

Centinela Valley Union High School District

Athletic Clearance Packet

2013-2014

Hawthorne ~ Lawndale ~ Leuzinger



Core Beliefs of CVUHSD Athletics

Participation in sports builds self-confidence while teaching good health and fitness habits to last a lifetime. Learning and personal growth form the foundation for interscholastic and intramural sports. Athletic participation must be healthful, positive and safe for everyone involved, conducted in an environment that teaches values and ethics, strengthens the community, promotes competition without conflict and enriches the lives of the athletes.

Prior to participating, every athlete that participates in CVUHSD athletic programs must review and complete required documents of the Athletic Clearance Packet including:

- CVUHSD Athletic Policies and Procedures
- Concussion Information Sheet
- Athletic Participation & Insurance Report Form
- Sports Injury Emergency Card
- Preparticipation Physical Evaluation
- CVUHSD Activity Risk Waiver Form
- Athlete's Code of Ethics Form

Please contact your school's Athletic Director if you have questions about any of this information.

Hawthorne

Yury Najarro 310-263-4465

Lawndale

Julie Piller 310-263-3108

Leuzinger

Marlon Mendez 310-263-2214

CVUHSD Athletics Policies and Procedures

Academic Eligibility Standards

The Centinela Valley Union High School District has established the following eligibility standards for athletic programs:

In order for a student to participate in the school athletic program, his/her report card from the previous grading period must reflect a "C" (2.0) grade point average or better with a minimum of 20 credits (4 classes) of new work completed or in progress.

Academic eligibility will be determined in this manner:

- **First quarter** eligibility will be determined by the 2nd semester grades received the previous June. **Summer school** credits and grades for new course work will be counted toward making up credit and/or GPA deficiencies incurred during the grading period ending in June.
- **Second quarter** eligibility will be determined by the 1st quarter grades.
- **Third quarter** eligibility will be determined by the 1st semester grades.
- **Fourth quarter** eligibility will be determined by the 3rd quarter grades.

Academic eligibility for a student transferring into the Centinela Valley Union High School District **after the first quarter of the ninth grade will be determined by applying the same standards to the student's last report card from his/her former school.**

All freshmen will be eligible to participate when school opens. Their first eligibility decision will be made on the basis of the student's first quarter grades which will be reported in November. Eligibility for the periods of November through the end of January will be based on the November grades.

If you have any questions regarding athletic eligibility, please contact the Director of Athletics.

Preparticipation Physicals – Physician's Clearance

A physical is required to participate in sports. A physical is good for one calendar year from the date of the exam. Example: an exam given on 7/13/12 is valid through 7/13/13. The physical date must cover the athlete through the season of the sport including the CIF playoffs. If not, the athlete will need to schedule a new exam before the season begins.

Sports Injury Insurance Coverage

The Centinela Valley Union High School District takes appropriate steps to protect your child from injuries. Even so, accidents can and do happen. Your child's school **does not** provide medical insurance coverage for school accidents. This means that you are responsible for the medical bills if your child gets hurt during school activities. The student accident/health insurance plans are offered for your particular need.

The Student Health Care Plan is recommended since it covers both injuries and illnesses twenty-four hours a day. If your child has no insurance, **California Law (Educational Code 32220-24) requires every member of an athletic team to have at least \$1,500.00 medical and hospital coverage.** If your child does have other health insurance, student insurance may also be used to supplement eligible charges not covered by other insurance.

The health care brochure is available in the school office. Please read the brochure carefully. If you have questions, please call the plan administrator, Myers-Stevens at 1(800) 827-4695 or 1(714) 348-0656. Bilingual representatives are available for parents who need assistance in Spanish.

CVUHSD Athletic Department Standards for Athletes

1. Conduct of an athlete is expected to be of a high standard at all times both on and off campus. Misconduct, which reflects unfavorably upon the team and school, will be cause for suspension or removal from the team or sport.
2. Athletes must maintain good citizenship, academic and attendance records in all classes.
3. The athlete accepts responsibility for all equipment checked out, and promises to return same in good condition and on time.
4. Fighting during athletic or school event will result in suspension from the team and/or school. Unsportsmanlike conduct will not be tolerated.
5. Student-athletes are expected to attend all of their assigned classes on the day of a contest, except in the event that the contest requires absence due to travel, etc. Situations that prevent a student-athlete from adhering to this standard will be handled on an individual basis by the athletics administrator or athletics director.

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a “ding” or a bump on the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

What should you do if you think your teenage athlete has a concussion?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
2. **Keep your teen out of play.** Concussions take time to heal. Don’t let your teen return to play until a health care professional says it’s OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.
3. **Tell all of your teen’s coaches about any recent concussion.** Coaches should know if your teen had a recent concussion in ANY sport. Your teen’s coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the coach to keep your teen from activities that could result in another concussion.
4. **Remind your teen:** It’s better to miss one game than the whole season.

It’s better to miss one game than the whole season.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets).

In order for equipment to protect you, it must be:

- Appropriate for the game, position, and activity
- Well maintained
- Properly fitted
- Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

It's better to miss one game than the whole season.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





**Athletic Participation Acknowledgement,
Medical Release, & Insurance Report**

Forgery of these forms will result in disciplinary action by CVUHSD

Last Name	First Name	Grade	Male/Female	Sport (s)
Address		City/Zip	Home Phone Number	
Age as of June 15, 2013		Birth date	Month and year started ninth grade	
Did you transfer from another high school?	If so, what date?	List name, city, and state of the high school from which you transferred.		

Insurance Requirements

California Law (Educational Code 32220-24) requires every member of an athletic team to have \$1,500.00 medical and hospital coverage. **STUDENTS MUST HAVE THEIR OWN INSURANCE TO PARTICIPATE.**
The Centinela Valley Union High School District does not have insurance to cover athletic injuries. *School insurance is available to all students. Pick-up a brochure from the school office.*
I will promptly notify the school in the event insurance coverage no longer applies to my son/daughter.

Family Insurance Coverage: Our family insurance coverage for our son/daughter meets the requirements of California law.

The name of our insurance company is: ► _____

Our policy or group number is: ► _____

Purchased School Injury Insurance: I purchased school injury insurance as indicted below; some programs **EXCLUDE** tackle football. Please assure you have purchased the correct policy.

The name of our insurance purchased: ► _____

Plan name and policy number: ► _____

***** PARENT CONSENT *****

I am fully aware and do understand that there are many hazards that are inherent with participating in all interscholastic athletics programs that may result in serious and/or permanent injuries to the participants. I do hereby hold harmless the CVUHSD, its Board of Trustees, and employees against and for all claims or liability for injury to person or damage to property related to my child's participation in the interscholastic athletics program with CVUHSD. I hereby give my consent for the above-named (student) to compete in sports and go with a representative of the school on any school related trip. **In case of injury, you are authorized to have him/her treated.**

► _____
Parent or Guardian Signature

► _____
Student Signature

► _____
Date

► _____
Date

CVUHSD Athletics Policies and Procedures Acknowledgement

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2. Athletes must maintain good citizenship, academic and attendance records in all classes.
3. The athlete accepts responsibility for all equipment checked out, and promises to return same in good condition and on time.
4. Fighting during athletic or school event will result in suspension from the team and/or school. Unsportsmanlike conduct will not be tolerated.
5. Student-athletes are expected to attend all of their assigned classes on the day of a contest, except in the event that the contest requires absence due to travel, etc. Situations that prevent a student-athlete from adhering to this standard will be handled on an individual basis by the athletics administrator or athletics director.

▶	▶
_____ Parent or Guardian Signature	_____ Student Signature
▶	▶
_____ Date	_____ Date

Centinela Valley Union High School District Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Centinela Valley Union High School District
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 5/20/2010

Centinela Valley Union High School District
SPORTS INJURY EMERGENCY CARD

Athletic Director's Copy

Grade: _____ School I.D. # _____ Sport(s): _____

Name _____ Birthdate _____
(Print) Last First Middle

Home Address: _____ Phone: _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____ Ext. _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____ Ext. _____

IF PARENTS CANNOT BE REACHED, whom shall the school contact for instruction and to whom may the pupil be released? The following people are authorized:

	Name	Relationship	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

May your son or daughter be taken to a physician? YES NO If so, whom?

Doctor _____
Name Address Phone

IN CASE OF AN ACCIDENT OR SUDDEN ILLNESS, if you do not have a doctor or if he or another responsible person cannot be reached, shall we send your son/daughter by ambulance, if necessary, to the emergency hospital for treatment? YES _____ NO _____

Signature of Parent/Guardian Date

Centinela Valley Union High School District
SPORTS INJURY EMERGENCY CARD

Coach's Copy

Grade: _____ School I.D. # _____ Sport(s): _____

Name _____ Birthdate _____
(Print) Last First Middle

Home Address: _____ Phone: _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____ Ext. _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____ Ext. _____

IF PARENTS CANNOT BE REACHED, whom shall the school contact for instruction and to whom may the pupil be released? The following people are authorized:

	Name	Relationship	Address	Phone
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

May your son or daughter be taken to a physician? YES NO If so, whom?

Doctor _____
Name Address Phone

IN CASE OF AN ACCIDENT OR SUDDEN ILLNESS, if you do not have a doctor or if he or another responsible person cannot be reached, shall we send your son/daughter by ambulance, if necessary, to the emergency hospital for treatment? YES _____ NO _____

Signature of Parent/Guardian Date

Athletic Director's Copy

SPORTS INJURY EMERGENCY CARD

Grado: _____ **Escuela I.D. #** _____ **Deporte(s):** _____

Nombre: _____
 Apellido Primero Segundo Fecha de Nacimiento

Domicilio: _____ Teléfono: _____

Nombre del Padre: _____ Ocupación _____

Dirección de la empresa _____ Teléfono _____ Ext. _____

Nombre de la madre _____ Ocupación _____

Dirección de la empresa _____ Teléfono _____ Ext. _____

Si los padres no pueden ser localizados, que otra(s) personas son autorizadas para dar instrucción e indicar que personas pueden recoger al estudiante. Las siguientes personas están autorizadas:

	Nombre	Relación	Dirección	Teléfono
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Da permiso que su hijo(a) sea llevado con un médico? SI ___ NO ___ Quién?

Médico _____
 Nombre Dirección Teléfono

EN CASO DE ACCIDENTE O ENFERMEDAD REPENTINA, si usted no tiene un médico o si otra persona responsable no puede ser localizado, si es necesario da permiso enviar a su hijo / hija por ambulancia a la emergencia del hospital para tratamiento? SI _____ NO _____

_____ Firma del Padre / Tutor _____ Fecha

Coach's Copy

SPORTS INJURY EMERGENCY CARD

Grado: _____ **Escuela I.D. #** _____ **Deporte(s):** _____

Nombre: _____
 Apellido Primero Segundo Fecha de Nacimiento

Domicilio: _____ Teléfono: _____

Nombre del Padre: _____ Ocupación _____

Dirección de la empresa _____ Teléfono _____ Ext. _____

Nombre de la madre _____ Ocupación _____

Dirección de la empresa _____ Teléfono _____ Ext. _____

Si los padres no pueden ser localizados, que otra(s) personas son autorizadas para dar instrucción e indicar que personas pueden recoger al estudiante. Las siguientes personas están autorizadas:

	Nombre	Relación	Dirección	Teléfono
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Da permiso que su hijo(a) sea llevado con un médico? SI ___ NO ___ Quién?

Médico _____
 Nombre Dirección Teléfono

EN CASO DE ACCIDENTE O ENFERMEDAD REPENTINA, si usted no tiene un médico o si otra persona responsable no puede ser localizado, si es necesario da permiso enviar a su hijo / hija por ambulancia a la emergencia del hospital para tratamiento? SI _____ NO _____

_____ Firma del Padre / Tutor _____ Fecha

Centinela Valley Union High School District

WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY ACTIVITY

Student's Name: School:

Description of Activity: All practices, scrimmages and games in the sport(s) of: (Check all that apply)

- Fall: Football, Winter: Basketball, Spring: Softball, Year: Cheerleading
Girls Volleyball, Soccer, Baseball, Cross Country, Boys Volleyball, Girls Tennis, Track

Date(s) of Activity/Program: July 1, 2013 – June 30, 2014

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that this activity is voluntary and is not a mandated requirement of the Centinela Valley Union High School District curricular or extra-curricular program.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as states, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity.

Parent/Guardian Signature Date
Parent/Guardian Name (Please Print)
Street Address
Home Telephone Number

Student's Signature Date
Student's Name (Please Print)
City State Zip
Work Telephone Number



Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Centinela Valley Union High School District Preparticipation Physical Evaluation

Female ___ Male ___
Year _____

Print Last Name	First Name	Middle Initial	Grade	Sport
Address	City	Zip	Home Phone Number	
Father/Guardian's Name	Father/Guardian's Phone Number	Mother/Guardian's Name	Mother/Guardian's Phone No.	
Father's Work Number	Mother's Work Number	Others to Call in Emergency (Name and Phone Number)		

HEALTH HISTORY (To be completed by student & parent): Check "yes" or "no" and give as much information as possible.

Yes No Heart Trouble
 Yes No Asthma
 Yes No Diabetes
 Yes No Seizures
 Yes No Palpitations
 Yes No Fatigue
 Yes No High Blood Pressure
 Yes No Chest Pain
 Yes No Current Skin Condition
 Yes No Dizziness/Fainting
 Yes No Extreme Shortness of Breath/Wheezing
 Yes No Kidney Problems
 Yes No History of family member with heart attack under 50yrs of age or sudden death.
 Yes No Other: Glasses/Contacts, Protective Equipment, or Hearing Aid
 Yes No Head Trauma/Loss of Consciousness

Other: _____

History of any previous injuries, fractures, serious illnesses or operations/hospitalizations (describe and give approximate dates) _____

Current medications _____ Allergies _____ Date of Last Tetanus Shot _____

PARENT CONSENT

I hereby state that the above information is true and correct and give my consent for the above-named student to compete in sports and go with a representative of the school on any trips. In case of injury, the school representative is authorized to have him/her treated.

▶ _____ Date
 ▶ _____ Parent/Guardian Signature
 ▶ _____ Name of Insurance Co.
 ▶ _____ Policy/Group Number

+++++

PHYSICAL EXAMINATION (To be completed by physician):

Visual Acuity (Distance): O.D. ___/___ O.S. ___/___ () Corrected () Uncorrected
 Height _____ Weight _____ Blood Pressure _____ Pulse _____

	Normal		Normal
1. Eyes, Ears, Nose, Throat		9. Musculoskeletal	
2. Neck		Neck	
3. Cardiovascular		Spine	
EKG results (if done)		Shoulders	
4. Chest and Lungs		Arms/Hands	
5. Abdomen		Hips	
6. Skin		Thighs	
7. Genitalia-Hernia (male)		Knees	
8. Neuromuscular		Ankles	
		Feet	

Comments: _____

RECOMMENDATION: () Full Activity – No restrictions () Activity with restrictions: _____ () No contact sports () No Participation () Other _____

PHYSICIAN'S STAMP

EXAMINING PHYSICIAN: Phone: ▶ _____
DATE OF EXAM: ▶ _____ **LICENSE #:** ▶ _____
Print name: ▶ _____
Signature: ▶ _____