



DUBLIN HIGH SCHOOL

"The Gael Force"

A California Distinguished School

Carol Redden Shimizu, Principal

Maureen Byrne,

Assistant Principal

Bill Branca, Assistant Principal

Theresa Young, Assistant Principal

July 2012

To DHS Parents and Athletes:

Congratulations on becoming a member of the Dublin High School athletic community! DHS is proud to sponsor 22 men's 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 athletics 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. Unfortunately, these funds do not cover the total expense of the athletic program. It is critical that we have your support due to the severe budget cuts and the increase in transportation/ Officials costs.

In an effort to meet the increasing financial challenges we face, our district has established a "fair share" donation to help defray the rising costs. We would very much appreciate your support of the athletic program in meeting these financial challenges.

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 Shawn McHugh, Director of Athletics, at 833-3300 ext. 7110 or mchughshawn@dublin.k12.ca.us between the hours of 7:30 a.m. and 4:00 p.m.

Sincerely,

Principal

Athletic Director

ATHLETIC "FAIR SHARE" DONATION

FALL

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

WINTER

Men's Basketball	\$275
Men's Soccer	\$200
Women's Basketball	\$245
Women's Soccer	\$200
Wrestling	\$210

SPRING

Baseball	\$245
Lacrosse	\$245
Men's Golf	\$275
Men's Tennis	\$125
Softball	\$245
Swimming	\$125
Track & Field	\$195

DUBLIN HIGH SCHOOL

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 I 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

"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

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

"THE GAEL FORCE"

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

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 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: _____

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 (like 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

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

***ASSUMPTION OF RISK AND WAIVER, RELEASE AND INDEMNITY AGREEMENT
FOR ATHLETIC OR OTHER VOLUNTARY ACTIVITY***

For and in consideration of permitting (student name) _____ to enroll in and/or participate in _____ given by Dublin High School, Dublin Unified School District, in the City of Dublin, County of Alameda, State of California, beginning on the _____ day of _____, 20____, the 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 for whatever period said activities or instructions may continue, and 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 Dublin High School, Dublin Unified School District or any of its officers, agents, servants 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 THE INTENTION OF (student name) _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE DUBLIN HIGH SCHOOL, DUBLIN UNIFIED SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Dublin High School, Dublin Unified School District he/she shall indemnify and save harmless such entity(ies) from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of _____ and is fully aware of the legal consequences of signing the within instrument.

Signature of Parent/Guardian

Date

Signature of Student Athlete

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

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.** 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 	<ul style="list-style-type: none"> 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

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. 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.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a medical condition (asthma/diabetes)? | <input type="checkbox"/> | <input type="checkbox"/> |

CARDIAC RISK:

- | | | |
|---|--------------------------|--------------------------|
| 1. Has any relative died of a heart condition suddenly before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 2. Do you or your relatives have a history of: | | |
| a. Heart muscle disease such as hypertrophic cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Arrhythmia, irregular rhythm, pacemaker WPW (Wolf Parkinson White), Long QT syndrome or other cardiac problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Marfan Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 3. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a history of high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of a heart murmur (other than innocent murmur) or other heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of unexplained dizziness with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had an ECG or Echocardiogram test for your heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of congenital heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. History of Carditis or Kawasaki disease? | <input type="checkbox"/> | <input type="checkbox"/> |

RESPIRATORY RISK:

- | | | |
|---|--------------------------|--------------------------|
| 1. History of cough, wheezing, or difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever used an inhaler or taken asthma medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a history of severe allergies to pollens, stinging insects, foods, or grasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been told by a doctor that you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of fractured ribs in the last 6 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |

NEUROLOGICAL RISK:

- | | | |
|--|--------------------------|--------------------------|
| 1. History of head or neck injury, or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had amnesia or memory loss after a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a history of any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of neck instability (i.e. Atlantoaxial Instability) | <input type="checkbox"/> | <input type="checkbox"/> |

INFECTION RISK:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have a history of recurrent or persistent rashes, pressure sores, herpes, or other skin infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed or treated for a MRSA infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of Mono (EBV) in the last 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of recurrent unexplained fevers, or chronic coughing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you or any members of your household have a history of tuberculosis or positive PPD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History of Hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of HIV? | <input type="checkbox"/> | <input type="checkbox"/> |

ORTHOPEDIC RISK:

- | | | |
|--|--------------------------|--------------------------|
| 1. Have you ever broken any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. History of neck or back injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of chronic back or neck pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. History of ankle, knee, hip injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of wrist, elbow, shoulder injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any artificial limbs or prosthetic devices (false teeth)? | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER PERTINENT QUESTIONS:

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you taking any prescription or nonprescription (over the counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you taking supplements or medications to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you taking medications or supplements to increase your strength or improve your sports performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you born without or are you missing a kidney, eye, (if male testicle), (if female ovary) or other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. History of bleeding or clotting disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. History of severe muscle cramps or feeling severely ill when exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. History of enlarged liver or spleen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of sickle cell disease/trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. History of Hypoglycemia (low blood sugar)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any medical changes since your last physical? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES OLDER THAN 16 (OPTIONAL):

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you had no periods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you gone more than 90 days without a period in the last 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |

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 <25dcbIs (all frequencies) Vision: R 20/____ L 20/____ Both 20/____ Corrected: Y N
 Failed _____ Not Done 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: _____