

**FREMONT UNION HIGH SCHOOL DISTRICT
ATHLETIC/ACTIVITY PARTICIPATION AUTHORIZATION**

EMERGENCY INFORMATION (PRESS FIRMLY WHEN COMPLETING -4 COPIES) SCHOOL YEAR _____

LIST ALL ACTIVITIES _____
Student's _____

Name: _____ Address: _____ Grade _____
Last First Street City Zip

Parent/Guardian: _____
Name Home Phone Work Phone

_____ Name Home Phone Work Phone

List emergency contact other than parent / guardian: _____
Name Phone Number

Special Health Considerations: _____

Physician/Practitioner: _____ Phone _____

Dentist: _____ Phone _____

VOLUNTARY ATHLETIC/ACTIVITY WAIVER OF LIABILITY and CONSENT

The undersigned understands that athletics/school activities are voluntary and not a required part of the high school curriculum. Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue. The Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Fremont Union High School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is understood by the student and his/her parents or guardians that the Fremont Union High School District, the district high school of his/her attendance including the faculty and staff, as well as the Associated Students, assume no liability for injuries incurred in school sponsored athletics/activities. Furthermore, the school district assumes no responsibility or liability for transporting students to and from athletic events or activities. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury or impairment to other aspects of my body, general health and well-being, and death. It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

California law (Education Code Section 32220-24) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1,500 of scheduled medical and hospital benefits.) Any student athletic injury must be reported to the coach before leaving place of game or practice so proper report forms may be filled out. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians.

Please complete the following:

We have insurance coverage for our family which provides \$1,500 medical and \$1,500 hospital benefits with:

_____ ID# _____

Name of Company _____

PARENT/GUARDIAN PLEASE NOTE: PLEASE BE SURE THAT YOUR POLICY COVERS CONTACT SPORTS!

I hereby give my consent for the above-named student to participate in athletics and other school activities. I authorize the student to be released from school as required in order to participate in the sports/activities. In case this student becomes ill or is injured, Fremont Union High School District is authorized to have the student treated and I authorize the medical agency to render treatment.

The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the athletics/school activities and is fully aware of the legal consequences of signing this document.

In addition, I have read and I understand the Fremont Union High School District's Athletic Code including the CIF notice to Parents, and the risk warning. I agree to follow the spirit of the code with regard to good sportsmanship as a student. I realize team membership is a privilege and acknowledge the coach's right to exercise rules and regulations for the good of the team.

SCHOOL _____ STUDENT'S SIGNATURE _____ PARENT'S/GUARDIAN'S SIGNATURE _____ Date _____

PHYSICIAN'S STATEMENT (Required for Athletic Activities)

I hereby certify that the above named student was examined by me on _____, 20 ____, and found physically fit to engage in athletics and/or other school activities.

Physicians ID Number: _____ Physician's Signature _____

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

Developed by the SCCMA Sports Medicine Committee

NAME: _____

PART 1: Identifying Data (to be completed by student and parents or guardian)

Name (last name first) _____ School _____ Grade _____

Address: _____

City: _____ Zip Code _____ Home Phone (____) _____

Age: _____ Sex: M F Sport(s) _____ Birth Date: _____

Doctor's Name: _____ Doctor's Phone: (____) _____

Doctor's Address: _____

Health Insurance Carrier: _____

HEALTH HISTORY (Must be completed prior to the examination)

	YES	NO	Has this student had any:
1	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?
2	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?
3	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization?
4	<input type="checkbox"/>	<input type="checkbox"/>	Surgery other than removal of tonsils?
5	<input type="checkbox"/>	<input type="checkbox"/>	Missing organs (eye, kidney, testicle)?
6	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?
7	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?
8	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise?
9	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?
10	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?
11	<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness?
12	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems with heat?

	YES	NO	Is there any history of:
16	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring physician treatment?
17	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back injury?
18	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury?
19	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow injury?
20	<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury?
21	<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury?
22	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?

FURTHER HISTORY

	YES	NO	Does this student:
13	<input type="checkbox"/>	<input type="checkbox"/>	Wear eye glasses or contact lenses?
14	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces, or plates?
15	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? Please list them: _____

23	<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why this student should not participate in sports?
24	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
25	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member had a heart attack at less than 55 years of age?

Date of last known tetanus (lockjaw) shot: _____

Use this space to explain any yes answers to the above questions

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 2: General Examination (to be completed by the examining physician)

	Normal	Abnormal (Describe)
Eyes, Ears, Nose, Throat		
Skin		
Lungs		
Heart		
Abdomen		
Genitalia/hernia (males)		

Pulse: _____

Blood Pressure: _____

Height: _____

Weight: _____

Visual Acuity:

R _____

L _____

Suggested Musculoskeletal Exam

MOTION/STRENGTH		NL	AB		NL	AB	Describe Abnormals
N	Flexion			K	KNEE JOINT		
E	Extension			N	Effusion		
C	Rotation left			E	Tenderness		
K	Rotation right			E	QUADRICEPS		
	Lateral flexion right				Size		
	Lateral flexion left			&	& Defects		
					PATELLA		
				S	Tenderness		
				U	Crepitus		
				R	Abnormal tracking		
				R	Subluxable		
				O	PATELLAR TENDON		
				U	TIBIAL TUBERCLE		
				N	LIGAMENTS		
				D	Medial collateral		
				I	Lateral collateral		
				N	Anterior cruciate		
				G	Posterior cruciate		
					CARTILAGE TESTING		
				A			
				R	STRENGTH		
				E	Hip flexors		
				A	Hamstrings		
				S			
					MOTION/STRENGTH		
					Plantarflexion		
					Dorsiflexion		
					Inversion		
					Eversion		
					LIGAMENTS		
					SPINE/SCOLIOSIS		
					FEET		

RECOMMENDATIONS:

- Unlimited Participation
- Clearance withheld pending further evaluation (comment below)
- Participation limited to specific sports (comment below)
- No athletic participation (comment below)

COMMENTS: _____

Signature: _____ MD/DO Date: _____

CUPERTINO HIGH SCHOOL
ATHLETIC EMERGENCY INFORMATION

School Year: 200_ - 200_

Please Print Legibly

Sport: _____

Student's name _____
Last First

Date of Birth: _____
Month Day Year Grade: _____

Address: _____
Street Apt. #
City Zip Code

Who to contact in case of emergency other than parents:

Name: _____ Telephone: (____) _____

Parent/Guardian: _____
Name

Name: _____ Telephone: (____) _____

Home Telephone: (____) _____

Physician: _____

Work Telephone: (____) _____

Physician Telephone: (____) _____

Parent/Guardian: _____
Name

Dentist: _____

Home Telephone: (____) _____

Dentist Telephone: (____) _____

Work Telephone: (____) _____

Insurance Carrier: _____

Insurance Policy Number: _____

Special Health Considerations (allergies, medications, etc.): _____

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Signature of Parent/Guardian: _____ Date: _____