

NO CHIROPRACTORS

MEDICAL DOCTORS
ONLY!

EL RANCHO HIGH SCHOOL
Pico Rivera, California

ATHLETIC PACKET

ATTENTION ATHLETES! PLEASE READ! IMPORTANT!!!

The attached forms must be filled out completely and turned into the Cashier before you can be cleared for any sport, including practice, or be issued any equipment. If you have your own insurance, be sure that the policy number or identification numbers have been filled in on the **Responsibility Statement/Insurance Verification** form and that a parent or guardian has signed it. The **Emergency Information** form (parts 1 and 2) must also be completed and returned to the Cashier with the **Voluntary Activities Participation** form. The **CIF/Del Rio League Code of Ethics** form must be read and signed by the student and parent before participation in any contest. All physicals must have doctor's receipt attached or have the doctor's office stamp (with office address) for verification of authenticity. Any forgeries of these forms (physicals, insurance, etc.) will result in that person being disqualified from the athletic program.

As a participant in the athletic program at El Rancho High School, your purchase of an ASB Card will help defer the cost of transportation to and from athletic events, will help pay for officials, and other athletic expenses. Without your support, the athletic program at El Rancho may not exist. Purchasing an ASB Card also allows the student free admission to varsity football and basketball games and offers discounts to student dances and other ticketed events throughout the school year.

RETURN ALL COMPLETED FORMS TO THE CASHIER'S OFFICE WINDOWS

<u>Item No.</u>	<u>Form</u>
1	Physical Examination Form (2 pages)
2	Voluntary Activities Participation Form (signed by student and parent)
3	Emergency Information Form
4	CIF/Del Rio League Code of Ethics Form
5	Responsibility Statement/Insurance Verification Form (must be completed even if you have insurance)
6	ASB Card \$35 (purchase when turning in clearance forms)

PLEASE DO NOT TURN IN ATHLETIC PACKET WITH SCHOOL REGISTRATION PACKET. Athletic packet is to be turned in to the cashier's office (before school, during lunch or after school) prior to your first day of practice!

The **California Interscholastic Federation** requires an annual Pre-Participation Physical Examination (PPE) by a health practitioner for all student-athletes before the student engages in a tryout, practice, or actual competition (CIF Bylaw 308). This certificate of physical examination is valid for one (1) calendar year.

**QUESTIONNAIRE FOR ATHLETIC PARTICIPATION
(To be completed by the parent. Please type or print this information.)**

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____
 Home Address _____ City _____ Zip Code _____
 Parent's/Guardian's Name _____ Home Phone # _____
 Family Physician _____ Phone # _____
 Hospital Preference _____ Address _____
 Person to contact if parents/guardian cannot be located _____
 Address _____ City/State/Zip Code _____
 Phone: Work _____ Home _____ Date _____

INSURANCE: _____ *My child is covered by a family health/accident insurance plan.*
 _____ *I will purchase an alternative health/accident insurance policy.*

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign the 2nd page of this form after the physical examination is completed.)

	Yes	No	Has this student had any?		Yes	No	Has this student had any?
1.			Chronic or recurrent illness or injury?	16.			Asthma?
2.			Any illness lasting more than one (1) week?	17.			Epilepsy or other seizures?
3.			Rheumatic fever, mononucleosis?	18.			Diabetes?
4.			Hospitalizations (Overnight or longer)?	19.			Eyeglasses or contact lenses?
5.			Surgery, other than tonsillectomy?	20.			Dental braces, bridges, plates?
6.			Missing organs (eye, kidney, testicle)?				
7.			Allergy to medications, insects, food?		Yes	No	Is there a history of?
8.			Seasonal allergies (hay fever)?	21.			Injuries requiring medical treatment?
9.			Problems with heart, blood pressure, cholesterol?	22.			Neck injury?
10.			Racing of your heart or skipped heart beats?	23.			Knee injury?
11.			Chest pain with exercise?	24.			Knee surgery?
12.			Frequent headaches, convulsions, dizziness, fainting?	25.			Ankle injury?
13.			Dizziness or fainting with exercise?	26.			Broken bones (fractures)?
14.			Concussion, unconsciousness, extremity numbness?	27.			Other serious joint injuries?
15.			Heat exhaustion, heat stroke, or other heat related problems?	28.			Use of protective equipment or braces?
	Yes	No	Further History				
29.			Is there a history of family or genetic disease?				
30.			Has any family member died suddenly at less than 40 years of age of causes other than an accident?				
31.			Has any family member had a heart attack at less than 55 years of age?				
32.			Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?				
33.			List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:				
34.			What is the most and least you have weighed in the past year?		Most:		Least:
			Date of last known tetanus (lockjaw) shot:				Date of Hepatitis B Series:

FOR WOMEN ONLY:

- How old were you when you had your first menstrual period? _____
 - In the past year, what is the longest time you have gone between menstrual periods? _____
- Use this space to explain any of the above numbered YES answers or to provide additional information: _____

PHYSICAL EXAMINATION RECORD

To be completed by a licensed medical doctor (no chiropractors.) This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Athlete's Name _____
Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision: R 20/ _____ L 20/ _____

Table with 4 columns: NORMAL, ABNORMAL FINDINGS, INITIALS. Rows include: Appearance (esp. Marfan's), Eyes/Ears/Nose/Throat, Mouth & Teeth, Neck, Lymph Nodes, Heart (Standing & Lying), Pulses (esp. Femoral), Chest & Lungs, Abdomen, Skin, Genitals - Hernia, Musculoskeletal - ROM, strength, etc. (See questions 21-27), Neurological, Scoliosis.

Clearance Recommendations:

Full & Unlimited Participation

Limited Participation - May NOT participate in the following (checked):

- Baseball, Basketball, Cross Country, Football, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling, Water Polo, Other

Clearance Pending Documented Follow up of

NOT CLEARED FOR ATHLETIC PARTICIPATION

Comments regarding abnormal findings: _____

Licensed Professional's Name (Printed): _____ Exam Date: _____

Licensed Professional's Signature: _____ Phone: _____

To be completed by parent/guardian. By signing below, I state that I have read and understand the following:

- 1. I hereby give my permission to an authorized athletic trainer to give medical attention for my child in case of injury or illness.
2. I give my consent for my child to engage in state association approved athletic activities as a representative of his/her school.
3. I give my consent for my child to accompany his/her team as a member on school sponsored transportation to both in and out of town contests.
4. I give my consent for my child to travel to or from a school athletic event by means other than a school vehicle when school transportation is unavailable or impractical.
5. I have read the "CIF/DEL RIO LEAGUE CODE OF ETHICS" that contains regulations for behavior both in and out of school, and health rules that forbid the use or possession of steroids, alcohol, tobacco, and drugs.
6. ACKNOWLEDGEMENT OF RISK: I realize that there is a risk of being injured that is inherent in all sports.
7. EQUIPMENT: In certain sports, practice and game equipment is issued to athletes. As a member of this squad it is expected:
- All equipment will be checked in by your son/daughter immediately after a sport is finished.
- He/she will pay for any equipment lost.
- This equipment is to be worn only at school athletic events and practices.

Typed or printed Name of Parent or Guardian

Signature of Parent or Guardian

Address (Street/PO Box, City, State, Zip Code)

Phone Number

Date

VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my son/daughter, _____ to participate in the District sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

By signing below, I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

ASB FINANCIAL POLICY

We (student and parent/guardian) acknowledge that we have been informed that all fees, and payments associated with any student body organization shall be made in the Cashier's Office at El Rancho High School. A receipt will be issued for every transaction. These receipts should be retained for your records. Please remember that payments should **never** be made to coaches, advisors, teachers, parents or booster club organization representatives. El Rancho High School is only accountable for payments made to the Cashier's Office. Should you have questions regarding this policy, please call the Assistant Principal of Business and Activities or the Student Body Bookkeeper at (562) 801-5314.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.

El Rancho Emergency Information Form (Part 1) Informacion del Alumno en Caso de Emergencia

Student's Last Name/Apellido	First Name/Nombre	Middle Name/Segundo Nombre	DOB/Fecha de Nacimiento
Address/Dirección			Home Phone/Teléfono de la casa
Father/Padre/Guardian/Tutor	Employer & Address/Empleo y dirección		Phone and Ext./Teléfono y Ext.
Mother/Madre/Guardian/Tutor	Employer & Address/Empleo y dirección		Phone and Ext./Teléfono y Ext.

Adults authorized to pick-up child/Adultos autorizados para recoger el niño/s

Name/Nombre	Phone/Teléfono
1. _____	_____
2. _____	_____
3. _____	_____

Does this student have any medical problems?/¿Su hijo/a tiene algun problema de salud? Yes/Si No/No
Please Explain/Favor de Explicar: _____

Name of Doctor and telephone/Nombre del medico y teléfono: _____

Occasionally a pupil becomes ill or has an accident, and although first-aid is given, it is necessary to contact the parents/guardians, or call for emergency assistance. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.
En ocasión los niños se enferman o sufren algún accidente y aunque se les brinda los primeros auxilios, es necesario contactar a los padres de inmediato o llamar a la asistencia medica de emergencia. Tengo entendido que el Distrito Escolar no asume la responsabilidad del pago de los servicios medicos que se otorgan a mi hijo/a.

Signature of Father, Mother, or Guardian Firma de Padre, Madre, o Tutor	Date Fecha
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El Rancho Emergency Information (Part 2)

Student's Last Name/Apellido	First Name/Nombre	Middle Name/Segundo Nombre	DOB/Fecha de Nacimiento
Address/Dirección			Home Phone/Teléfono de la casa
Father/Padre/Guardian/Tutor	Employer & Address/Empleo y dirección		Phone and Ext./Teléfono y Ext.
Mother/Madre/Guardian/Tutor	Employer & Address/Empleo y dirección		Phone and Ext./Teléfono y Ext.

Adults authorized to pick-up child/Adultos autorizados para recoger el niño/s

Name/Nombre	Phone/Teléfono
1. _____	_____
2. _____	_____
3. _____	_____

Does this student have any medical problems?/¿Su hijo/a tiene algun problema de salud? Yes/Si No/No
Please Explain/Favor de Explicar: _____

Name of Doctor and telephone/Nombre del medico y teléfono: _____

Occasionally a pupil becomes ill or has an accident, and although first-aid is given, it is necessary to contact the parents/guardians, or call for emergency assistance. I realize that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.
En ocasión los niños se enferman o sufren algún accidente y aunque se les brinda los primeros auxilios, es necesario contactar a los padres de inmediato o llamar a la asistencia medica de emergencia. Tengo entendido que el Distrito Escolar no asume la responsabilidad del pago de los servicios medicos que se otorgan a mi hijo/a.

Signature of Father, Mother, or Guardian Firma de Padre, Madre, o Tutor	Date Fecha
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Responsibility Statement / Insurance Verification Form

PRINT STUDENT NAME _____

GRADE _____

California law requires that a student must have adequate medical insurance to be eligible for after school athletics. It is mandatory that you indicate below the type of insurance coverage you have for your son/daughter.

1. **Hospital Insurance Plan** - \$1500 minimum benefits required.

Name of company: _____ Identification no: _____

I certify that I hold the above insurance and hereby give my son/daughter permission to participate in after school athletics offered by the El Rancho Unified School District and also grant permission for my son/daughter to travel by school bus or private vehicle to athletic events.

I am aware that participation in competitive athletics does contain risk of catastrophic injury or death and I assume full responsibility if this should occur.

Date: _____

Parent's Signature

Student's Signature

THIS FORM MUST BE RETURNED TO THE CASHIER'S OFFICE ALONG WITH PHYSICAL AND EMERGENCY CONTACT INFORMATION



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	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

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.*

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.

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

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date