



# ***DEL ORO HIGH SCHOOL***

## **2010-2011 PHYSICAL INFORMATION**

**Monday, June 21st**

**Please come with your completed sport packet with all signatures, athletic donation and your payment for your physical at the time noted below. All checks should be made payable to Del Oro High School Athletics.**

6:00 pm	Cheerleading Girls Volleyball Varsity Football	Allie Hennessy – 541-5844 Stu Kageta – 205-3848 Casey Taylor – 203-2617
6:30 pm	Girls Tennis Girls Water Polo Frosh Football JV Football	Jen Isaac – 530-368-2602 Lindi Callahan – 622-1171 Keith Powers – 652-7658 Jerry VanLengen – 801-2243
7:00 pm	Cross Country Girls Golf Boys Water Polo Baseball	Kevin Ostenberg – 650-703-7211 Hal Steinback – 847-2883 Stu Ryland – 715-3311 Brett Lachemann – 412-7600
7:30 pm	Girls Basketball Boys Basketball Girls Soccer Boys Soccer Wrestling Boys Tennis Softball	Mike Takayama – 607-1497 Geoff Broyles – 300-7326 Ron Benjamin – 300-8884 Matt Scammacca – 600-2036 Dave Sanchez – 765-4539 Nick Huppe – 417-1604 John Peck – 416-0942
8:00 pm	Boys/Girls Track Boys/Girls Swimming Boys Volleyball Boys Golf	Jake Hardey – 652-7243 x1402 Joe Hancock – 624-4127 Bret Moore – 660-0443 Hal Steinback – 847-2883

# ***DEL ORO HIGH SCHOOL***

## **WARNING TO STUDENTS AND PARENTS**

### **SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION**

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact the athletic director for further information.

-----

# ***DEL ORO HIGH SCHOOL***

## **DEL ORO HIGH SCHOOL POLICY REGARDING STUDENT USE OF ANDROGENIC/ANABOLIC STEROIDS OR OTHER PERFORMANCE ENHANCING DRUGS:**

### **Introduction**

This policy is specifically directed toward student use of androgenic/anabolic steroids, stimulants or other drugs which might enhance performance and participation in athletics at Del Oro High School. Student use of alcohol, marijuana, and/or any other drug remains a concern and has been addressed in other school policies and the athletic code of conduct.

### **Condition for Participation in Athletics**

Agreement to participate in drug testing for androgenic/anabolic steroids and/or other performance enhancing drug shall be a condition for participation in athletics at Del Oro High School.

### **Identification**

1. Any student suspected of using or having used androgenic/anabolic steroids or a performance enhancing drug without a written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (CIF Bylaw 524) is to be reported to the administration. Teachers, coaches or other school officials are expected to report any known users and/or names of any students suspected of use.
2. An investigation will be conducted by the administration and/or coaching staff to determine whether or not there is reasonable suspicion that the individual in question may be currently using or has used a performance enhancing drug. Conferences and interviews will be scheduled as deemed necessary and parents will be notified if there is evidence of a potential problem or if questions remain unanswered.

### **Reasonable Suspicion or Admitted Use**

1. As determined by the school administration, if there is reasonable suspicion that the individual in question may be using, or has used androgenic/anabolic steroids or any other performance enhancing drug:
  - a. He/she will be required to take a chemical drug test.
  - b. The cost of this test will be paid by the school.
2. If the individual refuses to take the test, admits use, or if the chemical test is positive, the following penalties will be imposed.
  - a. The student will be removed from the athletic program for one calendar year.
  - b. Once removed from a team for refusal to be tested, admitted use or a positive test result, the student must test negative on a second drug test prior to participation in any other Del Oro athletic program.

I have read and understand the policy regarding use of androgenic/anabolic steroids and/or other performance enhancing drugs. I understand that if there is reasonable suspicion that I may have used or are currently using androgenic/anabolic steroids or any other performance enhancing drug, I may be required to take a chemical test as a condition of participation on an athletic team.

# ***DEL ORO HIGH SCHOOL***

## **AWARENESS OF FOOTBALL RISK**

Football is a contact sport and injuries will occur. The coaches and staff working in our program are well qualified, professional people. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field. The information contained within this list of Rules and Procedures is to inform the young men in our program and their parents/guardians of proper techniques to practice for maximum safety. Some professions tend to be very safety-conscious, and coaching is one of them. At Del Oro we go to great lengths to prevent injuries.

### **RULES AND PROCEDURES:**

1. By rule, the helmet is not to be used as a “ram.” Initial contact is not to be made with the helmet. It is not possible to play the game safely or correctly without making some contact with the helmet when properly blocking and tackling an opponent. Therefore, technique is most important in preventing injuries.
2. Tackling and blocking techniques are basically the same. Contact is to be made above the waist but not initially with the helmet. The player should always be in a position of balance, knees bent, back straight, body slightly bent forward, head-up, target area as near to the body as possible with the main contact being made with the shoulder.
3. Blocking and tackling by not putting the helmet as close to the body as possible could result in shoulder injury such as separation or a pinched nerve in the neck area. The reason for following the safety rules in making contact with the upper body and helmet is that improper body alignment can put the spinal column in a vulnerable position for injury.

### **REMEMBER: NEVER LOWER YOUR HEAD!**

4. If the head is bent downward, the cervical (neck) vertebrae are in a bind and contact on **top of the helmet** could result in dislocation, nerve damage paralysis or even death. If the back is not straight, the thorax (mid-back) and lumbar vertebrae are also vulnerable to injury with similar results if contact again is made with the **top of the helmet**. **Del Oro's** workout includes isotonic type exercises. Football players must have strong, well developed neck muscles to help prevent injury. We have machines in our weight room expressly for that purpose.
5. If the knees are not bent, the chance of knee injury is greatly increased. Fundamentally, a player should be in the proper hitting position at all times during live ball play and this point will be repeated continually during practice.
6. The dangers are anything from strained muscles to ankle injuries or serious knee injuries requiring surgery. The rules have made blocking below the waist (outside a two-yard by four-yard area next to the football) illegal. Cleats have been restricted to no more than ½ inch to further help in preventing knee injuries.
7. In tackling, the rules prohibit initial contact with the helmet or grabbing the face mask or edge of the helmet. These restrictions were placed in the rules because of serious injuries resulting from non-compliance of these safety precautions. Initial helmet contact could result in a bruise, dislocation, broken bone, head injury, internal injury such as kidneys, spleen, bladder, etc. Grabbing the face mask or helmet edge could result in a neck injury, which could be anything from a muscle strain to a dislocation, nerve injury or spinal column DAMAGE causing PARALYSIS or DEATH. The illegal play by participating athletes will not be tolerated at **Del Oro** and all players are repeatedly reminded of the dangers of unsportsmanlike acts.

8. Shoulder pads, helmets, hip pads, pants (including thigh pads and knee pads) must have proper fitting use.
9. All players at **Del Oro** are fitted for equipment, but they should have at least a basic knowledge of their correct fit. Of course injury could occur even with properly fitted equipment due to using improper techniques (i.e., blocking and tackling) or from a freak accident.
10. Shoulder pads that are too small will leave the shoulder point vulnerable to bruises or separation. They could also be too tight in the neck area, resulting in a possible pinched nerve. Shoulder pads that are too large will leave the neck area poorly protected and will slide on the shoulders, making them vulnerable to bruises or separations.
11. Helmets must fit snugly at the contact points: front, back, and top of head. The helmet must be safety "NOCSAE" branded; the chin strap must be of the proper thickness; the player must have a mouthpiece. On contact, too tight a helmet could result in a headache. Too loose a fit could result in headaches, a concussion, and a face injury such as a broken nose or cheek bone, a blow to the back of the neck causing a neck injury, possibly quite serious such as PARALYSIS or even DEATH. REMEMBER: Don't leave the equipment room until you and the trainer are both satisfied.

This Awareness of Football Risk does not cover all potential injury possibilities in playing football, but it is an attempt to make the players and their parents aware that fundamentals, coaching, and proper fitting equipment are important to their safety and enjoyment in playing football at Del Oro High School.

---

**DEL ORO HIGH SCHOOL**  
**ATHLETIC CODE OF CONDUCT**  
**2010-2011**

Student Athletes are considered representatives of Del Oro High School by their participation as a member of an athletic team. As such, they are expected to maintain exemplary behavior and citizenship. Athletes will be held responsible for any involvement in acts specified in the Athletic Code whether on campus, at school activities, or in the general public during their season of sport.

All athletes will abide by **Sierra Foothill League, Sac-Joaquin Section, and CIF rules.**  
(Eligibility, residency, participation, etc.)

**Eligibility/Clearance:**

***Academic Eligibility***

- The athlete must be a full time student at Del Oro High School.
- Academic – Athletes **must be passing a minimum of three blocks** maintaining an overall **G.P.A. of 2.0**. (Based on grades in progress, mid-term and final grades) and may not have two (2) F's.
- Citizenship – Athletes may receive no more than two N's (Needs Improvement) or lower.

***Academic Probation***

Athletes who have not achieved an overall G.P.A. of 2.0 will be placed on academic probation.

- Athletes with two (2) F's will not be placed on probation but become Academically Ineligible.
- Probationary athletes can continue to participate and compete with their team.
- Probationary athletes will become **ineligible** to participate if their grades do not improve to a level of 2.0 and have no more than one F at the next grading period.
- Academic Probation can only be used once per school year.

***Athletic Clearance***

No student will be allowed to practice or participate until the following have been completed:

- **Student Participation and Parent Approval** form signed and returned.
- **Risk Warning** form read completely.
- **Performance Enhancing Drugs** form read completely.
- **Code of Conduct** read completely.
- **Awareness of Football Risk** read and signed by football parents and participants. (Football Only)
- **Physical forms** completed and turned in.
- **Insurance forms** completed and turned in.
- **Residence clearance**-Any student living out of Del Oro's attendance area must have an approved Inter District or Open Enrollment Agreement filed at Del Oro.

### ***Try-out Period***

Any eligible student who wishes to participate in a given sport will be allowed a try-out period of at least five days so that the coaching staff may evaluate the athlete. *Students who miss deadline dates for team sign-ups may not be allowed try-out periods once the season has begun.*

### **Expectations of Athletes:**

#### ***Disciplinary Actions***

All school and athletic disciplinary actions (work option, Saturday school, Suspension, etc.) will take precedent over athletic practice, games or any other school event. Until all disciplinary actions have been fulfilled by the athlete they will not be allowed to participate (practice, travel, bench, etc.) with the team.

#### ***Game Day Attendance***

**Non-attendance for any part of the school day on the day of a game, without prior permission, prohibits you from participating in an athletic contest.** If an athlete is required to miss any part of school on the day of an athletic event, they must clear themselves through the Athletic Director's Secretary the **day prior to that absence**. If an emergency arises, call 652-7243 x1011 and leave your name, the athletes name and the emergency that necessitates arriving at school late. Please bring verification of the emergency if possible.

#### ***Truancy***

A cut makes an athlete ineligible for the next game. The cut will be interpreted by the school administration. Repeated acts of truancy may result in an athlete being removed from the team.

#### ***Citizenship***

Athletes are expected to maintain excellent citizenship. Individual behavior standards should be of the highest quality so as to not adversely reflect on their team or school. This includes "attitude" as well as behavior in classes, rallies, assemblies, and any athletic or school events.

#### ***Quitting or Dropping a Sport***

A player may not quit or drop a sport without the coach's permission. You may change a sport only with both coaches' permission. *Anyone who quits a sport without justifiable reason or without consent of the coach may become ineligible for 20% of the contests of the next sport attempted.*

#### ***Dress/Grooming Policy***

There is an appropriate mode of dress for all occasions. In school and all school functions, athletes are expected to follow the school dress code policy as defined by the Del Oro Student Handbook; additionally the following policy will be adhered to by Del Oro athletes:

- Athletes must be neat in appearance on the day of their athletic contest.
- On game day, athletes will be expected to abide by dress standards established by their coach.

#### ***Proper Uniforms***

The purpose of a Del Oro High School uniform is to identify our athletes as members of a special unified group. Athletes must wear uniforms or equipment as specified by the coach/athletic director. Additional items such as scarves, headbands, towels etc. are not acceptable for athletic contests unless the athletic director has approved them because of special circumstances.

**Transfer Students**

Students who transfer to Del Oro High School under athletic probation from their previous school may be required to complete the terms of probation according to the Del Oro Code of Conduct.

*It is important to understand that the following specific offenses will result in athletic disciplinary action and any additional school consequences, which include Ed. Code and Penal Code violations. Individual coaches may also have additional team policies. The Athletic Code of Conduct will be enforced during the athlete’s “season of sport”, which is from the first day of official tryouts until 24 hours after the last contest.*

- Larceny (theft)
- Possession or use of cigarettes or chewing tobacco

**Result**

Athlete will be suspended from all contact with the team for one contest week. A repeated violation will result in a two week suspension. Athlete may practice but not participate in a contest for two additional weeks.

\* \* \* \* \*

- Burglary
- Possession, use, or distribution of an alcoholic beverage, marijuana or illegal performance enhancing drugs.

**Result:**

Athlete will be suspended from all contact with the team for one contest week. Athlete may practice but may not participate in a contest for two additional weeks. A repeated violation will result in an additional two week suspension. Athlete may practice but not participate in a contest for two additional weeks or suspension from the athletic program for one calendar year.

\* \* \* \* \*

- Possession, use or distribution of **all other** controlled substances or intoxicants not mentioned above.
- Conviction of a felony

**Result:**

Athlete will be suspended from all contact with the team for two contest weeks. Athlete may practice but may not participate in a contest for six additional weeks. Second offense will result in dismissal from the athletic program for one calendar year.

\* \* \* \* \*

- Any other incidences or offenses resulting in suspension and/or expulsion from school.
- Improper behavior towards school staff, referees, law enforcement officers, or other adults in position of authority.
- Disloyalty to the team, to individual members of the team, or to the school.
- Constant talking when being instructed, “second guessing,” talking about other members of the team in a derogatory manner, or excessive use of profanity.

**Result:**

Disciplinary action as determined by Athletic Director and Administration.

\* \* \* \* \*

**Right of Appeal:**

Any student who feels unjustly dismissed from any athletic team has the right to appeal. They may appeal to the Athletic Director, Assistant Principal, or Principal, then to the Superintendent and, if necessary, to the Board of Trustees.

In order to appeal they must:

- Present a written appeal to the Athletic Director within one week of dismissal.
- Be prepared to personally present reasons for reinstatement to the Athletic Director and Principal.

# ***DEL ORO HIGH SCHOOL***

## **STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE DEL ORO HIGH SCHOOL OFFICE PRIOR TO RECEIVING AN ATHLETIC CLEARANCE.**

Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**Fall Athletic Activities** (Circle the one you wish to participate in):

Cheerleading	Girls Volleyball	Football
Girls Golf	Cross Country	Boys Soccer
Girls Tennis	Water Polo	

This application to compete in interscholastic athletics for Del Oro High School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and State Association.

### **PARENT'S OR GUARDIAN'S PERMISSION**

I agree to the terms below and hereby give my consent for the above named student to:

1. Represent Del Oro in athletic activities specified above, provided that such athletic activities are approved by the State Association.
2. Accompany the school team of which he/she is a member on any of its local or out-of-town trips.
3. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

I certify that I have read and understand the Del Oro material contained in the:

1. Student Participation and Parental Approval Form
2. Warning to Students and Parents
3. Policy regarding Student Use of an Androgenic/Anabolic Steroid or other Performance Enhancing Drugs
4. Athletic Code of Conduct
5. Awareness of Football Risk

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

***ADDITIONAL SIGNATURE NEEDED FOR ALL FOOTBALL PARTICIPANTS ON NEXT PAGE.***

*DEL ORO HIGH SCHOOL  
(Football Only)*

**AWARENESS OF FOOTBALL RISK**  
**ATHLETE AND PARENT/GUARDIAN'S SIGNATURE**  
**VERIFICATION**

**Del Oro High School Athletics would like to invite all football parents and players to view the video "Sports Risk: YOU Be The JUDGE". The viewing (15-20 minutes) will take place at Del Oro on Fall Sports Night, in August, between the hours of 6:30PM and 8:00PM. If you cannot attend, but would like to view the video please contact the athletic director at 652-7243 ext. 1004.**

We understand the rules and procedures as explained in "Awareness of Football Risk" and understand the necessity of using the proper techniques while participating in the football program.

In addition I have been invited to view the video "Sports Risk: YOU Be the JUDGE" and will attend on Fall Sports Night or make arrangements to view this video before participation.

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

Student Signature

\_\_\_\_\_ Date \_\_\_\_\_

# ***DEL ORO HIGH SCHOOL***

## **STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE DEL ORO HIGH SCHOOL OFFICE PRIOR TO RECEIVING AN ATHLETIC CLEARANCE.**

Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**Winter Athletic Activities** (Circle the one you wish to participate in):

Girls Basketball

Boys Basketball

Wrestling

This application to compete in interscholastic athletics for Del Oro High School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and State Association.

### **PARENT'S OR GUARDIAN'S PERMISSION**

I agree to the terms below and hereby give my consent for the above named student to:

1. Represent Del Oro in athletic activities specified above, provided that such athletic activities are approved by the State Association.
2. Accompany the school team of which he/she is a member on any of its local or out-of-town trips.
3. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

I certify that I have read and understand the Del Oro material contained in the:

1. Student Participation and Parental Approval Form
2. Warning to Students and Parents
3. Policy regarding Student Use of an Androgenic/Anabolic Steroid or other Performance Enhancing Drugs
4. Athletic Code of Conduct

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# ***DEL ORO HIGH SCHOOL***

## **STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE DEL ORO HIGH SCHOOL OFFICE PRIOR TO RECEIVING AN ATHLETIC CLEARANCE.**

Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**Spring Athletic Activities** (Circle the one you wish to participate in):

Baseball	Boys Golf	Girls Soccer
Boys Volleyball	Boys Tennis	Softball
Swimming	Track	Powder Puff

This application to compete in interscholastic athletics for Del Oro High School is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and State Association.

### **PARENT'S OR GUARDIAN'S PERMISSION**

I agree to the terms below and hereby give my consent for the above named student to:

1. Represent Del Oro in athletic activities specified above, provided that such athletic activities are approved by the State Association.
2. Accompany the school team of which he/she is a member on any of its local or out-of-town trips.
3. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

I certify that I have read and understand the Del Oro material contained in the:

1. Student Participation and Parental Approval Form
2. Warning to Students and Parents
3. Policy regarding Student Use of an Androgenic/Anabolic Steroid or other Performance Enhancing Drugs
4. Athletic Code of Conduct

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **DEL ORO HIGH SCHOOL**

# Athletic Examination and Parents Permit Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Has your student participated in athletics in another high school within the last 12 months? Yes \_\_\_ No \_\_\_

Are you an Inter-district student? Yes \_\_\_ No \_\_\_ Is this your first year at Del Oro? Yes \_\_\_ No \_\_\_

## EMERGENCY PHONE NUMBERS:

Father Name \_\_\_\_\_ # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother Name \_\_\_\_\_ # \_\_\_\_\_ Cell # \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_ # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ # \_\_\_\_\_

## INSURANCE COVERAGE INFORMATION:

The above named student currently has medical insurance coverage with:

Company \_\_\_\_\_ Group # \_\_\_\_\_ Member # \_\_\_\_\_

**Or**

I will enroll my student with insurance coverage offered by BCS Life Insurance Co. Enrollment packets are available in the Athletic Office.

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

- The student  has or  has not (*check one*) an injury or physical condition that needs to be watched. Note any conditions here: \_\_\_\_\_
- Student  is or  is not (*check one*) allergic to any medication. List allergies to medication if any: \_\_\_\_\_
- Student  is or  is not (*check one*) taking medication at this time. List medications if any \_\_\_\_\_

*\* We understand that any medical expense for an injury over and above that paid by an insurance company will be assumed by us.*

*\* We understand that the law requires students engaged in athletic competition or practice to be covered by a minimum of \$1,500 accident and hospitalization benefits.*

*\* We hereby give consent for the above named student to compete in all sports (Exceptions listed \_\_\_\_\_)*

*\* We also give consent for the student to go with a school representative on trips.*

In case of injury, we hereby authorize treatment of the named above student by our family physician, an attending physician or a physician called by the school or coach.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

## Athletic Medical History

To be completed by parent prior to physical examination.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the below questions are complete and correct.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian of Athlete

\*\*\*\*\*

Please circle Yes or No; for each Yes, please explain on the back.

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Have you had a chronic or recurring illness?  | Yes | No |
| 2.  | Have you ever been hospitalized?  | Yes | No |
| 3.  | Have you ever had surgery other than tonsillectomy?   | Yes | No |
| 4.  | Are you missing any organs? (Eye, kidney, etc.)   | Yes | No |
| 5.  | Are you allergic to any medications?  | Yes | No |
| 6.  | Do you or have you ever had any chest pain with exercise?   | Yes | No |
| 7.  | Do you ever have dizziness or fainting with exercise?   | Yes | No |
| 8.  | Do you have problems with blood pressure?   | Yes | No |
| 9.  | Do you get frequent headaches or convulsions?   | Yes | No |
| 10. | Have you ever had a head injury or concussion?  | Yes | No |
|     | a) Have you ever been knocked out, become unconscious or lost your memory?                                    | Yes | No |
|     | b) Have you ever had a seizure?   | Yes | No |
|     | c) Have you ever had numbness or tingling in your arms, hands, legs or feet?                                  | Yes | No |
|     | d) Have you ever had a stinger, burner or pinched nerve?  | Yes | No |
| 11. | Have you ever had heat exhaustion, heat stroke or other problems with heat?                                   | Yes | No |
| 12. | Do you wear contact lenses?   | Yes | No |
| 13. | Are you currently taking any medications?   | Yes | No |
| 14. | Do you wear a brace or support for a specific activity?   | Yes | No |
| 15. | Do you have any history of injuries requiring MD treatment?   | Yes | No |
| 16. | Do you have any history of a neck injury?   | Yes | No |
| 17. | Is there any reason why this student should not participate in sports?  | Yes | No |
| 18. | Have you ever had a knee injury?  | Yes | No |
| 19. | Have you ever had an ankle injury?  | Yes | No |
| 20. | Have you ever had other serious joint injury?   | Yes | No |
| 21. | Has anyone in your family died of heart problems or sudden death before<br>The age of 40? Had a heart attack? | Yes | No |
| 22. | Do you have asthma?   | Yes | No |
|     | a) Do you cough, wheeze or have trouble breathing?  | Yes | No |
|     | b) Do you have seasonal allergies that require medical treatment?   | Yes | No |
| 23. | Have you ever had a sprain, strain or swelling after an injury?   | Yes | No |

**PHYSICAL EXAM**

To be completed by Doctor.

All participating students in athletics are required to have a physical examination for their protection and also for the information of the underwriting accident insurance company. Please list any abnormalities in detail. This form must be completed by a private physician.

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

Weight \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Hearing: R-\_\_\_\_\_/15 L-\_\_\_\_\_/15 Vision: R-\_\_\_\_\_/20 L-\_\_\_\_\_/20

	Normal	Abnormal	Details
Skin	_____	_____	_____
Head	_____	_____	_____
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Mouth	_____	_____	_____
Teeth (Bridge or false teeth)	_____	_____	_____
Throat	_____	_____	_____
Tonsils	_____	_____	_____
Neck	_____	_____	_____
Thyroid	_____	_____	_____
Chest	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Back	_____	_____	_____
Glandular	_____	_____	_____
Extremities	_____	_____	_____
Genitalia	_____	_____	_____
Rectal	_____	_____	_____

Capable of unlimited physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

In need of further evaluation \_\_\_\_\_

Found physically fit to engage in all sports? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Name of Physician \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_