Dublin High School
Athletic Clearance Packet
Checklist

All Mandatory Forms must be returned to the Student Activities Office before the student athlete is permitted to participate in tryouts or practice.

List of **Mandatory** forms:

- ☐ ATHLETIC PROGRAM DONATION PARTICIPATION FORM (made payable to DHS, varies by sport)
- ☐ ATHLETIC AGREEMENT
- ☐ CODE OF BEHAVIOR
- ☐ PARENT CONDUCT AGREEMENT
- ☐ NCS EJECTION POLICY NOTIFICATION
- ☐ NON- USE STEROID AGREEMENT
- ☐ INSURANCE INFORMATION
- ☐ CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT
- ☐ ASSUMPTION OF RISK RELEASE
- ☐ ATHLETIC TRAINER RELEASE OF LIABILITY
- ☐ ATHLETE INFORMATION
- ☐ SPORTS PHYSICAL FORM (2 pages)

OPTIONAL

- ☐ DHS ATHLETIC BOOSTERS HAPPENINGS
  - Great way to stay informed

DUBLIN HIGH SCHOOL

"The Gael Force"

A California Distinguished School

Carol Redden Shimizu, Principal **Maureen Byrne, Assistant Principal**
Bill Branca, Assistant Principal

To DHS Parents and Athletes:

Congratulations on becoming a member of the Dublin High School community! DHS is proud to sponsor 22 men and women's sports programs in the DFAL, serving in excess of 700 athletes at the varsity, junior varsity, and freshmen levels.

We believe participation in school activities is an integral part of the overall educational experience for our students. Teamwork, communication, discipline and goal setting are a few of the many skills our students learn through their involvement in organized sports programs.

The athletic program is funded through a variety of sources, including Dublin Unified School District general fund, Dublin Athletic Boosters, and the Associated Student Body. While Prop 30 prevented deeper (and devastating) cuts to education, the State continues to give us only 78% of our Prop 98 funding and indicates it will take 5-7 years for us to get back to full funding. To put things in perspective, we've lost a full year of State funds over the past five years, which equates to a continued loss of about $1,500 per student. Consequently, we do not have adequate funds to cover the total expenses of the athletic program.

We need your help. We are requesting parent donations to help us meet the continuing financial challenges we face (22% less State funds). Any donation to help fund the program is greatly appreciated. All donations are strictly voluntary and all eligible athletic students will be allowed to participate in funded programs regardless of whether a donation is made. Without adequate funds, we cannot operate the athletic program at its current level. We would have to eliminate programs and serve fewer students.

The voluntary donation suggested below is designed to cover the cost of equipment, transportation, awards, tournament fees, officials, and athletic office staff. This voluntary donation is calculated by dividing the costs in these areas by the number of students expected to participate in the sport.

We respectfully ask that you make the suggested donation below, or any donation that you are able to make, in order that your son/daughter and all of our student---athletes will have the opportunity to develop as both athletes and young adults benefitting from the unique experiences found only in high school sports.
On behalf of the students and staff, we would like to take this opportunity to thank you for your continued support of Dublin High School programs.

If you have any questions, please call Jim Bosker, Director of Athletics, at 833-3300 ext. 7110 or boskerjames@dublin.k12.ca.us , between the hours of 7:30 a.m. and 4:00 p.m.

Sincerely,

Bill Branca
Assistant Principal

Jim Bosker
Athletic Director

THE YEARLY ATHLETIC PROGRAM SHORTFALL IS APPROXIMATELY $80,000.
By program, the amount per student we are short is:

FALL

Cross Country	$125	Women's Tennis	$125
Football	$240	Women's Volleyball	$210
Women's Golf	$275		

DUBLIN HIGH SCHOOL ATHLETIC PROGRAM DONATION PARTICIPATION FORM

Donations may be tax deductible, and may be divided into installments. Additionally, if your company offers matching funds, this is a great way to maximize your donation. Please make checks payable to Dublin High School and ***notate "Athletic Program Donation" and "Sport" in the lower left corner of your check for tax purposes.*** *Attach your check to your athletic packet and return to the Student Activities Office. Please help us protect the future Of Dublin High Athletics by making any donation you are able to.*

Please print.

STUDENT(S)
Student Name:
Parent Name:
Sport:
Phone:

☑	**DONATION (Please choose one)**
	We are attaching our donation of $_____
	We are unable to make a donation at this time but we will at a later date of $_____
	We are not making a donation at this time
	I prefer to make a donation of $_____ on a monthly basis, from _____to_____

We would like to receive these by August 28, 2013 for the Fall Season. This allows us to know if our goal was attained and if we can offer all athletic programs at their current participation levels next year.

ATHLETIC AGREEMENT

Athlete's Name _____ Sport _____

I will maintain a GPA of 2.0 or better and have no more than one (1) "F" at the end of each grading period in order to be eligible to participate in athletics.

I understand that Dublin High has an athletic trainer available to all athletes.

I must maintain satisfactory citizenship and attendance, including tardiness. If either is reported to be unsatisfactory, I will be subject to Disciplinary action from my coach and possible suspension from the team.

I will not miss practice or competition for any reason unless I contact my coach by 8:30 a.m. or leave a message in the mailbox. I understand that I may be suspended from the team if I do not ask permission to be excused from practice or competitions.

I will travel to and from all contests played away in transportation provided by the school. Any exceptions must be approved before the day of the contest; in writing, by the parent, head coach and Principal.

I will be responsible for all equipment checked out to me. I will return all the equipment in good condition. Equipment or clothing I have lost, misplaced, or misused will be paid for at MY expense.

I understand that the use of narcotics, stimulants and depressants, including alcohol and tobacco, is FORBIDDEN. Verification by school officials of any such incident will result in immediate disciplinary action. (Refer to the Code of Behavior Agreement)

I will attend at least *four* (4) classes on the day of a contest or practice.

I understand that if 1 quit a sport I will be ineligible for another sport for a period of thirty (30) calendar days or the end of a season of the sport that was quit, whichever is longer.

I am responsible for all class work missed while attending athletic events and should get the work before leaving for the scheduled sports event.

As a representative of Dublin High School, I will conduct myself in a manner that will not degrade myself or the school.

I will not engage in the use of any social media outlet to harass, bully, or demean any players, coaches, officials, or parents from Dublin High school or any opposing schools. I understand that I will be suspended or possibly removed from the team if such actions occur.

NOTE: If you are a transfer student from another high school, YOU MUST check with the Athletic Director to determine eligibility before participating in sports at Dublin High School.

_____ _____ _____ _____

Student Signature Date Parent Signature Date

DUBLIN HIGH SCHOOL

CODE OF BEHAVIOR FOR ALL ATHLETIC TEAMS

I. Every athlete will meet the rules and regulations of the Dublin Unified School District Board of Trustees. The Dublin High School Behavior Code is in effect at all times.

II. An athlete represents more than himself or herself. Because he/she represents the team, school, and community, his/her appearance and conduct must reflect this responsibility. In addition, rules for acceptable grooming are necessary to maintain good health standards in the locker room and in the use of equipment. It is clearly understood that each coach will enforce grooming rules as appropriate for his/her particular sport.

III. The Head Coach will handle all discipline problems on all squads.

IV. If a coach requires rules and regulations in addition to these, they MUST be given to the athlete and parent in the pre-season meeting. These rules must be approved by the administration and on file with the Athletic Director before they are used.

V. Stated rules and regulations must be followed on campus and at all school-related activities. In addition to school consequences, the noted penalties will be incurred:

A. No selling or distribution of any alcohol or drugs.
   1st OFFENSE: Immediate dismissal from the team for the remainder of the season. Students will remain suspended from competition for one calendar year.

B. No possession or use of alcohol, drugs or any other mood-altering chemicals or steroids.
   1st OFFENSE: Two weeks suspension from all athletic competition. (The athlete will be expected to participate in all scheduled practice session during the suspension.)
   2nd OFFENSE: Immediate dismissal from the team for the remainder of the season. Students will remain suspended from competition for one calendar year.

C. The use of tobacco in any form (smoking or chewing) or any illegal activity is prohibited.
   1st OFFENSE: One week suspension from all athletic competition.
   2nd OFFENSE: Immediate dismissal from the team for the remainder of the season.

D. No stealing or taking of personal property.
   1st OFFENSE: One week suspension from all athletic competition. (The athlete will be expected to participate in all scheduled practice session during the suspension.)
   2nd OFFENSE: Immediate dismissal from the team for the remainder of the season. Students will remain suspended from competition for one calendar year.

CODE OF BEHAVIOR AGREEMENT

The Athletic Department believes that by following the above rules and regulations athletes will create a positive self-image, gain peer acceptance, learn self-control and self-discipline, and establish a positive set of values toward future contributions to society.

Team_____

Signature of Athlete_____

Print Name_____Date_____

Signature of Parent/Guardian_____Date_____

DUBLIN HIGH SCHOOL

Athletic Parent Conduct Agreement

The role of the parent in the education of a student is vital. The support shown in the home is often manifested in the ability of the student to accept the opportunities presented at school and in life.

There is a value system - established in the home, nurtured in the school - which young people are developing. Their involvement in classroom and other activities contributes to that development. Trustworthiness, citizenship, caring, fairness and respect are lifetime values taught through athletics. These are the principles of good sportsmanship and character. With them, the spirit of competition thrives, fueled by honest rivalry, courteous relations and graceful acceptance of the results.

As a parent of a student-athletes at our school, your goals should include:

- Realize that athletics are part of the educational experience, and the benefits of involvement go beyond the final score of a game;
- Encourage our students to perform their best, just as we would urge them on with their classwork;
- Participate in positive cheers that encourage our student-athletes; and discouraging any cheers that would redirect that focus - including those that taunt and intimidate opponents, their fans and officials;
- Learn, understand, and respect the rules of the game, the officials who administer them and their decisions;
- Respect the task of our coaches face as teachers; and support them as they strive to educate our youth;
- Respect our opponents as student-athletes, and acknowledge them for striving to do their best; and
- Develop a sense of dignity and civility under all circumstances.
- You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come.

I therefore agree:

- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will learn the rules of the game and the policies of the CIF, NCS and league.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I will encourage my child for competing fairly and trying hard, and make my child feel valued for their effort.
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
- I will respect the coaches and their authority during games and will never question, discuss, or confront coaches at the game field/court. Before/after practices and/or games are not appropriate times to discuss your son's role on the team and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will remain outside the field/court of play and within the Designated Spectators' Area (where provided)
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I understand that any parent responsible of improper conduct at any game or practice will be asked to leave the school grounds and be suspended from the following game. Repeat violations may cause a multiple activity suspension, or the season forfeiture of the privilege of attending all games. You can have a major influence on your student's attitude about academics and athletics. The leadership role you take will help influence your child, and our community, for years to come. We look forward to serving you in the year ahead, and appreciate your continued support.

Parent Signature	Date	Parent Signature	Date

ATHLETE
EJECTION POLICY NOTIFICATION FORM
(North Coast Section Ejection Policy)

Dublin High School

The following rules and minimum penalties are applicable to players as adopted by the NCS Board of Managers on April 21, 1995. This policy will be in effect beginning with the 1995-96 school year, (and will include non-league, league, invitational tournaments/events, post-season; league, section or state playoffs, etc).

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
   Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, postseason {league, section or state} playoff, etc.).

2. Illegal participation in the next contest by a player ejected in a previous contest.
   Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.

3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.
   Penalty: The player shall be ineligible for the remainder of the season.

4. When one or more players leave the bench to begin or participate in an altercation.
   Penalty: The player(s) shall be ejected from the contest-in-question and become ineligible for the next contest (non-league, league, invitational tournament, post-season {league, section or state} playoff, etc.).

I have read and understand the rules and regulations of the Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.

_____ _____
Signature of Student Athlete Date

SPORT _____ VAR JV FS FR
(Circle one)

DUBLIN HIGH SCHOOL

"The Gael Force"

A California Distinguished School

2003, 1996, 1992, 1990

Carol Redden Shimizu, Principal
Bill Branca, Assistant Principal

Maureen Byrne, Dean of Students
Theresa Young, Dean of Students

NON- USE STEROID AGREEMENT

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 (Bylaw 524).

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 also recognize that under CIF Bylaw 200.D, there could be penalties for false or fraudulent information. We also understand that the *(Dublin High School/Dublin Unified School District*) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

_____ _____
Print Name of Student Athlete Sport

_____ _____
Signature of Athlete Date

_____ _____
Signature of Parent/Caregiver Date

INSURANCE INFORMATION
SPECIAL INSTRUCTIONS FOR STUDENTS IN GRADES 6 – 12
WHO PLAN TO BECOME A MEMBER OF AN ATHLETIC PROGRAM OR MUSIC PROGRAM

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE

Each member of a school athletic team shall be covered by an insurance policy for medical and hospital expenses resulting from accidental bodily injury. Pursuant to Education Code 32220, "member of an athletic team" also includes:

Members of school bands or orchestras, cheerleaders and their assistants, pompom girls, team managers and their assistants, and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event. Such members shall be covered only while they are being transported by or under the sponsorship or arrangement of the district or a student body organization, to or from a school or other place or instruction and the place at which the athletic event is being conducted.

Pursuant to Education Code 32221, the insurance shall provide the following coverage:

A group or individual medical plan with accidental benefits of at least two hundred dollars ($200) for each occurrence and major medical coverage of at least ten thousand dollars ($10,000), with no more than one hundred dollars ($100) deductible and no less than 80 percent payable for each occurrence.

The insurance shall provide for coverage during the student's:

1. Participation in athletic events sponsored by the district or student body organization.
2. Participation in practice for an athletic event.
3. Transportation provided by the school district, or under its sponsorship, to and from the school and place for the athletic event.

The insurance required by Education Code 32221 shall not be required of those students who have insurance or a reasonable equivalent of health benefits provided them through other means.

As the parent/guardian of _____, who plans to participate in an athletic or music program, I understand that the District does not provide medical insurance for student injuries, but does make voluntary student insurance available. I have received the information on this program.

[ ] The student named below is covered by medical insurance.

[ ] The student named below needs medical insurance coverage. I have completed and mailed an application to Meyers-Stevens Company.

[ ] The student named below needs medical insurance coverage and will participate in tackle football. I have completed and mailed an application form to Meyers-Stevens Company.

Student Name:_____

Address:_____ Phone:_____

School:_____ Grade:_____

Parent/Guardian Signature:_____

Dublin Unified School District
Concussion and Head Injury Acknowledgement

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided to you by the Dublin Unified School District related to potential concussions and head injuries occurring during participation in athletic program.

I,_____as a student at Dublin High School
(Please Print)

and I,_____as the parent/legal guardian
(Please Print)

of _____have read the information
(Please Print_

provided to us by the Dublin Unified School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

_____
Signature of Student Date

_____
Signature of Parent/Legal Guardian Date

Given a copy of:

Heads Up: Concussions in Youth Sports, A Fact Sheet for Parents and Guardians.
Heads Up: Concussions in Youth Sports, A Fact Sheet for Athletes.

Dublin Unified School District

Heads Up: Concussions in Youth Sports - A Fact Sheet for Parents and Guardians

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice the symptoms yourself, seek medical attention right away.

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head • Nausea or vomiting
- Balance problems or dizziness • Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy • Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your child can take to protect themselves from a concussion:

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure your child wears the right protective equipment for their activity (such as helmets, padding, shin guards and eye and mouth guards). Protective equipment should fit properly, be well maintained and worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **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 child to return to sports.
- **Keep your child out of play.** Concussions take time to heal. Do not let your child return to play until a health care professional says it is OK. Children who return to play too soon, while the brain is still healing, risk a greater chance of having a second concussion. Additional concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

Dublin Unified School District
Heads Up: Concussions in Youth Sports --- A Fact Sheet for Athletes

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

• Is caused by a bump or blow to the head
• Can change the way your brain normally works
• Can occur during practice or games in any sport
• Can happen even if you have not been knocked out
• Can be serious even if you have just been "dinged"

WHAT ARE THEY SYMPTOMS OF A CONCUSSION?

• Headache or "pressure" in head
• Nausea or vomiting
• Balance problems or dizziness
• Sensitivity to light
• Sensitivity to noise
• Feeling sluggish, hazy, foggy or groggy
• Concentration or memory problems
• Confusion
• Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- T**ell your coaches and parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** 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. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Every sport is different, but there are steps you can take to protect yourself:
- 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, padding, shin guards and eye and mouth guards)

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

• The right equipment for the game, position or activity
• Worn correctly and fits well
• Used every time you play

Dublin Unified School District
Interscholastic Activity Student Assumption of Risk Release

The purpose of this notice is to aid you in making an informed decision as to whether you/your child should participate in interscholastic activities and, as a condition of such participation, sign the foregoing **Assumption of Risk and Release**. In addition, its purpose is to make you aware that as a student participant and as a parent/legal guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors, or other knowledgeable persons about any concerns you might have at any time regarding participation safety and the safety of the Dublin Unified School District interscholastic programs.

Participation in interscholastic activities such as football, soccer, basketball, volleyball, fastpitch, baseball, volleyball, cross country, golf, track and field, wrestling, tennis, drill/dance, gymnastics, cheerleading, swimming/diving, as well as other "non-sport" interscholastic activities is voluntary and extracurricular. As a condition to participate in these activities, the student participant and parent/legal guardian must agree to assume the risk of injury or death involved in this activity and agree to release the Dublin Unified School District from liability for ordinary negligence in the conduct of these programs.

I _____as a student at Dublin High School
(Student Signature)

and I _____as the parent/legal guardian of
(Parent/legal guardian Signature)

_____
(Print Students Name)

understand that participating in interscholastic activities is voluntary and does involve the risk of injury or death. I also understand that by participating in interscholastic activities, I am subjecting myself to the possibility of injury or death.

We agree to assume all the risk of injury or death associated with the Dublin Unified School District's program; we further agree to release the Dublin Unified School District, its employees, agents, representatives, coaches, and volunteers from any liability resulting from ordinary negligence that may arise in connection with the District's interscholastic activities program. We agree that the terms hereof shall serve as an assumption of risk and a release for all members of our family, for heirs, estate, executor, administrator, assignees, indemnitors, subrogees, or other releasees; and we further agree that if any part of the assumption of risk is held void, the remainder shall continue in full force and effect.

CAUTION
By signing this **Assumption of Risk and Release**, we acknowledge that we have read its contents and understand its contents and warnings, and that we agree to its terms.

_____
Signature of Student Date

_____
Signature of Parent/Legal Guardian Date

Athletic Trainer Release of Liability

Dear Parents,

Tri-Valley Orthopedic Specialists supports Athletic Training services at Dublin High School if an athlete is injured at practice or during a school sponsored competition. These services include: 1) On-field injury management, 2) Evaluation of injury, and 3) Post-injury treatment plan in conjunction with our rehabilitation department (Physical Therapy).

The purpose of this letter is to inform you of our services and to **request your authorization to treat your son/daughter in our sports medicine clinic or athletic training room, in the event an injury should occur.** Following the evaluation of your son/daughter's injury, we will notify you *and* your son/daughter's coach regarding their status and an appropriate treatment plan. ***WE ARE UNABLE TO TREAT YOUR SON or DAUGHTER WITHOUT THIS COMPLETED AND SIGNED AUTHORIZATION.***

Please sign this letter, complete the emergency information on the reverse side and return it to Student Activities at Dublin High School. **If you have any further questions relating to this program, please contact Maria Ramirez at 510-673-7720, m_ramirezsjsu@yahoo.com. Thank you for your assistance in caring for our athletes.**

Maria Ramirez, ATC
Athletic Trainer, Dublin High School

Release of Liability

I hereby grant permission to the athletic training personnel to assess the injury and make appropriate recommendations upon assessment deemed reasonably necessary to the health and well being of the athlete named. I understand this assessment is not intended to replace a physician's diagnosis/care and should not be viewed as substitute. In the event that the athletic training personnel determine that further medical attention is deemed necessary, the athlete will be referred to a physician immediately. I understand that in the event that no progress has been made within 2 weeks of the initial evaluation, the athletic training personnel reserves the right to defer treatment at that time, and the appropriate referral will be made. I further release Tri-Valley Orthopedic Specialists and employees from any liability for damage and injury to the named athlete and hereby accept the full responsibility for any and all damages or injury sustained as a result of participation in sports and extracurricular activities. I attest that the student information is correct to the best of my knowledge. I have reviewed all information and hereby give consent for the assessment of injury to the named student athlete.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Student Athlete Date

Dublin High School Athlete Information

Player Information

Sport: V JV Fr _____ Grade Level: Fresh Soph Junior Senior

Name: _____ Birthdate: _____

Address: _____ State: _____ Zip Code: _____

Phone Number: _____

Emergency Contact Information

Name: _____

Relationship:_____

Address: _____State: ____ Zip Code:_____

Home Phone Number: _____Email: _____
Cell Phone Number: _____

Name: _____Relationship: _____

Address: _____State: ____ Zip Code:_____

Home Phone Number: _____Email: _____

Cell Phone Number: _____

Insurance Information

Do you Carry Insurance? _____ Yes _____ No
(If Yes please fill in information below)

Insurance Carrier: _____

Policy Number: _____ HMO PPO

Physician Name: _____Phone Number:_____

Signature of Parent or Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____

THIS QUESTIONAIRE IS FOR PATIENT'S MEDICAL RECORD ONLY DO NOT RETURN TO SCHOOL

PLEASE FILL OUT PRIOR TO YOUR APPOINTMENT

SPORTS PHYSICAL PHYSICIAN OFFICE FORM

Name: _____ Date of Birth: _____ Student ID: _____

Sports: _____ School: _____ Grade: ____ Male ☐ Female ☐

EXPLAIN YES ANSWERS BELOW CIRCLE QUESTIONS YOU DO NOT UNDERSTAND

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports?	☐	☐
2. Do you have a medical condition (asthma/diabetes)?	☐	☐
CARDIAC RISK:		
1. Has any relative died of a heart condition suddenly before age 50?	☐	☐
2. Do you or your relatives have a history of:		
a. Heart muscle disease such as hypertrophic cardiomyopathy?	☐	☐
b. Arrhythmia, irregular rhythm, pacemaker WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem?	☐	☐
c. Marfan Syndrome?	☐	☐
3. Does your heart race or skip beats during exercise?	☐	☐
4. Have you ever had chest pain during exercise?	☐	☐
5. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
6. Do you have a history of high blood pressure?	☐	☐
7. History of a heart murmur (other than innocent murmur) or other heart problem?	☐	☐
8. History of unexplained dizziness with exercise?	☐	☐
9. Have you ever had an ECG or Echocardiogram test for your heart?	☐	☐
10. History of congenital heart disease?	☐	☐
11. History of Carditis or Kawasaki disease?	☐	☐
RESPIRATORY RISK:		
1. History of cough, wheezing, or difficulty breathing during or after exercise?	☐	☐
2. Have you ever used an inhaler or taken asthma medication?	☐	☐
3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses?	☐	☐
4. Have you ever been told by a doctor that you have asthma?	☐	☐
5. History of fractured ribs in the last 6 weeks?	☐	☐
NEUROLOGICAL RISK:		
1. History of head or neck injury, or concussion?	☐	☐
2. Have you ever had amnesia or memory loss after a head injury?	☐	☐
3. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or or falling?	☐	☐
4. History of seizures?	☐	☐
5. History of headaches with exercise?	☐	☐
6. Do you have a history of any problems with your eyes or vision?	☐	☐
7. Do you wear glasses or contact lenses?	☐	☐
8. History of neck instability (i.e. Atlantoaxial Instability)	☐	☐

INFECTION RISK:	Yes	No
1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes, or other skin infections?	☐	☐
2. Have you ever been diagnosed or treated for a MRSA infection?	☐	☐
3. History of Mono (EBV) in the last 4 weeks?	☐	☐
4. History of recurrent unexplained fevers, or chronic coughing?	☐	☐
5. Do you or any members of your household have a history of tuberculosis or positive PPD?	☐	☐
6. History of Hepatitis?	☐	☐
7. History of HIV?	☐	☐
ORTHOPEDIC RISK:		
1. Have you ever broken any bones?	☐	☐
2. History of neck or back injury?	☐	☐
3. History of chronic back or neck pain?	☐	☐
4. History of ankle, knee, hip injury?	☐	☐
5. History of wrist, elbow, shoulder injury?	☐	☐
6. Do you have any artificial limbs or prosthetic devices (false teeth)?	☐	☐
OTHER PERTINENT QUESTIONS:		
1. Are you taking any prescription or nonprescription (over the counter) medicines or pills?	☐	☐
2. Are you taking supplements or medications to gain or lose weight?	☐	☐
3. Are you taking medications or supplements to increase your strength or improve your sports performance?	☐	☐
4. Are you trying to gain or lose weight?	☐	☐
5. Were you born without or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ?	☐	☐
6. History of bleeding or clotting disorder?	☐	☐
7. History of severe muscle cramps or feeling severely ill when exercising in the heat?	☐	☐
8. History of surgery?	☐	☐
9. History of enlarged liver or spleen?	☐	☐
10. History of sickle cell disease/trait?	☐	☐
11. History of Hypoglycemia (low blood sugar)?	☐	☐
12. Any medical changes since your last physical?	☐	☐
FEMALES OLDER THAN 16 (OPTIONAL):		
1. Have you had no periods?	☐	☐
2. Have you gone more than 90 days without a period in the last 6 months?	☐	☐

EXPLAIN "YES" ANSWERS HERE: _____

_____

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

Signature of athlete:_____ **Signature of parent/guardian:** _____**Date:**_____

SPORTS PHYSICAL SCHOOL FORM

I grant permission to release the information below to School Personnel.

Signature of Parent/Guardian: _____

NAME: _____ **Date of Birth:** _____ **Student ID:** _____

Sports: _____ **School:** _____ **Grade:** _____

Emergency Contact: _____ **Cell Phone:** _____ **Home Phone:** _____

ALLERGIES: _____ **MEDICATIONS:** _____

Date of Exam: _____ **Height:** _____ **Weight:** _____ **BMI:** _____ **Pulse:** _____ **BP:** _____/_____

HEARING: ☐ **Passed Right/Left ≤25dcbls (all frequencies)** ☐ **Failed**_____ ☐ **Not Done**

Vision: R 20/___ L 20/___ Both 20/___ Corrected: ☐ **Y** ☐ **N**

U/A: ☐ **Normal** _____

REQUIRED IMMUNIZATIONS: Measles, Mumps, Rubella, Hepatitis B, Polio, Tetanus, Pertussis, and Varicella/illness.

☐ **Up to date (See Attached Vaccine Documentation)** ☐ **Not up to date, Vaccines Needed:** _____

☐ **Baseline Concussion Assessment Complete (Recommended)**

MEDICAL:	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL:	NORMAL	ABNORMAL FINDINGS
Back (including scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan: _____ **OFFICE STAMP:**

☐ **Cleared for all sports without restrictions**

☐ **Not Cleared for:** ☐ **All sports** ☐ **Certain sports:**_____

Reason:_____

☐ **Deferred requires further evaluation (See Recommendations Below):**

☐ **Cleared with restrictions (See Recommendations Below):**

Recommendations: _____

Name of Physician (print):_____ **Address:** _____ **Phone:** _____

Signature of Physician:_____**, M.D., D.O., or N.P. Date:**_____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine. Rev. March 2012

DHS Athletic Boosters Happenings - Keep Informed

PARENTS - Keep informed of activities and events going on with Athletics. **Please fill out a new form in its entirety even if you subscribed last year. Please also make sure you spell NEATLY and make sure to differentiate number and letters. (the # 0 vs. the letter 0)**

Please PRINT Clearly and Remember, if we can't read it, we can't send it to you.

Print First and last name (parent information)

_____

Print email address (parent information)

_____

Phone number (in case we have trouble reading the email address)

Please list the first and last name of your student athlete(s) and their sport(s)

_____

Name **Sport**

_____

Name **Sport**

Name **Sport**