

Athletic Participation Form

Date of Physical _____

PLEASE PRINT

Name: _____ Birth Date: _____

Sport: _____ Grade: _____ ASB Card # _____

School: _____ Male: _____ Female: _____

School of last attendance: _____

1. Parent's Insurance Section:

The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Sections 32220-32224).

My medical insurance covers the above named student for at least \$1500 and is issued by:

Name of Insurance Company Policy /Certificate Number

I further assure that the insurance policy or policies I have will cover and remain current and in force during the time the above named student performs any function within the scope of Education Code Section 32220-32224 during the current school year. I also assure that I will notify the school should my insurance coverage change during the current school year.

Student Accident Insurance, made available by the San Diego City Schools, provides minimum coverage at a low premium that could result in out of pocket expenses. Additional coverage is strongly recommended.	
Please complete this section.	Check the appropriate box (es)
<input type="checkbox"/> Sport only (Excluding Tackle Football)	<input type="checkbox"/> Tackle Football Only Coverage

Note: Some Insurance policies exclude tackle football. Please check your policy.

I also agree to indemnify and hold the San Diego Unified School District harmless against responsibility for insurance coverage required under the aforementioned legal sections. By signing this statement. I agree to accept responsibility for all medical costs for injuries sustained by the above-named student while participating in the school athletic program.

I declare under penalty of perjury that the above is true and correct:

_____ Date	_____ Signature of Parent or Guardian	_____ Street Address
_____ Telephone	_____ Printed Name of Signature	_____ City Zip

2. Parent Permission:

I hereby give consent for the above named to compete in sports and to travel with the team to various events using transportation that qualifies under the Board of Education regulations. I also recognize that my son or daughter will be subject to current training rules and that failure to abide by these rules may result in his/her being dropped from the athletic program. In addition, should my son/daughter participate in football as an interscholastic sport, I understand that no helmet or other protective equipment can prevent all head, neck, injuries a player might receive while participating in football.

Signature of Parent or Guardian Date

3. Parent's Residence Statement:

Residential eligibility rules must be complied with to avoid the possibility of having to forfeit Games in which your son/daughter participated. Please fill out the following information:

Parent or Guardian Name Street Address

Telephone No. City Zip

We presently live within the boundaries of the _____ attendance area.
Name of School

Our son/daughter is not attending the school within the boundaries of our attendance Area because of an approved district program that allows him/her to attend a school outside of the approved boundaries of the attendance are in which we live.

Name of the program _____

4. Athletes Agreement:

I understand that I have to be passing in at least 4 subjects in the grading period prior to my participation with a grade point average, in scholarship and citizenship, of 2.0 or above.

I agree to abide by CIF and City Conference policies and rules including the CIF Ethics in Sports Policy.

I understand that the Athletic Department does not condone the use of alcohol, tobacco or Drugs and that athletes are expected to comply with the rules and code of conduct established by the coach.

I recognize that the Varsity and/or Junior Varsity letter award remains the property of the school until graduation and that the wearing of which can be curtailed at any time by the school.

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Student Name: _____

Because of the dangers of participating in sports. I recognize the importance of listening to and following all of the coach's instructions and warning regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of reading and adhering to written instruction and written warning regarding playing techniques, training methods, rules of the sport and other team rules.

I understand fully the regulations stated above and realize that failure to comply could result in dismissal from participating in the athletic program of the school.

Signature of Student

Date

5. Parent's Medical Statement:

In case of injury I hereby give consent for my son /daughter to have initial first aid administered by school personnel in charge and to be transported to a doctor or hospital for further treatment if necessary.

Home Phone: _____ Work Phone: _____

Family Doctor: _____ Phone: _____

Family medical insurance plan is: _____

Policy / Certificate number: _____

Brief Medical History:

Please answer the following questions regarding your son / daughter / ward:

1. Has had injuries requiring medical attention. Yes No
2. Has had an illness requiring hospitalization. Yes No
3. Is under physician's care at this time. Yes No
4. Has had coughing, wheezing, or trouble breathing during or after activity. Yes No
 Has had asthma. Yes No
 Has had seasonal allergies that require medical treatment. Yes No
5. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler? Yes No
 Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? Yes No

6. Have you ever passed out during or after exercise? Yes No
 Have you ever been dizzy during or after exercise? Yes No
 Have you ever had chest pain during or after exercise? Yes No

Do you get more tired quickly than your friends do during

Yes No

Exercise?

Have you ever had racing of your heart or skipped heartbeats? Yes No

Have you ever been told that you have a heart murmur? Yes No

Has any family member or relative died of heart problems or of sudden death before age 55? Yes No

Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month? Yes No

Has a physician ever denied or restricted your participation in sports for any heart problems? Yes No

7. Have you ever had a head injury or concussion? Yes No

Have you ever been knocked out, become unconscious, or lost your memory? Yes No

Have you ever had a seizure? Yes No

Do you have frequent or severe headaches? Yes No

Have you ever had numbness or tingling in your arms, hands legs, or feet? Yes No

Have you ever had a stinger, burner, or pinched nerve? Yes No

8. Have you ever become ill or felt light headed from exercising in the heat? Yes No

9. Is hearing impaired, has glasses / contact lenses. Yes No

10. Has fixed or removable appliances in mouth. Yes No

11. Is there a reason for this individual to avoid participation on a certain sport? Yes No

Please explain if yes response. _____

12. Record the dates of your most recent immunizations (shots) for :

Tetanus _____ Measles _____

Hepatitis B _____ Chickenpox _____

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Student Name: _____

This is to be completed by physician or Nurse Practitioner.

6. Physical Examination

Review of Medical History:

Pertinent past medical history: _____

Current medical disorders: _____

List all medications (both routine and prescription drugs): _____

Physical Examination:

BP _____ Height _____ Weight _____ Vision _____

Neurological _____ Head / Neck _____ Chest / Airway _____

Skin _____ Cardiovascular _____ Abdomen _____

Genitalia / Hernias _____ Musculoskeletal _____ Strength _____

Description of abnormalities above: _____

Recommendations:

_____ There are no restrictions or special considerations to participation in the high school athletic program.

_____ The following are limitations or special considerations: _____

_____ This student should be restricted from participating in high level contact sports with post- pubertal males, at this time.

_____ This student is disqualified from sports until further evaluation.

_____ Physician or Nurse Practitioner Statement / signature:

I, the undersigned, am licensed to elicit and interpret the medical history, pharmaceutical history and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

Physician, DO or Nurse Practitioner Today's Date Date of Exam

Printed Name License Number

Address

Notes:

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