

**TAMALPAIS UNION HIGH SCHOOL DISTRICT
ATHLETIC PARTICIPATION CLEARANCE FORM**

Parental Permission: I/we consent to the following:

- A) _____ has my/our permission to participate in the following sports this school.
(student name)
- M F Grade Level _____ Fall _____ Winter _____ Spring _____
Circle name of sport name of sport name of sport
- B) **Has your student attended another high school within the past 12 months? If so, which: _____**
I/we are aware of the CIF/NCS/MCAL transfer policy as outlined on the back of this page.
- C) The above named student resides in the Tamalpais Union High School District, or has an approved interdistrict transfer, and will abide by the district's residency policies in order to participate in athletics.
- D) I have read and understand all the information on this form and in the TUHSD Parent-Student Guide to Athletics which is available at www.tamdistrict.org and each school's athletic website.
- E) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions. If he/she is injured, the coach and/or school official is authorized to have him/her treated.
- F) If above named student is participating in swimming and/or water polo sport, I authorize the team coach to be in charge of supervision and safety at away contests at the pool.
- G) I am aware that academic eligibility for Fall sports is based on June grades. **Entering 9th grade athletes must attach a June report card with this form.** See the TUHSD Parent-Student Guide to Athletics for academic eligibility information.

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
- 2. Fractured bones
- 3. Concussions
- 4. Head and/or back injury
- 5. Paralysis
- 6. Loss of eyesight
- 7. Communicable diseases
- 8. Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I 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 incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information, all information provided is truthful and that I understand and agree to its terms.

1. Parent/Guardian Signature _____ Date _____
 Address: _____ e-mail: _____
 Street City Zip
 Phone: Mother (h) _____ (w/c) _____ Father (h) _____ (w/c) _____

2. Medical issues of which the school/coach should be aware:

3. In case of injury/emergency (when parents/guardian are not available) notify:

Name/relationship _____ Phone(s) _____

4. Insurance Certification: This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. **Low cost school insurance is available, but may have limits that may not cover ambulance or other major medical expenses. Please read and understand such policy terms.**

Insurance Carrier _____ Policy # _____

-5. Doctor's Certification: Please complete the attached medical clearance forms as follows:

- 1. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION: HISTORY FORM (completed by athlete/family and retained by physician in medical record)**
- 2. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION: PHYSICAL EXAMINATION FORM (completed by physician and retained in medical record)**
- 3. **CIF PRE-PARTICIPATION PHYSICAL EVALUATION: CLEARANCE FORM (completed by physician and returned to school athletic director)**

CIF/NCS/MCAL TRANSFER POLICY: Any student who transfers between high schools is subject to the CIF transfer policy. Beginning July 1, 2007, athletes may transfer ONCE at the beginning of NINTH grade. Any TENTH, ELEVENTH OR TWELFTH grade transfer student may not be eligible for varsity competition. All transfer athletes are considered ineligible and must request review of eligibility by the new school's principal or designee to determine eligibility for competition. Before participating in a league sport, CIF forms 206 and 207/209/510 will be required. Forms are available online at www.cifnca.org. Allow 20 business days for processing these forms. The athlete may miss part of the season of sport during the review and evaluation process. See your school's Athletic Director and visit <http://cifstate.org/> for additional information.

NCS/MCAL EJECTION POLICY

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, post season {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.)
5. Coaches are responsible for determining the cause of ejection for any of their players and are responsible for enforcement of the Ejection Policy. Confusion over the cause for a player's ejection shall not be the basis for allowing a student who has been ejected under an applicable rule to avoid the sanctions required by the Ejection Policy (either prohibition from participation or forfeiture) should a student who is in violation of the Ejection Policy play in a subsequent contest (BOM 10/24/97).

TAMALPAIS UNION HIGH SCHOOL DISTRICT - STUDENT ATHLETE CONTRACT

- I have read and understand the rules and regulations of the NCS/MCAL Ejection Policy. Athletes may not participate in any contest until this document is filed with the school.
- I have read the TUHSD Athletic Code of Conduct and understand what is expected of me as an athlete.

I WILL

- Show respect for myself, teammates, coach, opponents, and officials.
- Use no foul language, trash talk, negative gestures or actions to provoke a negative response or fighting.
- Avoid hazing of any description. Penalties may include, but are not limited to, removal from the team, suspension and/or criminal charges.
- Attend school a minimum of four (4) regular or two (2) block periods before I will be allowed to practice/play on any given day.
- Maintain a minimum of a 2.0 GPA and must be passing at least four classes according to TUHSD, MCAL and NCS policies.

Acknowledged by: _____
Student Signature
Email
Date

CONDITIONS OF PARTICIPATION FOR STUDENT-ATHLETES:

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 (insert/school district name here) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

TRANSPORTATION FOR ATHLETICS: BP3541.1(a) and BP3541.1(b) The District may provide transportation for athletes to and from athletic events by contract with private transportation providers to the extent that funds are available for this purpose. When funds are not available, the Superintendent, or designee, will neither authorize nor arrange for the transportation of the students by private automobile. **Rather, students and/or their parents will be expected to assume responsibility and make their own arrangements for transportation to practices and contests. Coaches are never to provide transportation for students.**

Signature of Athlete Date

Signature of Parent/Caregiver Date

Approval to participate (initials of Athletic Director or Asst. Principal) _____
Fall
Winter
Spring

CIF PRE-PARTICIPATION PHYSICAL EVALUATION: HISTORY FORM

(This form is to be filled out by the parent/patient prior to seeing the physician. The physician should keep this form in the medical chart.)

Name _____ Date of Exam _____ School _____
 Gender _____ Date of Birth _____ Grade _____ Sport(s) _____

Medicines and Allergies: Please list all the prescriptions and over-the-counter medicines and supplements (herbal and medicinal) that you are currently taking:

 Do you have any allergies? Yes No If yes, please identify the specific allergy(ies): Pollens _____ Food _____ Medicines _____
 Insects _____ Other _____

Explain 'yes' answers on the back of this page. Circle questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No		
1. Has a doctor ever denied or restricted your participation in sports for any reason?				
2. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____				
3. Have you ever spent the night in a hospital?				
4. Have you ever had surgery?				
HEART HEALTH QUESTIONS ABOUT YOU				
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?				
7. Does your heart ever race or skip beats (irregular beats) during exercise?				
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other _____				
9. Has a doctor ever ordered a test for your heart? (i.e. EKG/ECG, echocardiogram)				
10. Do you get light-headed or feel more short of breath than expected during exercise?				
11. Have you ever had an unexplained seizure?				
12. Do you get more tired or short of breath more quickly than your friends during exercise?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?				
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?				
15. Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?				
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?				
BONE AND JOINT QUESTIONS				
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?				
18. Have you ever had any broken or fractured bones or dislocated joints?				
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?				
20. Have you ever had a stress fracture?				
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability, Down syndrome or dwarfism?				
22. Do you regularly use a brace, orthotics or other assistive device?				
23. Do you have a bone, muscle or joint injury that bothers you?				
24. Do any of your joints become painful, swollen, feel warm or look red?				
25. Do you have any history of juvenile arthritis or connective tissue disease?				
MEDICAL QUESTIONS				
26. Do you cough, wheeze or have difficulty breathing during or after exercise?				
27. Have you ever used an inhaler or taken asthma medicine?				
28. Is there anyone in your family who has asthma?				
29. Were you born without or are you missing a kidney, n eye, a testicle (males), your spleen or any other organ?				
30. Do you have groin pain or a painful bulge or hernia in the groin area?				
31. Have you had infectious mononucleosis (mono) within the last month?				
32. Do you have any rashes, pressure sores or other skin problems?				
33. Have you had a herpes or MRSA skin infection?				
34. Have you ever had a head injury or concussion?				
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?				
36. Do you have a history of seizure disorder?				
37. Do you have headaches with exercise?				
38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?				
39. Have you ever been unable to move your arms or legs after being hit or falling?				
40. Have you ever become ill while exercising in the heat?				
41. Do you get frequent muscle cramps while exercising?				
42. Do you or someone in your family have sickle cell trait or disease?				
43. Have you had any problems with your eyes or vision?				
44. Have you had any eye injuries?				
45. Do you wear glasses or contact lenses?				
46. Do you wear protective eyewear such as goggles or face shield?				
47. Do you worry about your weight?				
48. Are you trying or has anyone recommended that you gain or lose weight?				
49. Are you on a special diet or do you avoid certain types of foods?				
50. Have you ever had an eating disorder?				
51. Do you drink alcohol or use any prescription or over-the-counter or illegal drugs?				
52. Have you ever taken anabolic steroids or used any other supplement to gain or lose weight or improve performance?				
53. Do you have any concerns that you would like to discuss with a doctor?				
FEMALES ONLY				
54. Have you ever had a menstrual period?				
54. How old were you when you had your first menstrual period?				
55. How many periods have you had in the last 12 months?				

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

Signature of student _____ Signature of parent _____ Date _____ ©

CIF PRE-PARTICIPATION PHYSICAL EVALUATION: PHYSICAL EXAMINATION FORM

Name _____ Date of exam _____

PHYSICIAN REMINDERS (This form should be kept in the medical records)

1. Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff or dip?
 - During the past month, have you used cigarettes, chewing tobacco, snuff or dip?
 - Do you always wear a seat belt, use a helmet and use condoms.

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Date of birth: _____
	Vision: R 20/ _____ L 20/ _____	Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat: Pupils equal, Hearing _____		
Lymph nodes _____		
Heart ¹ : Murmurs (auscultation standing, supine, ± Valsalva; Location of point of maximal impulse (PMI) _____)		
Pulses: Simultaneous femoral and radial pulses _____		
Lungs _____		
Abdomen _____		
Genitourinary (males only) ² _____		
Skin: HSV, lesions suggestive of MRSA, tinea corporis _____		
Neurologic ³ _____		
MUSCULAR/SKELETAL		
Neck _____		
Back _____		
Shoulder/Arms _____		
Elbow/Forearm _____		
Wrist/Hands/Fingers _____		
Hip/Thigh _____		
Knee _____		
Leg/Ankle _____		
Functional: Duck-walk, single leg hop _____		

¹Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or exam
²Consider GU exam if in a private setting. Having a third party present is recommended.
³Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

- Cleared for all sports without restriction**
- Cleared for all sports without restriction with recommendation for further for further evaluation or treatment for** _____
-
- Not cleared** **Pending further evaluation**
- For any sports**
- For certain sports** _____ **Recommendations** _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parents/guardian.

Name of physician (print/type) _____ Signature _____

Address _____

CIF PRE-PARTICIPATION PHYSICAL EVALUATION: **CLEARANCE FORM**

Name _____ Male Female Age _____ Date of Birth _____

Sports: Fall _____ Winter _____ Spring _____

CLEARANCE

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendation for further evaluation or treatment for

- Not cleared Pending further evaluation
 - For any sports
 - For certain sports _____ Reason _____

Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parents/guardian.

Name of physician (print/type) _____ MD or DO

Signature _____

Address _____ Phone _____

EMERGENCY INFORMATION

ALLERGIES:

OTHER INFORMATION:
