

Oklahoma Coaches Association All State Athlete Eligibility Confirmation

The statement below must be filled out and signed by the principal or superintendent.

_____ is a high school graduate who has received a diploma certifying compliance with the academic requirements of _____ High School. Thus, we the undersigned, verify the eligibility of the aforementioned athlete to accept the invitation to participate in the All State Games.

Signature of Principal or Superintendent _____ Date: _____ 20____

Please make sure that all information is filled out before returning to the OCA office.

You must have four (4) signatures on file.

- Your own
- Your Parent or Legal Guardian
- Your Principal or Superintendent
- Your Physician

Please enclose the athlete profile and return to the OCA office on or before JULY 12TH. Please do not hesitate or neglect to fill out your paperwork.

The OCA office must have your profile on file as soon as possible.
Failure to do so will result in replacement.

Oklahoma Coaches Association
8080 Crystal Park Dr.
Oklahoma City, OK 73139
PH: (405) 635-9300



Oklahoma Coaches Association All State Athlete Profile

Please read and fill out all information.

Please Circle: EAST WEST

Please circle your sport:

Football	Wrestling	Tennis (Boys)	Swimming (Boys)
Basketball (Boys)	Cheerleading	Tennis (Girls)	Swimming (Girls)
Basketball (Girls)	Volleyball	Golf (Boys)	
Baseball	Student Trainer	Golf (Girls)	

Name: _____

Address: _____
(Complete mailing address including city, state and zip code.)

Phone: () _____

School: _____

Coach: _____

Ring Size: _____ Ring sizes were originally requested on the All State nomination form. Each athlete will receive an All State ring award **only** if they participate in his/her sporting event. If injury, illness or any other extenuating circumstances occurs prior to reporting and prohibits the athlete from participating in the **game**, the ring and all privileges will be forfeited. (See All State Athlete Policy included in this mailing.)

Please read the All State Athlete Policy and sign below.

By signature, I recognize that I have committed to take part in the All State Games and will abide by the policies and guidelines adopted by the Oklahoma Coaches Association.

Signature of All State Athlete _____ Date: _____ 20____

OCA Physicians Report

Note: You do not have to use this form. You may send in your current physical or use your physician's form. Please have your parent or guardian sign the Medical Treatment Authorization below.

Name: _____ Sport: _____

Date of Birth: _____ Height: _____ Weight: _____ Body Type: _____

Eye, Ear, Nose, Throat: _____ Hearing: _____ Hernia: _____

Heart: _____ Blood Pressure: _____ Lungs: _____

Joint Functions

Shoulders: _____ Elbows: _____ Hips: _____ Knees: _____

Hands: _____ Wrists: _____ Ankles: _____ Feet: _____

Dental: (Circle Defect) Cavities Bridges False Teeth

Other: _____

Skin (Fungus Staph): _____ Neuro-Muscular: _____

Are Paired Organs Intact: Kidneys _____ Testes _____

Circle positive points and explain. Previous history of:

Allergy Head Injury Unconsciousness Tetanus Immunization

Bone or Joint disease and/or Injury Diabetes Emotional Disturbance Epilepsy

Explain: _____

Signature of Examining Physician

Date: _____ 20 _____

*MEDICAL TREATMENT AUTHORIZATION BY PARENT OR GUARDIAN:

By signature, being the parent(s) and/or legal guardian(s) of the All State athlete who will compete in the All State Games, I do authorize the Oklahoma Coaches Association and its representative(s) to request emergency treatment or care as necessary to insure the well-being of my dependent.

DATE _____

Signature of parent or guardian

The physical examination and Athlete Profile must be in the OCA office by July 12th. Failure to do so will prevent the athlete from participating in any All State practice or game.

Mail to: Oklahoma Coaches Association
8080 Crystal Park Dr.
Oklahoma City, OK 73139

Email: lea.mouss@oklahomacoaches.org