

# **Nuview Bridge High School**

30401 Reservoir Avenue  
Nuevo, California 92567  
(951) 928-8498 Fax (951) 928-0186

Jeff Simmons  
Principal

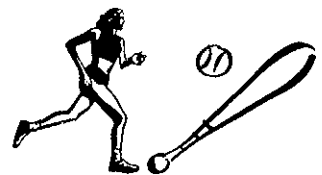
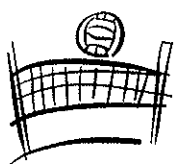
Eric Percy  
Athletic Director

## **ATHLETIC PACKET**

### **STUDENT'S AND PARENTS:**

**Please read and sign each page!  
Complete the following checklist and turn in to Mr. Percy:**

- Signed Athletic Packet**
- Physical cleared by Dr.**
- Copy of Insurance Card**



**NUVIEW BRIDGE EARLY COLLEGE HIGH SCHOOL  
ATHLETIC INFORMATION PAGE**

**Parent Authorization**

I, \_\_\_\_\_, am the legal guardian of the student named below. He/she has my permission to participate in athletics at Nuview Bridge Early College High School and to be transported and supervised by authorized persons throughout the school year. As stated in California Education Code, Section 35330, I understand that I hold Nuview Union School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in athletic events.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

**Personal Information**

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex (circle one): M F

Grade Level (circle one): 9 10 11 12

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Fathers Name

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Mothers Name

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Cell Phone #

Who does the student live with?

Both parents    Father    Mother    Legal Guardian  
 Other \_\_\_\_\_

High School history:

I have only attended Nuview Bridge High School

I have attended another high school

\_\_\_\_\_  
Name of previous High School(s)

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Sports Played at Previous High School

# NUVIEW BRIDGE HIGH SCHOOL ATHLETIC POLICY

Athletics are an important part in total education and will help develop well-rounded young adults. The following goals will be stressed:

1. Improvement of physical fitness
2. Development of a positive self-image
3. Strengthen character and leadership through participation and acceptance of responsibility
4. Encourage sportsmanship and respect for rules, equipment and facilities, officials, teammates, and opponents.
5. Build pride in Nuview Bridge High School and Nuevo.

Athletes will follow directions and submit to authority for the welfare of the group. An athlete's action while representing Nuview Bridge High School shall not reflect unfavorably on the team, school, district, or community of Nuevo.

Students who are choosing to participate in the athletic program shall follow the established expectations, requirements, rules and regulations. Failure to comply may result in disciplinary action for the participant.

## **Definitions:**

1. **Short-term suspension:** any period of time up to five calendar days. This suspension shall cover practice time and/or participation in interscholastic events.
2. **Long-term suspension:** any period of time exceeding five consecutive calendar days. Long-term suspension shall cover practice time, interscholastic events, and/or dismissal for the remainder of the sports season.
3. **Emergency Expulsion:** shall mean immediate removal from practice, interscholastic events and/or dismissal for the remainder of the sports season.

# NUVIEW BRIDGE HIGH SCHOOL ATHLETIC REQUIREMENTS

**Academic Requirements:** Athletes shall maintain passing grades in ALL classes and a minimum of a 2.0 grade point average. Failure to maintain passing grades and/or GPA will result in ineligibility to participate which will be reassessed on a WEEKLY basis by the Athletic Director and/or Principal. **Academic honesty must be maintained at all times. Disciplinary action due to cheating, plagiarism or any other violation of the student code of conduct will be at the discretion of the high school administrator.**

**Attendance Requirements:** Athletes are expected to be in regular attendance at school, practices and all scheduled contests with no unexcused absences or tardiness. Athletes will not practice nor participate in a contest if they have been absent from classes without a valid excuse.

**Smoking, Drinking, Use of and/or Possession of Drugs (including paraphernalia)** shall not be allowed.

- **1<sup>st</sup> violation:** Athletes shall be immediately ineligible for interscholastic competition for the remainder of the current sports season.
- **2<sup>nd</sup> violation:** Athletes shall be ineligible for interscholastic competition for a period of one calendar year from the date of the second violation.
- **3<sup>rd</sup> violation:** Athletes shall be permanently ineligible for interscholastic competition for the remainder of his/her years at Nuview Bridge High School.

**Criminal Activity:** The school district retains the discretionary authority to discipline, suspend or expel the violator in addition to any court sanction. The coach may recommend to the administration that appropriate disciplinary action be taken.

**Care and Treatment of Equipment:** All equipment assigned to an athlete will be taken care of and returned in a condition that will allow its use by future participants. This is a responsibility assumed by the athlete when he/she turns out for a sport.

- Coach and administration will handle violations by suspensions, conferences, or limiting the athlete's participation in succeeding sports seasons and by requiring restitution for damages or losses.

# NUVIEW BRIDGE HIGH SCHOOL ATHLETIC EXPECTATIONS

In accordance with CIF Bylaw 307, each athlete must have an **annual** physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics on file with the Athletic Director ***before he/she can try out, practice or participate in interscholastic athletic competition.*** Schedule your physical early...don't wait until the season starts!!!

This physical examination must include, but is not limited to:

- a. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation thereof.
  - b. Documentation of satisfactory examination of the cardiopulmonary system.
  - c. Documentation of satisfactory sport-specific orthopedic screening examination.
  - d. If necessary, a written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation with suggestion for activity modification.
2. **Athletes may be asked to help fund raise for their sport or donate.** This money is allocated for each individual sport and is kept in the Nuvview Nights Athletic Booster Club account. The coach will use this money for the end of the year banquet or items needed for the team during the season.
  3. Each athlete will be required to abide by and respect all school rules and regulations.
  4. Any athlete receiving a disciplinary "write-up" as the result of infractions of student rules by a teacher or other adult staff member may result in additional discipline by the coaching staff for the first two infractions. For a third violation, the athlete will be removed from the team for the remainder of the season.
  5. Athletes are expected to be at, and on time, for every practice. Players will be excused from practice with a prior note from his/her parent for the following reasons only: (1) Funeral, (2) Doctor's or Dentist's Appointment (3) Illness and Absence from school. Any admissible exceptions to this policy must be agreed on with the coaching staff prior to the missed practice. Any unexcused missed practice will be regarded as skipping practice and will result in a write-up.
  6. **Two unexcused absences will result in dismissal from the team.**
  7. Athletes are expected to display appropriate behavior and good sportsmanship at all times.
  8. Athletes are expected to be positive, cooperative with others, be a team player and work to become the best they can be.
  9. Athletes are expected to follow and abide by the NBECHS Athletic Policy.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF RULES  
CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF)**

This form must be signed by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's physical examination form signed by a physician and a medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Parent or Guardian's Permit**

I hereby give consent for the above student to compete in CIF approved sports, and travel with the coach or other representative of Nuviev Bridge High School on any trips.

Neither CIF nor Nuviev Bridge High School assumes any responsibility in case an accident occurs.

I have read and understand CIF basic eligibility requirements and agree that my son/daughter will abide by CIF rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment owned by Nuviev Bridge High School and issued to the above named student.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the CIF nor Nuviev Bridge High School assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

**All the athletic packet pages must be completed before a student is eligible to participate in any practice, before, during or after school, (both in-season and out-of-season) or games/matches/contests.**

## GENERAL ELIGIBILITY INFORMATION

School coaches may not:

- transport, register, instruct or schedule any practice for an individual or a team for students in grades 9-12 from their high school in any CIF approved sport
  - **except** during the CIF season (August 22 until CIF activities end in the spring, usually mid-May) and
  - **during** the summer dead period, which is the 3 weeks following the last day of school, which prohibits coaches from working with high school students registered and/or attending their high school.)

### BASIC ELIGIBILITY REQUIREMENTS FOR PARTICIPATION

According to CIF standards, students are eligible to represent their schools in interscholastic activities if they:

- are less than 19 years old prior to June 15 of the current or upcoming school year;
- are full-time, day students in the school, (have not graduated from high school) and have been in regular attendance at the school for at least 15 school days before the contest or competition;
- were in attendance at least 10 weeks of the previous semester or they are ninth graders;
- are in compliance with the academic eligibility rules of the CIF Constitution, By-Laws and Contest Rules (maintain a minimum 2.0 GPA and earn all passing grades [no F's] and are enrolled in at least 20 semester periods of work [classes]-this is 4 classes);
- are enrolled in a four year program of high school courses, and initially enrolled in the 9<sup>th</sup> grade no more than 4 years ago nor in the 10<sup>th</sup> grade not more than 3 years ago (home school students are not eligible under Bylaw 304);
- have not competed on an "outside" team, in the same sport, during the student's high school season of sport;
- have not received inducement for athletic purposes (based on athletic ability or contribution to the athletic team);
- have not tried out or played for a college or professional team in any CIF approved sport from Sept.15 to June 15;
- are not in violation of the Awards Rule (received athletic awards totaling more than \$100 in value during regular season play and/or received more than \$250 in value for any post-season play);
- officially reside with their parents or legal guardians within Nuview Bridge High School's attendance area;
- have not accepted money or any other valuable consideration for participating in any sport;
- have not wore a school team uniform or any identifying school insignia while appearing in any advertisement, promotional activity or endorsement for any commercial product or service to be used for the commercial endorsement or promotion of any product, plan or service relating to CIF athletic activities; and/or lent their name and school team or school affiliation for purposes of commercial endorsement.

I have read the regulations cited above and agree to follow the rules.

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Date

Signature of Parent or Guardian

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Date

Signature of Student

**STEROIDS POLICY STATEMENT**

***Conditions of participation for student-athletes with the new CIF requirement under Bylaw 524.***

\_\_\_\_\_  
Print Name of Student-Athlete

As a condition of membership in the CIF, all schools are required to 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 that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Nuview Union School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

  
**Southern Section**  
*Academics / Integrity / Athletics*

10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

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## Code of Ethics - Athletes

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

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

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

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 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 recognize that under CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

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Signature of Student Athlete

Date

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Signature of Parent/Caregiver

Date

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

Revised 7/06

# PARENT CODE OF ETHICS

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

As a parent, I understand that it is my responsibility to:

1. Place my child's academic achievement as the highest priority by helping him/her maintain a minimum 2.0 grade point average.
2. Show respect for all players, officials, coaches and other adults. No parent shall disrespect, threaten, yell at or attack (verbally or physically) an official, player, coach or other adult.
3. Respect the integrity and judgment of game officials. No parent shall challenge an official's call or show objectionable dissent about an official's decision.
4. Exhibit sportsmanship and proper conduct before, during and after the athletic event.
5. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
6. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation for my son/daughter.
7. Teach my athlete how to win with character, lose with dignity.
8. Violations of this CODE OF ETHICS could result in removal from the current athletic event and possible suspension from attending future athletic events
9. Disagreements with the coach will not be done before, during, or after an athletic contest. All communication will be done at coaches convenience.

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Signature of Parent

Name (Printed)

Date

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Athlete's Name (Printed)

A copy of this form must be kept on file in the Athletic Director's Office on an annual basis.

**INFORMED CONSENT  
AWARENESS OF SPORTS INJURY RISK  
WARNING AND AGREEMENT**

By its very nature, competitive athletics can put students in situations in which **SERIOUS, CATASTROPHIC, and perhaps FATAL** accidents could occur.

Students and parents/guardian 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, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions. We also recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this program. Each player is expected to follow the directions/standards of the coach.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

At the beginning of the school year or a season of practice both the athlete and parent need to be informed in writing of the above information. The school must require that both the athlete and the parent sign and date a sheet of paper acknowledging that they have read the above statement and understand it thoroughly. This paper, with signature, should be kept on file with the athletic director.

It is also preferable to have this warning additionally transmitted verbally to parents and athletes at pre-season meetings held by either the coach or athletic director. It is one of the legal responsibilities of a school that parents are informed of both awareness of risk and the responsibility to follow instructions and then give their consent to participate.

I have read and understand the information above and give my son/daughter permission to participate.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Athlete's Name (Print)

## Interscholastic Athletic Insurance Coverage Verification

In accordance with Education code, Sections 32220-32224, before your son or daughter is eligible to participate in interscholastic athletics, you must obtain insurance coverage for him/her. Please read carefully the following affidavit, and if you presently have the required insurance coverage for your son/daughter, sign this affidavit and PROVIDE PROOF OF SUCH COVERAGE by attaching a copy of your insurance membership identification card.

I, \_\_\_\_\_ do hereby declare that \_\_\_\_\_  
(Print Name of Parent/Guardian) (Print Name of Student)

is insured in accordance with Education code, Sections 32220-32224 through:

Company Name (medical policy): \_\_\_\_\_

Policy Number: \_\_\_\_\_

I understand that the aforesaid law requires that the above insurance coverage apply to members of athletic teams and non-competitors who perform duties in connection with interscholastic athletic events while such persons are engaged in or preparing for an athletic event promoted under the sponsorship or the arrangement of the Nuview Union School District or student body association to or from the school or other place of instruction and the place of the athletic event.

I further understand that the above insurance covers doctors' services and hospitalization. Furthermore, I will assume the cost of ambulance service in case of emergency. I understand that the school does not pay for ambulance services. I accept full responsibility for the cost of treatment for any injury which my child may suffer while taking part in the athletics program. I will continue to keep this policy in force throughout the sports season(s) my son/daughter is participating in.

My signature on this affidavit signifies that I, the parent/guardian of the above named athlete, certify that this information is correct.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# AUTHORIZATION OF CONSENT FOR EMERGENCY TREATMENT OF MINOR

Please list the name and phone numbers of the parent/guardian to be notified in an emergency situation as well as an alternate emergency contact and your family physician.

Student's Name: \_\_\_\_\_ M or F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Name and Address)

Medical Ins. Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby authorize and give consent for the above named student (hereafter referred to as "my child") to compete in CIF approved sports. I authorize my child to travel with and be supervised by a representative of Nuview Union School District on any trips. I understand that neither CIF nor Nuview Union School District assumes any responsibility in case an accident occurs. I will not hold liable Nuview Union School District, its officers or employees for medical aid rendered and will reimburse Nuview Union School District for medical or other expenses incurred in my child's care.

If, in the judgment of any representatives of Nuview Union School District, the my child needs immediate care and treatment as a result of any injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given to my child by any physician, trainer, nurse, hospital, or school representative. I authorize any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is rendered under the supervision of any member of the medical staff and emergency room staff licensed under provisions of the Medicine Practice Act and on the staff of any hospital holding a current license to operate from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital emergency care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact me prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. I will assume financial responsibility for any and all treatment rendered to my child. Nuview Union School District, its employees or agents, or volunteers will not be responsible for such costs.

This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective until the end of the school year, unless revoked sooner in writing and delivered to the Athletic Director at Nuview Bridge High School. In accordance with Education Code, Section 35330, I, the parent/guardian hereby agree to waive and hold harmless Nuview Union School District, as well as any person whosoever provided care and treatment of my child, from all claims against them for injury, accident, illness, or death occurring to my child by reason of participation in athletics.

List any restrictions or allergies: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

**\*\*Please attach a copy of Athlete's Insurance card\*\***

# Preparticipation Physical Evaluation

HISTORY FORM

DATE OF EXAM \_\_\_\_\_

Name _____		Sex _____	Age _____	Date of birth _____
Grade _____		School _____		
Sport(s) _____				
Address _____			Phone _____	
Personal physician _____				
<i>In case of emergency, contact:</i>				
Name _____		Relationship _____	Phone (H) _____	(W) _____

**Explain "Yes" answers below.  
Circle questions you don't know the answers to.**

- |   | Yes                      | No                       |  | Yes                      | No                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?  | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):   |                          |                          | 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High blood pressure  |                          |                          | 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> High cholesterol   |                          |                          | 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart murmur   |                          |                          | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> A heart infection  |                          |                          | 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died of no apparent reason?   | <input type="checkbox"/> | <input type="checkbox"/> | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:           |                          |                          | 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  | <input type="checkbox"/> | <input type="checkbox"/> | 45. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/ shin	Ankle	Foot/ toes

20. Have you ever had a stress fracture?  Yes  No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  Yes  No
22. Do you regularly use a brace or assistive device?  Yes  No
23. Has a doctor ever told you that you have asthma or allergies?  Yes  No

- FEMALES ONLY**
47. Have you ever had a menstrual period?  Yes  No
48. How old were you when you had your first menstrual period? \_\_\_\_\_
49. How many periods have you had in the last 12 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 \_\_\_\_\_

Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_)  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

- Follow-Up Questions on More Sensitive Issues**
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had a least 1 drink of alcohol?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey ( <a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a> ) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc. | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

\*Multiple-examiner set-up only.  
 \*Having a third party present is recommended for the genitourinary examination.

Notes: \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO

Please Attach  
A Copy of  
The Athlete's  
Insurance Card.

Thank you!