting from a claim brought by me or a member of my family for loss or damage in any way arising from use of the facilities, equipment, services, programs, and participation in described or related activities, including transportation.

### Severability

13. If any term, condition or covenant of this Activity Risk and Liability Waiver ("Contract") is declared or determined to be invalid, void, or unenforceable, the remaining provisions of the Contract shall not be affected thereby, and the Contract shall be read and construed without the invalid, void, or unenforceable provision(s).

### Conflict of Law

14. If there is any conflict between any provision of the Contract and any present or future statute, law, ordinance, regulation, the latter shall prevail; provided, that the provision hereof so affected shall be limited only to the greatest limited extent necessary and no other provision shall be affected.

### Integrated Contract

15. Upon execution of this Contract, this Contract cancels and supersedes all prior discussions, and understandings between Released Parties and Participant(s) in any way related to this Contract. This Contract contains all liability terms, covenants, conditions, representations, and warranties. Further, no verbal agreements or conversation with any Released Party and Participant(s) before execution of this Contract shall affect or modify any of the terms or obligations contained in any documents comprising this Contract. Any such verbal Contract shall be considered as unofficial information and in no way binding upon Released Parties or Participant(s). This Contract may be signed in counterpart and facsimile, each of which shall be deemed an original, but all of which together shall constitute the Contract. Activity Provider and Participant(s) represent and warrant that this Contract as to themselves and any minor(s), is a legal, valid, and binding obligation of both Activity Provider and Participant(s), enforceable by its terms, and its execution confirms same.

### Modifications



## VERITAS PREPARATORY ACADEMY

16. This agreement cannot be amended, modified, or changed except by a written instrument duly executed by Activity Provider on the one hand and a guardian, Participant, or both on the other.

### Notices

17. All notices and other data required or desired to be given by either Activity Provider or Participant(s) shall be provided by delivering or mailing the same to the other at the address outlined in this agreement, or at such other address as may be designated later in writing. Notices shall be sufficiently given when hand-delivered or when the same shall be deposited so addressed, postage prepaid, via overnight mail and/or when the same shall have been transmitted by facsimile or similar means (with confirmation, reflecting the date of such facsimile (or the next day if after 5:00pm), or the day after deposit with an overnight carrier, as applicable, shall be deemed to be the date of giving such notice.

### Activity Provider

Veritas Training Academy  
10141 Freeman Ave.  
Santa Fe Springs, CA. 90670

Synergy Foundation  
10141 Freeman Ave.  
Santa Fe Springs, CA. 90670

### Binding Arbitration

18. Waiver of Jury Trial: Activity Providers and Participant(s), ("the Parties") hereby waive any right to trial by jury. The Parties hereto agree that all disputes or controversies of any nature between them arising at any time under this Contract shall be determined by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA"), except as modified herein, in Los Angeles, California. This also includes whether this agreement is valid. The arbitration shall be conducted before a single neutral arbitrator who is available, ready, willing, and able to hear the controversy (the "Arbitrator"). The Parties will use their best efforts to agree on an arbitrator. If they cannot agree, each party will propose a list of seven (7) arbitrators. Each party will then strike up to three (3) names from the other party's list. The remaining four (4) names on each party's list shall be combined to form one joint list of eight (8) names. Each party shall then rank the eight (8) arbitrators in order of preference, from 1 (most preferable) to 8 (least preferable). The person with the highest combined ranking shall serve as the arbitrator. In the event the person selected cannot serve, the arbitrator with the next highest ranking on the joint list will be substituted and so forth. Any issue concerning the extent to which any dispute is subject to arbitration, the validity of this Contract or concerning the applicability, interpretation, validity, or enforceability of these procedures, shall be governed by the Federal Arbitration Act and resolved by the Arbitrator. The fees of the Arbitrator and all costs shall be borne SOLELY by Participant(s), unless the Arbitrator determines that such fees be borne in such other manner solely for this arbitration clause to be enforceable under applicable law. The Parties shall be entitled to conduct discovery in accordance with Paragraph 1283.05 of the California Code of Civil Procedure, provided that (a) the Arbitrator must authorize all such discovery in advance based on findings that the material sought is materially relevant to the issues in dispute and that the nature and scope of such discovery is reasonable under the circumstances, and (b) discovery shall be limited to depositions and production of documents unless the Arbitrator finds that another method of discovery (e.g., interrogatories) is the most reasonable and cost efficient method of obtaining the information sought. There shall be a written record of the proceedings at the arbitration hearing, and the Arbitrator shall issue a Statement of Decision setting forth the factual and legal basis for the Arbitrator's decision. If neither party gives written notice requesting an appeal within ten (10) business days after the issuance of the Statement of Decision, the Arbitrator's decision shall be final and binding as to all matters of substance and procedure, and may be enforced by a petition to a court of competent jurisdiction in Los Angeles,



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California, which may be made *ex parte*, for confirmation and enforcement of the award. If either party gives written notice requesting an appeal within ten (10) business days after the issuance of the Statement of Decision, the award of the Arbitrator shall be appealed to three (3) neutral arbitrators (the "Appellate Arbitrators"), each of whom shall have the same qualifications and be selected through the same procedure as the Arbitrator. The appealing party shall file its appellate brief within thirty (30) days after its written notice requesting the appeal and the other party shall file its brief within thirty (30) days after that. The Appellate Arbitrators shall thereupon review the decision of the Arbitrator applying the same standards of review (and all of the same presumptions) as if the Appellate Arbitrators were a California Court of Appeals reviewing a judgment of the California Superior Court, except that the Appellate Arbitrators shall in all cases issue a final award and shall not remand the matter to the Arbitrator. The decision of the Appellate Arbitrators shall be final and binding as to all matters of substance and procedure and may be enforced by a petition to a court of competent jurisdiction in Los Angeles, California, which may be made *ex parte*, for confirmation and enforcement of the award. The party appealing the decision of the Arbitrator shall pay all costs and expenses of the appeal, including the fees of the Appellate Arbitrators and the reasonable outside attorneys' fees of the opposing party, unless the decision of the Arbitrator is modified, in which event the expenses of the appeal shall be paid as determined by the Appellate Arbitrators. The Arbitrator shall have the power to enter temporary restraining orders, preliminary and permanent injunctions. Before the appointment of the Arbitrator or, in the case of remedies beyond the jurisdiction of an arbitrator, at any time, either party may seek *pendente lite* relief in a court of competent jurisdiction in Los Angeles County, California without thereby waiving its right to arbitration of the dispute or controversy under this section. All arbitration proceedings (including proceedings before the Appellate Arbitrators) shall be closed to the public, and confidential and all records relating to it shall be permanently sealed, except as necessary to obtain court confirmation of the arbitration "award."

### Medical Release for Minor

19. If emergency care is required for Participant and permission is not available from a parent or legal guardian promptly, then I, the undersigned, authorize appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to Participant under this authorization.

### Parent/Guardian Signature

#### Do Not Sign Unless You Understand

THIS IS A BINDING LEGAL AGREEMENT. IF YOU DO NOT UNDERSTAND IT, PLEASE REVIEW WITH YOUR LAWYER BEFORE SIGNING IT. NEVER SIGN ANYTHING YOU DO NOT UNDERSTAND.

Student's Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_





# VERITAS PREPARATORY ACADEMY

## Media Agreement

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
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I, the undersigned, do hereby consent and agree that Veritas Training Academy (“Veritas”), its employees, or agents have the right to take photographs, videotape, or digitally record myself/ my child throughout the entirety of my/my child’s participation at Veritas Training Academy and to use these recordings and/or photographs in any and all media, now or hereafter known, for the exclusive purpose of marketing and promoting the training facility. I further consent that my/my child’s name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Veritas, its trustees, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the facility’s use of my/my child’s identity or likeness in whatever media it elects to use.

I understand that there will be no financial or other remuneration for recording myself/my child, or for the initial or subsequent transmission or playback of my/my child’s likeness.

I also understand that Veritas is not responsible for any expense or liability incurred as a result of my/my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

If at any point I wish to null these rights given to Veritas Training Academy during the duration of my/my child’s participation, I shall do so in writing and submit appropriate documentation to Veritas Training Academy.

### Parent/Guardian Signature

By signing, the undersigned agrees to the terms and conditions as outlined.

Student Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



# VERITAS PREPARATORY ACADEMY

## Financial Agreement Contract

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
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### Tuition Cost

Tuition cost for the 2020-2021 school year does not include the non-refundable registration fee of \$450.

**Veritas Prep Powered By Method:** Schooling- Free \*Includes speed & agility training (Monday-Thursday)  
Sports Specific Training: \$250/month

**Veritas Prep GAP Program:** Schooling- \$350/month \*Includes speed & agility training (Monday-Thursday)  
Sports Specific Training: \$250/month

The term of this contract is from September 1, 2020 through June 18 , 2021.

**I/We elect to pay:**

- Annually (full amount due September 1, 2020)
- Semi-Annually (60% due September 1, 2020; 40% due January 1, 2020)
- Monthly (10 installments September 1, 2020- June 1, 2021 with balance due no later than the 5<sup>th</sup> of the month).

### FEES DISCLAIMER

The following fees are non-refundable and non-transferrable, and must be paid in full according to the following fee schedule:

- Registration Fee of \$450
- Nonsufficient Funds Fee is \$50 for each occurrence.
- Any payments after the 5th will be subject to a 10% late fee

### PAYMENT PROCESSING

Veritas Training Academy requires all its participants to enroll in its automatic payment system. All participants must fill out this automatic payment contract, unless paying their costs and fees in full.

### REFUND POLICY

All payments applied at the beginning of the month are not prorated.



# VERITAS PREPARATORY ACADEMY

## TERMS AND CONDITIONS

- I/We recognize that Veritas depends upon tuition and fees for its operation. We agree that by removing the above named participant from any portion of the term of this contract, or by failing to pay after executing this contract, we will have breached this contract and materially altered the position of Veritas. Therefore, we understand and agree that unless this contract is canceled by written notice to Veritas per the refund policy outlined above, we will be responsible to pay the full amount of the tuition and fees for the year.
- I/We understand that Veritas will correspond with the primary signer(s) of this contract for all financial matters. Each individual signing this contract will be responsible for payment of tuition, fees, and all incidental charges, both jointly and severally.
- I/We understand that Veritas is not responsible for the enforcement of private agreements made between divorced parents for the assignment of tuition payments.
- I/We agree to make timely tuition and fee payments when due. Failure to meet all financial deadlines may result in dismissal of the participant.
- In the event that a dispute arises between Veritas and the signee(s) to this Agreement, then the prevailing party shall be entitled to reasonable attorney fees and actual costs. The parties agree that jurisdiction over any legal matter related to this Agreement shall be the Los Angeles Superior Court or small claims court as appropriate.
- I/We agree that all representations are merged into this Agreement and that this Agreement can be modified only in writing signed by Veritas and the signee(s).
- I/We understand and agree that the participant's enrollment is contingent upon the material accuracy of the statements made in the Application, and is further contingent upon the participant's satisfactory behavior while in the program.

### Parent/Guardian Signature

By signing, the undersigned agrees to the terms and conditions as outlined.

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## VERITAS PREPARATORY ACADEMY

### Health Forms Instructions

Attached are the health forms required to complete your child's enrollment at Veritas Prep. Completed forms are due no later than August 15, 2020, unless otherwise stipulated. Incomplete forms may delay your child's ability to begin the school year. Students who have not submitted the signed medical release form will not be allowed to attend classes until the form is submitted and received.

Student Medical History Form (to be completed by parent/guardian) – Please complete each question with a "Yes" or "No". If you are not sure, indicate "Unsure". Sign and date the bottom of the form. All "Yes" responses must be fully explained in the lines provided.

Student Physical Examination Form (to be completed by a physician) – This examination is required for all students by August 15, 2020 (sooner if participating in summer league sports). Failure to do so will result in your child not being permitted to participate in physical education class, athletics, certain clubs, and may affect their ability to fully participate in their sport program. The examination must be completed no earlier than June 1, 2020; exams performed prior to that date will not be accepted under any circumstances. Please make sure the examining physician fully completes the form and notes any allergies or medications your child is taking (and what the precise prescription is).

Health Office Medication Policy (to be completed by parent/guardian) – This form explains the school's policy on non-prescription medication. By law, the only medications that may be in a student's possession at any time while on campus are prescription inhalers, epi-pens, and emergency diabetic supplies that have been checked-in with the health office prior to bringing them on campus. All other prescription medications will be stored in the health office and administered as prescribed.

Immunization Records – By California State Law, parent(s)/guardian(s) must submit any one of the following within ten days of this notification: the original immunization record, a photocopy of the original immunization record (if mailed), or the original blue California School Immunization Record from your child's previous school. Be aware that your child must be up-to-date on all of their immunizations to be permitted to attend school. If your child has not yet had the most recent tetanus booster "DTap", you must contact their physician and have the booster administered before July 1. If you have your child's immunization record at home, please arrange for a copy to be sent to the school by your physician.

If you have any questions or concerns, please call the school at (562) 777-7456.

Due to the large number of students traveling some distance to attend Veritas, it is our policy that the Health Office maintain a supply of some over-the-counter medications such as Advil™, Tylenol™, throat lozenges, non-drowsy cold symptoms tablets, antacid, and Visine™ eye drops for the treatment of minor complaints such as headache, minor stomach ache, sore throat, minor cough due to colds, and seasonal eye allergies. Aspirin of any type is never made available nor provided to a student.



Student Medical History and Consent to Medical Treatment

Form with three columns: STUDENT LAST NAME, STUDENT FIRST NAME, STUDENT MIDDLE NAME

Do you now have, or have you ever had any of the following conditions? If so, please state when and who cared for you. (Please answer Yes or No to each question and explain all "Yes" answers fully on the back. If you are unsure, indicate this here as well.)

- 1 \_\_\_ FREQUENT HEADACHES
2 \_\_\_ FAINTING, DIZZINESS OR WEAKNESS
3 \_\_\_ EPILEPSY OR CONVULSIONS
4 \_\_\_ NUMBNESS OR TINGLING
5 \_\_\_ FREQUENT NOSEBLEEDS
6 \_\_\_ HEARING OR VISION PROBLEMS
7 \_\_\_ A.D.D. OR A.D.H.D. (Medication/Dosage and Schedule)
8 \_\_\_ PNEUMONIA
9 \_\_\_ TUBERCULOSIS DISEASE OR ANY HISTORY OF A POSITIVE TB SKIN TEST
10 \_\_\_ RHEUMATIC FEVER
11 \_\_\_ SCARLET FEVER
12 \_\_\_ HEART PROBLEMS OR HEART MURMUR
13 \_\_\_ HIGH BLOOD PRESSURE
14 \_\_\_ ARTHRITIS
15 \_\_\_ DIABETES- Type I \_\_\_ Type II \_\_\_
16 \_\_\_ ABNORMAL BLEEDING TENDENCIES
17 \_\_\_ ANEMIA
18 \_\_\_ THYROID DISORDERS OR MEDICATION
19 \_\_\_ SKIN DISORDERS OR RASHES
20 \_\_\_ ASTHMA OR ON CURRENT OR PAST ASTHMA MEDICATION
21 \_\_\_ LOSS OR IMPAIRMENT OF KIDNEY, EYE, OR LUNG
22 \_\_\_ HEPATITIS OR JAUNDICE
23 \_\_\_ INFECTIOUS MONONUCLEOSIS
24 \_\_\_ IRRITABLE BOWEL DISORDER
25 \_\_\_ BOWEL CRAMPS OR UPSET STOMACH
26 \_\_\_ STOMACH ULCERS (or on medication for treatment of)
27 \_\_\_ KIDNEY OR BLADDER PROBLEMS
28 \_\_\_ ALLERGIES TO ANY FOODS
29 \_\_\_ PEANUT ALLERGY
30 \_\_\_ ALLERGY TO PRODUCTS MADE FROM NUTS
31 \_\_\_ ALLERGIES TO ANY MEDICATION
32 \_\_\_ ALLERGY TO INSECT BITES OR BEE STINGS
33 \_\_\_ PREVIOUS FRACTURES OR DISLOCATIONS OF ANY BONE
34 \_\_\_ RESTRICTION FROM ACTIVITIES WITHIN THE PAST 5 YEARS (More than one week)
35 \_\_\_ HISTORY OF MUSCLE OR JOINTS PROBLEMS
36 \_\_\_ HISTORY OF KNEE PROBLEMS OR INJURIES



# VERITAS PREPARATORY ACADEMY

37 \_\_\_ HISTORY OF BACK OR NECK PROBLEMS

38 \_\_\_ HISTORY OF SCOLIOSIS

39 \_\_\_ CHICKENPOX (Age \_\_\_\_\_)

40 \_\_\_ SURGERIES (If yes, what type of surgery and when on reverse side):

USING THE QUESTION NUMBER, PLEASE EXPLAIN IN DETAIL ANY "YES" RESPONSES ON THE SPACE PROVIDED BELOW.

The school reserves the right to use the closest hospital or medical facility in order to provide prompt attention to your son at the time of emergency unless noted above. Emergency personnel have the final decision regarding transport.

### EMERGENCY MEDICAL CONSENT

I/We, the undersigned parent(s), do hereby authorize officials of Veritas to obtain any necessary emergency medical treatment for my child in the event I/we cannot be reached immediately. In the event physicians, other persons named on this card, or parents cannot be contacted, the school official responsible at the time of the emergency is hereby authorized to take whatever action is deemed necessary in the judgment of professional medical personnel, for the health and safety of my child. I/We will not hold the school or any school employee or officer financially responsible for the emergency care and/or transportation of my child for emergency care.

### Parent/Guardian Signature

By signing, the undersigned agrees to the terms and conditions as outlined. Included and attached is a copy of the student's medical card.

Student Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



VERITAS PREPARATORY ACADEMY

Physical Examination

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
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The following form must be completed by a certified medical examiner (e.g., M.D., D.O., or P.A.-C.).

Vision: (OD) 20/ \_\_\_\_\_ (OS) 20/ \_\_\_\_\_ w/ Glasses or Contacts? Yes \_\_\_ No \_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Hearing (R) \_\_\_\_\_ (L) \_\_\_\_\_ w/Aids? Yes \_\_\_ No \_\_\_ Blood Pressure: \_\_\_/\_\_\_

REVIEW OF SYSTEMS: (REQUIRED)

Does student have normal color vision? \_\_\_\_\_

HEENT: \_\_\_\_\_

CHEST: \_\_\_\_\_

HEART: \_\_\_\_\_ MURMURS \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

EXTREMITIES: \_\_\_\_\_

GENITALIA: \_\_\_\_\_ TANNER STAGE (I-VI) \_\_\_ CIRC: Y N

HERNIA: Y /N

NEUROLOGICAL: \_\_\_\_\_

BACK/SPINE PROBLEMS: \_\_\_\_\_

SCOLIOSIS: Y / N TYPE/DEGREE: \_\_\_\_\_

SKIN CONDITIONS/RASHES: \_\_\_\_\_

HX OF SERIOUS INJURIES/ILLNESSES: \_\_\_\_\_

SURGERIES:

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

IS STUDENT CLEARED FOR PHYSICAL EDUCATION AND COMPETITIVE SPORTS?

YES \_\_\_ NO \_\_\_



# VERITAS PREPARATORY ACADEMY

IS STUDENT CURRENTLY TAKING ANY MEDICATION OR BEING TREATED FOR ANY HEALTH PROBLEM OR ONGOING CONDITION? Y / N

If yes, please explain fully:

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PLEASE LIST ANY ALLERGIES TO MEDICATIONS OR WRITE N.K.A.:

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Examiner Name and Title

---

Examiner Signature

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Date:

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