



GRANITE RIDGE INTERMEDIATE CO-CURRICULAR / ATHLETIC ELIGIBILITY PACKET



LAST NAME: _____ FIRST NAME: _____

GRADE IN 2017-18 SCHOOL YEAR: 7th 8th (Please Circle One)

CNEC Athletic Office Use Only

Date/Time Received: _____ Received By: _____ / _____

THE FOLLOWING FORMS MUST BE COMPLETED AND SIGNED BY THE STUDENT AND PARENT/GUARDIAN TO PARTICIPATE IN ATHLETICS:

1. ATHLETIC ELIGIBILITY FORM / ACKNOWLEDGEMENT OF RULES
2. RISK OF SPORT / MEDICAL INSURANCE
3. ATHLETIC PROGRAM PARTICIPATION WAIVER
4. PARENT/ATHLETE CONCUSSION INFORMATION SHEET
5. KEEP THEIR HEART IN THE GAME FORM
6. PRE-PARTICIPATION HEALTH HISTORY FORM
7. PRE-PARTICIPATION PHYSICAL FORM (MUST BE MARKED CLEARED, SIGNED AND DATED BY PHYSICIAN)

INCOMPLETE PACKETS WILL NOT BE ACCEPTED BY THE ATHLETIC OFFICE.

Please contact the CNEC Athletic Office with questions:
559-327-5055

FALL

- _____ Football
- _____ Girls Volleyball
- _____ Cross Country
- _____ Girls Tennis
- _____ Water Polo
- _____ Gymnastics (CN)
- _____ Girls Golf
- _____ Pep & Cheer

WINTER

- _____ Boys Soccer
- _____ Girls Soccer
- _____ Boys Basketball
- _____ Girls Basketball
- _____ Wrestling
- _____ Gymnastics (GR)

SPRING

- _____ Softball
- _____ Baseball
- _____ Swimming/Diving
- _____ Boys Volleyball
- _____ Boys Tennis
- _____ Track/Field
- _____ Boys Golf
- _____ Badminton



***Please return completed packet to the Clovis North Athletic Office.
Do not turn in to coaches/advisors.***

CNEC Athletic Office Use Only

Transfer: Yes _____ No _____ Date Paperwork Given to Student/Family: _____ Returned: _____

Type of Transfer: _____ Full Family Move _____ Intra-District _____ Inter-District _____ Foreign Exchange

Clovis Unified School District Athletic Eligibility Form / Intermediate Schools

NOTE: Please read this form completely. Failure to complete this form with accurate information can delay or prevent athletic eligibility. This is the only form that will clear a student for athletic participation including practice. This form also includes the District's Sports Pre-Participation form that you and a Doctor must complete.

Student's Name: _____ **Student ID #:** _____
Please Print Last First

Today's Date: _____ Grade Level for Eligibility: _____ Date of Birth: _____ Age: _____ Sex: M / F

Parent's Name: _____ Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

IMPORTANT
Please answer all the questions "YES" or "NO"

1. What attendance area do you live in? Please circle the appropriate area.

Alta Sierra
Clark
Reyburn
Granite Ridge
Kastner
2. Are you now, or have you ever been in the past school year, on an open enrollment or inter-district transfer to attend a school outside your attendance area? YES NO
3. Do you live with your parent(s) or a legal court approved guardian at the above address? YES NO
4. Have you lived at your current residence for a year or more? YES NO
 If no, when did you move from your previous address? Date _____
 If no, list previous address _____
 If you have moved or changed schools within the year, check which of these situations applies to you:
 - My whole family moved from the old address to the new address.
 - I moved from living with one parent to living with another parent.
 - I moved from living with a parent to living with a relative or guardian.
 - I moved from a relative or guardian to living with a parent.
 - A court order placed me at my new address.
 - I was dismissed from my old school for disciplinary reasons.
5. Have you attended any school other than a Clovis Unified school in the past school year? YES NO
 If the answer is yes, what is the name of the previous school? _____
 If the answer is yes, when did you leave the previous school? _____
6. Have you ever repeated any grade level? YES NO If yes, which grade? 7 8
7. What CUSD school did your son/daughter attend in:

6th grade, 1st day of 2nd semester? _____

7th grade, 1st day of 1st semester? _____

ATHLETICS -WARNING OF RISK

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION. By its very nature, competitive athletics may put students in situations in which accidents may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in serious permanent physical impairment as a result of athletic competition. Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. By granting permission for your student to participate in athletic competition, you, as a parent or guardian, acknowledge that such a risk exists. By choosing to participate, you, the student, acknowledge that such a risk exists. **FOOTBALL PLAYERS: No helmet can prevent all head or neck injuries a player may receive while participating in football. DO NOT USE YOUR HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. This is in violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.** If any of the foregoing is not completely understood, please contact your school Athletic Director for further information.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

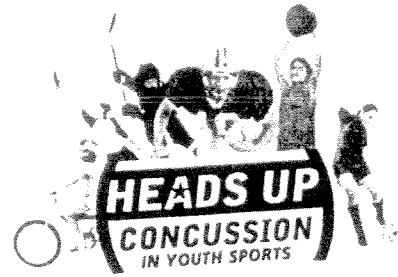
Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF

- 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 mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETES

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

ACKNOWLEDGEMENT OF KNOWLEDGE OF RULES

Athletes and Parents: Please take the time to read through the information in this packet. After reading the rules, please sign below as an acknowledgement that you have read and understood the policies, rules and procedures for Clovis Unified School District (CUSD) and agree to abide by them.

I understand that giving false information on this application to participate in athletics may result in the loss of athletic eligibility.

Signature of Student _____

Signature of Parent _____

We have read and understood the material included in the "Warning of Risk", including the Football Helmet warning. I certify that I have read and understood the warning.

Signature of Student _____

Signature of Parent _____

We have read and understood the material included in the "Parent/Athlete Concussion sheet". I certify that I have received and read the information.

Signature of Student _____

Signature of Parent _____

We understand and 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 understand under CIF Bylaw 200.D there could be penalties for giving false/fraudulent information. We understand CUSD's policy on illegal drug use will be enforced for any violations of these rules.

Signature of Student _____

Signature of Parent _____

I understand that my child **must have medical insurance** that provides at least \$1500 accidental injury coverage. I, the parent, have completed the health history of my student athlete. I understand that CIF By-Law #306 requires an annual Clovis Unified School District Sports Pre-Participation Screening for athletics and that the Screening **WILL NOT** expire during the season of sport in which the athlete is participating.

Medical Insurance Provider: _____

Policy #: _____

Signature of Student _____

Signature of Parent _____

We have read and agree to the policies stated in my schools Parental/Guardian Code of Conduct and the CUSD Code of Conduct - Board Policy 2505(B) regarding the conduct of athletes and the parents/guardians of CUSD students participating in co-curricular activities. We acknowledge that a student may be disciplined or removed from a team for violation of any of the provisions of the codes or policies for co-curricular participation in CUSD. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.

Signature of Student _____

Signature of Parent _____

I understand that my child will be ineligible in the next season's sport until all equipment obligations are met. If there are any outstanding obligations, student will be ineligible for graduation ceremonies or registration for the following year.

Signature of Student _____

Signature of Parent _____

We have read and understand the material included in the "Sudden Cardiac Arrest information sheet". I certify that I have received and read the information.

Signature of Student _____

Signature of Parent _____

**CLOVIS UNIFIED SCHOOL DISTRICT
ATHLETIC PROGRAM PARTICIPATION WAIVER
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION AGREEMENT**

Student Name:	
District School:	
Athletic Program:	

I understand and acknowledge that participation in the above Athletic Program and any related activities (collectively known herein as "Activity"), by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- ♦ Sprains
- ♦ Head and/or back injuries
- ♦ Loss of eyesight
- ♦ Fractured bones
- ♦ Paralysis
- ♦ Communicable diseases
- ♦ Unconsciousness
- ♦ Activity related injury/illness
- ♦ Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity so that I can make a voluntary choice to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that Clovis Unified School District ("District") and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: _____
Name Telephone

In consideration of being permitted to participate in the above Athletic Program and any related activities, I agree to assume any and all liability and responsibility for the potential risks which may be associated with participation in such Activity or any activities incidental thereto. I further agree by my signature below to exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Clovis Unified School District, its Board, officers, agents, employees or volunteers from any and all liability or responsibility for property damage, personal injury, and bodily injury (including wrongful death) that I might sustain which is incident to, associated with preparing for, and/or while participating in any activity connected with said Athletic Program, including travel provided by the District to and from Activity locations. I understand that this provision is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that I have carefully read and understand this Athletic Activity Program Waiver, Release of Liability and Medical Treatment Authorization Agreement, and that I voluntarily agree to its terms and conditions.

Signature of Participant **or, if Participant is a minor**, Parent/Guardian

Date

Print Name of Participant **or, if Participant is a minor**, Parent/Guardian

Check Box if Participant is a Minor

Participant's Age (if minor): _____

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent/guardian & athlete signatures

Student's Name _____ Sex M F Age _____ Date of Birth _____

Address _____ Student ID # _____

Grade _____ School _____ Sport(s) _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "YES" answers below. Circle questions you do not know the answers to.

- | | YES | NO | | | | |
|---|--------------------------|--------------------------|--|------------------------------|----------------------------------|--------------------------------|
| 1. Do you have any major health conditions? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you cough, wheeze or have trouble breathing during or after activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | a. Do you have asthma or use an inhaler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | b. Do you carry your inhaler while you are playing sports? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you have Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> | If so, do you take insulin? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| a. Have you ever taken any supplements, steroids, or vitamins, protein, creatine to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 6. Do you have any allergies (for example: medication, food, stinging insects or pollen)? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Have you ever had a sprain, strain or swelling after injury, or any other problem with pain or swelling in muscles, tendons, bones or joints? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 7. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box, indicate R for right and L for left, and explain below: | | | |
| a. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Head | <input type="checkbox"/> | Elbow <input type="checkbox"/> | Hip <input type="checkbox"/> |
| b. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Neck | <input type="checkbox"/> | Forearm <input type="checkbox"/> | Thigh <input type="checkbox"/> |
| c. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Back | <input type="checkbox"/> | Wrist <input type="checkbox"/> | Knee <input type="checkbox"/> |
| d. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | Chest | <input type="checkbox"/> | Hand <input type="checkbox"/> | Shin <input type="checkbox"/> |
| e. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder | <input type="checkbox"/> | Finger <input type="checkbox"/> | Calf <input type="checkbox"/> |
| f. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | Arm | <input type="checkbox"/> | Ankle <input type="checkbox"/> | Foot <input type="checkbox"/> |
| g. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| h. Have you had a severe viral infection (for example: infection in the heart or mononucleosis) within the last six months? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you had any problems with your eyes or vision, wear glasses, contact lenses or protective eyewear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| i. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 16. For females, age at first period _____ | | | |
| 8. Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | Are periods regular? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 9. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 17. When was your last tetanus shot? | | | |
| a. Have you ever been knocked out, become unconscious or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | Tdap (date) _____ | | | |
| b. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Explain "YES" answers here: | | | |
| c. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | |
| d. Have you ever had numbness or tingling in your arms, hands, legs or feet? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | |
| e. Have you ever had a stinger, burner or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | |
| 10. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | |

I hereby state that to the best of my knowledge, my answers to all the above questions are correct and complete and I take full responsibility for any incorrect answers
Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent & athlete signature

Student's Name _____ Sex M or F Date of Birth _____

Height: _____ Weight: _____ BMI: _____ Pulse: _____ BP: ____/____ Hgb: _____

Vision: Grossly Intact _____ Corrected: Y or N Pupils: Equal _____ Unequal _____

Physical Screening	Normal Findings	X	Abnormal Findings	No Exam
Appearance	WDWN			
Eyes/Ears/Nose/Throat	WNL			
Lymph Nodes	WNL			
Hearing	Grossly Intact			
Heart	RRR, No Significant Murmur			
Pulses	WNL			
Lungs	Clear/equal			
Abdomen	Soft, No HSMT			
Skin	Warm/Dry/Intact			
Neck	FROM			
Back	No Scoliosis			
Shoulder/Arm/Elbow	FROM, = strength			
Forearm/Wrist/Hand	FROM, = grip/strength			
Hip/Thigh/Knee	FROM			
Leg/Ankle/Foot	FROM			
Hernia/Squat/Duck Walk	WNL			
Immunizations given				

CLEARANCE

- Cleared
- NOT** Cleared until completed evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Health Care Provider (print/type/stamp): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of Health Care Provider: _____ Date of signature: _____

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Academy of Sports Medicine, 2009.