

*****Sr High Bike Trip 2025 Student Medical Release Form*****

Activity Information: Sponsored by: Reston Bible Church | 45650 Oakbrook Ct. Dulles, VA 20166

Sponsor Coordinators: Todd Fredericks, Bob Shull | 703-404-5010

Dates: April 11-April 19, 2025

Student Name: _____

Emergency Contact Information:

Parent/Guardian Name(s) _____ Primary Phone: _____

Alternate Phone: _____

Alternate Emergency Contact: _____ Primary Phone: _____

Relationship to Student: _____ Alternate Phone: _____

Medical Information: My student has the following medical conditions, allergies (*Please indicate severity*):

Medical Insurance Company: _____ Policy Number _____

Insurance Co address: _____ Phone: _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs and vitamins) that are taken routinely. Bring enough medication to last the entire trip. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med #1 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific time taken each day _____

Reason for taking _____

I agree to the following guidelines:

- I give permission for medical attention to be given to my child in case of an accident, illness, or injury, including major surgery. I understand that I will be contacted as soon as possible in case of such an incident and that every effort will be made to contact me or my emergency contact before treatment is initiated.
- I agree to be financially responsible for any injury or other loss sustained, as well as to pay, either directly or through insurance, all medical or dental expenses incurred for emergency health care authorized by employees or agents of RBC.
- I acknowledge and accept the risks of injury associated with participation. I release from liability, promise to indemnify, and hold harmless RBC and any party acting for RBC for any injury arising directly or indirectly out of the Activity, even if the injury arises out of negligence.
- I realize that I am requesting the Youth Ministry Staff to oversee my child. If he/she is unable or unwilling to respond to their oversight, I commit to personally pick up and take my child home.

Signature of Parent/Guardian _____ Date _____

► Photocopy of front and back of health insurance card must be attached to this form.

RBC BIKE TRIP 2025 LIABILITY WAIVER

THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE RESTON BIBLE CHURCH AND OTHER PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Introduction: I understand and acknowledge that participation in the Reston Bible Church Senior High Bike Trip, April 11 – April 19, 2025, is a privilege. In consideration for this privilege, I hereby enter into this Release of Liability and Medical Care Authorization (the "Release and Authorization"). I understand that the Release and Authorization applies to all States, Counties, Municipalities, and National/State Parks, Forests, and Coastal Areas where the bike trip travels.

Assumption of Risk and Acknowledgement of Understanding: I understand that during the trip, I may participate in several activities including, but not limited to, swimming, biking and other strenuous activities requiring physical exertion. All of these activities may require me to assist and depend on the assistance of other participants in my assigned group. Although not desiring to discourage me from participating, Reston Bible Church intends to make me aware, that participation in these activities exposes me to certain risks, including, by way of example, the risk of personal injury (including the risk of death), exposure to adverse weather conditions and that the bike trip travels partially in remote areas. By signing this Release and Authorization, I expressly assume these risks, whether such risks are known or unknown to me. I give permission to Reston Bible Church to use pictures of me throughout the bike trip for brochures, websites, newsletters, and other publications.

Release and Indemnification: In consideration for the privilege of participating in the Senior High Bike Trip, I hereby release and hold harmless Reston Bible Church, members of its board of directors, and its officers, employees, members, volunteers, and agents (collectively, the "Released Parties"), from, and to discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation in Reston Bible Church Senior High Bike Trip. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties. I covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release and Authorization shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

Miscellaneous: In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

Photo/Video Permission: I recognize that on the Bike Trip that pictures and videos will be taken of the group by both individuals on the trip and by RBC to be able to remember and celebrate the trip. I release RBC to use these photos and videos for the promotional or educational purposes.

I HAVE CAREFULLY READ THIS RELEASE AND AUTHORIZATION. I ATTEST THAT I AM OVER EIGHTEEN (18) YEARS OF AGE AND AM NOT A MINOR IN MY STATE OF RESIDENCE, OR, IF I AM A MINOR IN SUCH STATE, THAT MY PARENTS HAVE SIGNED THIS FORM IN THE "CONSENT" SECTION ON THE NEXT PAGE.

Signature of **Participant**

Printed Name

Date

Age

(turn over)

The pre-participation physical examination is not a substitute for a thorough annual examination by a student’s primary care physician.

PART II- MEDICAL HISTORY (Explain “YES” answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
Explain “YES” answers below with number of the question. Circle questions you don’t know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28.	When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs <u>AFTER being hit or falling?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU				32.	Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36.	Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				40.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	42.	Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	44.	What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
FEMALES ONLY						YES	NO
45.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Age when you had your first menstrual period: _____	<input type="checkbox"/>	<input type="checkbox"/>
46.	Number of periods in the last 12 months: _____	<input type="checkbox"/>	<input type="checkbox"/>	47.	When was your most recent menstrual period? _____	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN “YES” ANSWERS BELOW							
		#	>>				
		#	>>				
		#	>>				
		#	>>				
		#	>>				
		#	>>				
BONE AND JOINT QUESTIONS							
20.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>		
21.	Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>		
MEDICAL QUESTIONS				List medications and nutritional supplements you are currently taking here:			
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>				

→ Parent/Guardian Signature: _____ Date: _____ → Athlete’s Signature: _____

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** _____
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** _____
Reason: _____
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)+ DATE**: _____
 EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.