Dear Student-Athlete:

Welcome to Chaparral High School Athletics. Our outstanding coaching staffs, with support from administration, an outstanding student body and supportive parents have allowed us to attain much success in the highly competitive Southwestern League. Since we opened in 1997 Chaparral High School has earned a positive reputation as one of the premier athletic programs in Riverside County.

The goal of Puma athletics is to provide a positive experience for student athletes to grow and enrich their education through CIF athletic competition. We firmly believe athletic participation is an extension of the classroom, and athletic/ academics go hand in hand. We are committed to providing experiences that promote sportsmanship, diversity, gender equity, and Pursuing Victory with Honor, by developing student athletes with character. As you get to know us, I have no doubt you will see that Chaparral High School is truly the: Home of Scholars and Champions!!!

Dave Reisinger - Athletic Director/Assistant Principal

Chaparral High School ASB Cards:
Students must have an ASB card, in order to receive Letters, Pins & Awards at a discounted rate. The ASB card also admits students into CHS Athletic and Activities events at discounted rates (some events are FREE). ASB Cards will be available for purchase during registration and at the bookkeeping office.

A new Athletic Physical Packet, including a Doctor’s physical, is required each school year.
You must turn in the completed packet to the Athletic Office BEFORE participating in any summer camp, tryout or conditioning for any sport/activity

When completing the Packet . . .

PHYSICALS MUST BE DATED AFTER MAY 1ST, 2018 & BE COMPLETED BY AN M.D. OR D.O. (only)

- Pages 1-9, read and keep for your records.
- Print pages 10 – 16, sign where indicated
- Page 16, is to be completed and signed by a physician (M.D. or D.O. only). Make sure the Dr’s office STAMPS this form, along with the Physician’s signature. Once completed, this page must be turned in to the ATHLETIC OFFICE with pages 9 through 15 (per CIF Rules & TVUSD, page 16 is the only form that can be used for athletic physicals).
- You will receive a stamped clearance form after your Athletic Packet has been turned in. Take this clearance form to your coach on the 1st day of camp/practice/tryout/conditioning.
- Only one Athletic Clearance Packet is required each school year – additional copies of clearance forms are available from the Athletic Office throughout the school year, as needed.

DO NOT TURN PACKETS IN TO THE COACH!

*** For up to date information regarding athletics, schedules and results - please log on to our website at http://chs.tvusd.k12.ca.us/athletics
Activities and Athletic Code of Conduct
Chaparral High School

Student Responsibilities:
Participation in the CHS Activities / Athletic Programs is a privilege and a responsibility. Students who participate in CHS programs understand the privilege and agree to uphold the responsibilities below:

- The Responsibility to self to maintain high standards of health and safety in order to perform at the maximum level of their potential.
- The Responsibility to their fellow group/ team members to give their best effort at all times.
- The Responsibility to their coaches, advisors and directors to strive for success in every effort they undertake.
- The Responsibility to their school and community, whom they represent, to maintain the highest standards of conduct.
- The Responsibility to the youth of the community, who look up to them, to be role models of citizenship and behavior.

In order to meet these responsibilities, participants pledge not to, AT ANY TIME:

- Engage in the ILLEGAL USE OF DRUGS, ALCOHOL, TOBACCO, VAPING OR PARTICIPATE IN CRIMINAL BEHAVIOR as defined in the California State Education Code and/or Penal Code.
- Bullying, Harassment, Threat & Intimidation
- Hazing, or any type of an initiation process involving harassment, or poses a risk of physical or mental injury or degradation

Parent Responsibilities:
Participants are not under the supervision of school authorities twenty-four hours a day. In order to involve parents/ guardians in the supervision of their son/daughter, it is asked that they (working in partnership with the school) take responsibility for code enforcement outside of the school’s jurisdiction for their own students. If the parent or guardian reports a violation by the participant, the parent or guardian may request the enforcement of the appropriate consequences as outlined in the Activities /Athletic Code. Should school authorities become aware of a possible violation of the Activities/ Athletic Code, parents or guardians will be notified.

Staff Responsibilities:
School personnel will be responsible for assisting students in meeting their responsibilities under this Code. Coaches and advisors play a key role in educating and being role models for the students enrolled in their sport of activity. Coaches and advisors are responsible for educating students and enforcing all aspects of the Athletic/ Activities Code. It is essential that a caring and positive approach be used to convey to students their responsibilities and the consequences to students if the Code violated. The school administration will be responsible for administering all consequences to students for violation of this code.

Consequences:
Listed below are the cumulative* penalties and regulations regarding any infractions of the Activities/ Athletic Code which will be applied IN ADDITION TO and AFTER students have complied with the consequences of the regular school discipline program which includes suspension and expulsion. (See Exhibit A) Students who are currently facing criminal charges may be suspended indefinitely from school athletics and/or activities by the administration.

- First Offense - Upon notification by school authority, the student will miss the next two events of EVERY sport/activity of which she/he is currently a member. Participation during the past twelve (12) months from the date of code violation constitutes membership. The two-event sanction will apply during the following (12) month period.
- Second Offense - Upon notification by school authority, the student will be excluded from participation in the activity/athletic program for twelve (12) months from the date of the code violation.
- Third Offense - Upon notification by school authority, the student will be excluded from participation in the activity/athletic program for the duration of his/her attendance at CHS.

*These Penalties are cumulative during a student’s tenure at CHS.*

Exhibit A: Violations of the Activity/Athletic Code include, but are not limited to:
- Illegal possession, use, or sale of drugs, alcohol, or tobacco
- Assault /Battery/Theft /Forgery/Weapons
- Other criminal acts as defined by the California State Education Code/ Penal Code and determined to be serious in nature by the CHS Administration. Copies of the California State Education Code can be made available on request.

Participants shall not engage in any incidents involving possession, sale, or use of tobacco, illegal possession, sale or use of drugs, possession, sale or furnishing of firearms, knives or other weapons, theft, forgery, any violation of Education Code sections 48900(a), 48900.2, 48900.3 and/ or 48900.4. Any such incidents will result in the removal from the activity or athletic team in accordance with the CONSEQUENCES section of this code.

Appeal Process
Students and parents/guardians may meet with the school administration to appeal a student’s proposed removal from an activity or athletic team. The following procedures shall apply:

- The authorized administrator shall confer with any student who is under consideration for removal from an activity or athletic team prior to taking such action.
- During the conference, the student shall be advised of the reasons for the proposed removal and the evidence in support of these reasons and afforded an opportunity to respond to the charges or allegations.
- After the conference, the authorized administrator shall then determine whether to remove the student from an activity or athletic team.
- If the authorized administrator decides to remove the student from an activity or athletic team, the student’s parent or guardian shall be advised of the decision.
- If requested, the authorized administrator shall confer with the student’s parent or guardian concerning the decision to remove their child or ward from an activity or athletic team. At the conference, the authorized administrator shall discuss the reasons for the removal, the duration of the removal, and the other matters related to the removal.

I understand the Chaparral High Activities/Athletic Code of Conduct and Academic Eligibility Requirements. I understand that by signing the Athletic/Activities Contract, I agree to accept responsibility for violation of or noncompliance with the rules. By signing page 7, 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 recognized that under the CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the Temecula Valley Unified School District/Chaparral High School policy regarding the use of illegal drugs will be enforced for any violations of these rules. These cumulative penalties and regulations, regarding any infractions of the Activities / Athletic Code, will be applied IN ADDITION TO and AFTER students have complied with the consequences of the regular school discipline program which include suspension and expulsion.
ATHLETIC/ACTIVITIES ACADEMIC ELIGIBILITY REQUIREMENTS:

In order to be academically eligible, a student MUST meet ALL of the following minimum standards on their previous OFFICIAL progress report or OFFICIAL semester report card. Students MUST:

1. Be PASSING four classes AND have a GPA of 2.0. Students not meeting the 2.0 may request one probation a school year.
   **ONLY ONE PROBATION PERIOD WILL BE ALLOWED PER YEAR. FOR EXAMPLE, IF YOU USE PROBATION DURING A FALL SPORT, PROBATION MAY NOT BE USED FOR A WINTER OR SPRING SPORT.**
2. No more than two F’s.
3. No more than one U (in Citizenship). Two U’s from the same teacher will count as one.
4. Students entering CHS from a non-TVUSD school must be passing four classes on their last grade report and have a minimum 2.0 GPA, to be eligible to participate in a sport.
5. All TVUSD incoming freshmen will be required to meet all the above standards. The June report card will be used to determine eligibility for FALL SPORTS.
6. **10 Day Grace Period** - A student may leave a sport for any reason during the first 10 days of practice. There shall be NO PENALTY if the athlete informs the coach of such intention to leave that sport and returns all equipment or gear issued to him or her. Any Spirit Pack items purchased prior to quitting are not refundable.
7. **Quitting a Team** - If an athlete informs the coach that he/she is quitting, after the 10 day grace period, the athlete will miss the first contest of the next sport he/she participate in. The athlete MAY NOT PRACTICE in another sport until the conclusion of the last regularly scheduled contest of the sport quit. The parent will be notified.
8. **Removal from a Team** – If an athlete is removed from a team for violation of any team rule; the athlete will miss the first two contests of the next sport he/she participates in. The athlete MAY NOT practice in another sport until the conclusion of the last regularly scheduled contest of the sport he/she was removed from. The parents will be notified by the coach and may appeal the coach’s decision to the athletic director.
9. Competition with an outside team during your high school season in the same sport is prohibited.
10. **Travel Policy** – The biggest cost in high school athletics is transportation. Transportation will be arranged in the safest, yet most cost effective manner possible. Options to all contests will be determined based on donations collected, prior to each season of sport.

   - **Student Driver** - Due to special circumstances, a student may request his/her coach’s permission to drive to a local contest. NO passengers are allowed. Student must have prior parent/guardian approval on the Student Voluntary Transportation Agreement Form. This form must be on file with the coach.
   - **Private vehicle transportation** - Students may ride in a private vehicle driven by a coach or adult volunteer. Student must have prior parent/guardian approval on the Student Voluntary Transportation Agreement Form. This form must be on file with the coach.
   - **School Bus/Van** - District bus rules are in effect on all athletic field trips.
   - **Transportation home** – Students must return to Chaparral High in the same vehicle as they arrived. Coaches may release athletes, after a contest, to their parent/guardian only if the athlete provides written permission from the parent/guardian.
   - **Meet there** – Students may be asked to meet at the competition location when travel is outside of school hours.

***At the conclusion of the sports season, all school issued uniforms & equipment must be returned or the athlete will be subject to charges for replacement through the bookkeeper’s office.

C.I.F. CODE OF ETHICS - ATHLETES

Athletics is an integral part of the school’s total educational program. All school activities, curricular & extracurricular, in the classroom & on the playing field, must be congruent with the school’s stated goals & objectives, established for the intellectual physical, social & 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 & coaches
3. Respect the integrity & judgment of game officials
4. Exhibit fair play, sportsmanship & proper conduct on & off the playing field.
5. Maintain a high level of safety awareness
6. Refrain from the use of profanity, vulgarity & other offensive language & gestures
7. Adhere to the established rules & standards of the game to be played
8. Respect all equipment & use it safely & appropriately
9. Refrain from the use of alcohol, tobacco, vaping, illegal & non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food & Drug Administration, Surgeon General of the United States or American Medical Association
10. Know & follow all state, section & school athletic rules & regulations as they pertain to eligibility & sports participation
11. Win with character, lose with dignity

As a condition of membership in 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)
Warning to Athletes and Parents/Guardians

Chaparral High School

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY
MAY RESULT FROM ATHLETIC PARTICIPATION

By its very nature competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and, perhaps FATAL 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 the 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 high school students may also be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

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.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious catastrophic, or even fatal injury. If any of the foregoing is not completely understood, please contact your school principal for further information.

BY SIGNING THE “ATHLETIC/ACTIVITIES CONTRACT”, I ACKNOWLEDGE THAT I UNDERSTAND AND HAVE READ THE MATERIAL CONTAINED IN THE WARNING TO ATHLETES & PARENTS/GUARDIAN AND GIVE PERMISSION FOR MY STUDENT TO PARTICIPATE IN ATHLETICS AND BE TRANSPORTED, USING SCHOOL PROVIDED TRANSPORTATION, UNLESS STATED OTHERWISE ON VOLUNTARY TRANSPORTATION FORM.

INSURANCE STATEMENT

****PLEASE READ ENTIRE STATEMENT CAREFULLY****

CALIFORNIA EDUCATION CODE SECTION 32221 REQUIRES THAT EVERY STUDENT OF AN ATHLETIC TEAM HAVE ACCIDENTAL BODILY INJURY INSURANCE, PROVIDING AT LEAST $1500 OF SCHEDULED MEDICAL AND HOSPITAL BENEFITS. IF YOU CANNOT AFFORD THIS MEDICAL COVERAGE FOR YOUR ATHLETE, THE ATHLETIC DEPARTMENT CAN ASSIST IN PROVIDING INFORMATION ON AN ACCIDENT POLICY, WHICH MEETS THE ABOVE REQUIREMENTS. THIS COVERAGE IS NOT A 24 HOUR MEDICAL POLICY. IT ONLY COVERS THE STUDENT WHILE PARTICIPATING IN A SCHOOL-SPONSORED AND SUPERVISED ATHLETIC ACTIVITY.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING TVUSD’S POLICY. I UNDERSTAND THAT MAINTAINING THIS ACCIDENTAL BODILY INJURY INSURANCE POLICY IS MY RESPONSIBILITY AS THE PARENT OR GUARDIAN. IF, AT ANY TIME, DURING THE ATHLETIC SEASON I CAN NO LONGER AFFORD THIS POLICY IT IS MY RESPONSIBILITY TO CONTACT ATHLETIC DEPARTMENT.

BY SIGNING THE “ATHLETIC/ACTIVITIES CONTRACT”, I ACKNOWLEDGE THAT:

1. ALL INFORMATION PROVIDED IS CORRECT. FALSE INFORMATION WILL RESULT IN STUDENT INELIGIBILITY AND TEAM FORFEITS.
2. I HAVE READ THE ABOVE INFORMATION AND WILL ABIDE BY THE PROVISIONS.
3. I WILL KEEP THE INSURANCE LISTED, IN FORCE, DURING THE TIME MY STUDENTS TRIES OUT, PRACTICES OR COMPETES IN ATHLETICS.
4. MY STUDENT IS ENROLLED OR HAS AN APPOINTMENT TO BE ENROLLED IN CHAPARRAL HIGH SCHOOL.
**CIF Concussion Information Sheet**

**Why am I getting this information sheet?**

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

**What is a concussion and how would I recognize one?**

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team’s athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

**What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.
Signs observed by teammates, parents and coaches include:

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or awkwardly
- Answers questions slowly
- Slurred speech
- Shows a change in personality or way of acting
- Can’t recall events before or after the injury
- Seizures or has a fit
- Any change in typical behavior or personality
- Passes out

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or throws up
- Neck pain
- Has trouble standing or walking
- Blurred, double, or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Loss of memory
- "Don’t feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

What is Return to Learn?
Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?
Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

Final Thoughts for Parents and Guardians:
It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012

CIFSTATE.ORG
CIF
05/2015
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CIF Concussion Return to Play (RTP) Protocol

CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

• A graduated return to play protocol MUST be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
  o A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
  o You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.

• After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).

• If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school’s AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.

• Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

<table>
<thead>
<tr>
<th>Date &amp; Initials</th>
<th>Stage</th>
<th>Activity</th>
<th>Exercise Example</th>
<th>Objective of the Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>Limited physical activity for at least 2 symptom-free days.</td>
<td>• Untimed walking or stationary cycling</td>
<td>Recovery and elimination of symptoms</td>
</tr>
<tr>
<td></td>
<td>II-A</td>
<td>Light aerobic activity</td>
<td>• 10-15 min brisk walking or stationary cycling</td>
<td>Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., &lt; 100 beats per min)</td>
</tr>
<tr>
<td></td>
<td>II-B</td>
<td>Moderate aerobic activity (Light resistance training)</td>
<td>• 30 min indoor cycling or stationary biking</td>
<td>Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm)</td>
</tr>
<tr>
<td></td>
<td>II-C</td>
<td>Strenuous aerobic activity (Moderate resistance training)</td>
<td>• 30-45 min running or stationary cycling</td>
<td>Increase heart rate to &gt; 75% max exertion</td>
</tr>
<tr>
<td></td>
<td>II-D</td>
<td>Non-contact training with sport-specific drills (No restrictions for weightlifting)</td>
<td>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</td>
<td>Add total body movement</td>
</tr>
</tbody>
</table>

Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school’s concussion monitor.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Activity</th>
<th>Exercise Example</th>
<th>Objective of the Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Limited contact practice</td>
<td>• Controlled contact drills allowed (no scrimmaging)</td>
<td>Increase acceleration, deceleration and rotational forces</td>
</tr>
<tr>
<td></td>
<td>Full contact practice</td>
<td>Return to normal training, with contact</td>
<td>Restore confidence, assess readiness for return to play</td>
</tr>
<tr>
<td></td>
<td>Full unrestricted practice</td>
<td>Return to normal unrestricted training</td>
<td>Monitor for symptom return</td>
</tr>
</tbody>
</table>

MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice

(If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)

| IV    | Return to play (competition) | Normal game play (competitive event) | Return to full sports activity without restrictions |
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 activity, so student-athletes are at greater risk. While athletes are at greater risk. While

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.

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.

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 accidently 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.

Cardiac Chain of Survival Courtesy of Parent Heart Watch
Page 8
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 unrepaird
- 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.

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
- National Federation of High Schools
  (20-minute training video)
  https://nfhslearn.com/courses/61032
AGE AND RESIDENCE STATEMENT

Falsification of any portion of this documentation may result in forfeiture of individual & team eligibility & loss of record. All items MUST be completed before application will be accepted for clearance. PLEASE write your LEGAL name.

My son/daughter will not compete on an outside team in the same sport during the high school season of that sport.

STUDENT’S NAME ___________________________ PARENT NAME ____________________________

(please print)

Grade (in 2018/19) ______ Date Of Birth ______/_____/____ Transfer student: Yes____ No ____ Date of Transfer __________

My residence is within Chaparral High School’s attendance boundaries: Yes ____ No _____

Besides CHS, has student attended any OTHER high school in the past 12 months? Yes_____ No____

If you answered yes to this question, please continue:

If yes, name of school ___________________________ City/State __________________________

Reason for leaving former school: _____Transfer _____ FAMILY move _____ Moved in with another parent/guardian

Attended former high school from ______/_____/____ to ______/_____/____

Did you participate in Varsity Sports? yes _____ no ____ If yes, please list the sport(s):

If you are entering Chaparral as a 10th, 11th, or 12th grade athlete & you have previously attended another high school, you MUST complete additional CIF transfer paperwork with the Athletic Department.

ATHLETIC/ACTIVITIES CONTRACT

WE HAVE READ AND UNDERSTAND THE FOLLOWING DOCUMENTS:

✓ TVUSD Activities and Athletic Code of Conduct (page 2)
✓ Athletic/Activities Academic Eligibility Requirements (page 3)
✓ CIF Code of Ethics (page 3)
✓ Age and Residence Statement (page 9)
✓ Warning to Athletes and Parents/Guardians (page 4)
✓ Insurance Statement (page 4)
✓ Concussion Information Sheet (pages 5 & 6)
✓ Sudden Cardiac Arrest Information Sheet (pages 7 & 8)

____________________ __________________________

Parent/Guardian Name (print) Student/Athlete Name (print)

____________________ ____________

Parent/Guardian Signature Date Student/Athlete Signature Date

**** CONCUSSION INFORMATION SHEET: ACCORDING TO THE NEW STATE LAW AB 25, A SEPARATE SIGNATURE IS REQUIRED ACKNOWLEDGING CONCUSSION INFORMATION HAS BEEN READ AND UNDERSTOOD BY BOTH STUDENT AND PARENT/GUARDIAN.

____________________ ____________

Parent/Guardian Signature Date Student/Athlete Signature Date
Pursuing Victory with Honor

CODE OF CONDUCT FOR PARENTS/GUARDIANS

At Chaparral High School we believe in letting:

* The players play
* The coaches coach
* The officials call the game

We expect our parents and fans to cheer for our team, have fun, and save negative comments for somewhere else.

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports Programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, fairness, caring, and good citizenship (the “Six Pillars of Character”). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student—athletes can and should play an important role and their good—faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience. Our athletic program subscribes to the Pursuing Victory With Honor Arizona Sports Summit Accord. “Pursuing Victory With Honor” and the “Six Pillars of Character”

TRUSTWORTHINESS

- **Trustworthiness**—Be worthy of trust in all you do.
- **Integrity**—Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular.
- **Honesty**—Live honorably. Don’t lie, cheat, steal or engage in any other dishonest conduct.
- **Reliability**—Fulfill commitments. Do what you say you will do.
- **Loyalty**—Be loyal to the school and team; Put the interests of the team above your child’s personal glory.

RESPECT

- **Respect**—Treat all people with respect at all times and require the same of your student—athletes.
- **Class**—Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance and show sincere respect in pre-and post-game rituals.
- **Disrespectful Conduct**—Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect for Officials**—Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- **Importance of Education**—Support the concept of “Being a student first.” Commit your children to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- **Role Modeling**—Remember, participation in sports is a privilege, not a right. Parents/Guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.
- **Self-Control**—Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
- **Healthy Lifestyle**—Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs, and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose, or maintain weight.
- **Integrity of the Game**—Protect the integrity of the game. Don’t gamble or associate with gamblers.
- **Sexual Conduct**—Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

- **Fairness and Openness**—Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

- **Caring Environment**—Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

- **Spirit of the Rules**—Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be excluded from events if I violate any of its provisions.

Parent/Guardian Signature ___________________________ Date ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

BETWEEN

TEMECULA VALLEY UNIFIED SCHOOL DISTRICT

AND

___________________________________________________
Name of Student/Participant

FOR PARTICIPATION IN

CHAPARRAL HIGH SCHOOL
Athletics/Activities/Clubs

Participation in the aforementioned activity is strictly voluntary. The student participant of the Sport/Activity mentioned above agree by virtue of their signature(s) (below) they will hereby agree to indemnify, defend, save and hold harmless the Temecula Valley Unified School District, its officers, agents, servants and employees, of and from all liability, claims, workers’ compensation claims, demands, debts, suits, actions and causes of action, including wrongful death, personal injury, person property and reasonable attorney fees for the defense thereof, arising out of or in any matter connected with the participation, performance or any act or deed under or pursuant to the terms and provisions of this agreement by such indemnifying party, or its officers, agents, servants and employees. This agreement remains in effect through: JUNE 30, 2019

Additionally, the student/parent participant, by virtue of their signature below agrees to abide by the rules put forth in the Student Handbook and/or Board Policy regarding their student/participant behavior during the aforementioned Activity.

By:

Student Name ____________________________ Student Signature ____________________________

Parent Name ______________________________ Parent Signature ____________________________

Date ____________________________
ATHLETIC CLEARANCE VERIFICATION FORM

2018-19

(TWO copies of this form must be submitted)

EMERGENCY CONTACT INFORMATION

Athlete’s Name: ________________________________ Date of Birth: __________ Sport(s): ____________________

Address: ____________________________________________________ City: ________________________________

Parent/Guardian email: _____________________________________________________________________________

Parent/Guardian Name(s):_________________________ Cell #: ________________________________

Parent/Guardian Name(s):_________________________________________ Cell #: ________________________________

Mother’s Employer: _____________________________________ Work Phone: _____________________ Ext: ___

Father’s Employer: ______________________________________ Work Phone: _____________________ Ext: ___

In the absence of parent/guardian, please call (in case of illness or accident):

Name: __________________________________ Relationship: __________________ Phone: ____________________

Name of Family Physician ______________________________________ Phone (___) __________________________

Serious Medical Condition(s): _______________________________________________________________________

Allergies (list): ___________________________________________________________________________________

CONSENT (please initial)

_____ Yes _____ No The student named above has my permission to engage in co-curricular activities, including travel.

ATHLETIC TRAINER CONSENT

_____ Yes _____ No I give my permission to the Athletic Trainer to administer immediate first-aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment and/or recommended by the consulting physician.

TREATMENT CONSENT

_____ Yes _____ No In the event of accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any healthcare providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

***IF YOUR ANSWER IS NO, PLEASE ADVISE THE SCHOOL AS TO WHAT ACTION YOU WOULD LIKE TAKEN

__________________________________________________________________________________________

I/we hereby consent that in the event that I/we cannot be reached in an emergency, I/we hereby grant permission to physicians selected by the coaches and staff of the Temecula Valley Unified School District to secure proper treatment including hospitalization, injections, and/or anesthesia and surgery for the person named above. Any restrictions to this are listed below:

__________________________________________________________________________________________

Parent/Guardian Signature ________________________________ Date ________________________________
ATHLETIC CLEARANCE VERIFICATION FORM
2018-19

(TWO copies of this form must be submitted)

EMERGENCY CONTACT INFORMATION

Athlete’s Name: ___________________________ Date of Birth: ________________ Sport(s): ____________________

Address: __________________________________________________________ City: ____________________________

Parent/Guardian email: ____________________________________________________________________________

Parent/Guardian Name(s): ___________________________________________ Cell #: _________________________

Parent/Guardian Name(s): ___________________________________________ Cell #: _________________________

Mother’s Employer: ______________________________________ Work Phone: _____________________ Ext: ____

Father’s Employer: ______________________________________ Work Phone: _____________________ Ext: ____

In the absence of parent/guardian, please call (in case of illness or accident):

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Name of Family Physician ___________________________________________ Phone (___) ________________

Serious Medical Condition(s): ______________________________________________________________________

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__________________________________________________________________________________________

__________________________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________
**Per CIF & TVUSD Rules, this is the only form that can be used for athletic physicals**

**Pre-participation Physical Evaluation History Form**

**NOTE:** This form is to be filled out by the patient and parent prior to seeing the physician

---

**Name:** ____________________________  **Sex:** ______  **Age:** ______  **Date of Birth:** __________________________________

**Address:** ____________________________________________________________  **Phone:** __________________________

**Grade:** __________________________  **School:** __________________________  **Sports:** __________________________

**Personal Physician:** ____________________________________________________  **Phone:** __________________________

**In case of emergency, contact:**

**Name:** _____________________________________________________________  **Relationship:** __________________________  **Phone (H):** __________________________  **(Cell):** __________________________

**Medicines and Allergies:** Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  □ Yes □ No  If yes, please identify specific allergy □ Medicines □ Pollens □ Food □ Stinging Insects □ Other

Explain “Yes” answers below. Circle questions you don’t know the answers to.

---

**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever denied or restricted your prescription in sports for any reason?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Do you have any ongoing medical conditions? If so, please identify:  
- Asthma  
- Anemia  
- Diabetes  
- Infections  
- Other: |   |   |
| Have you ever spent the night in the hospital? |   |   |
| Have you ever had surgery? |   |   |

**HEART HEALTH QUESTIONS ABOUT YOU**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever passed out or nearly passed out DURING or AFTER exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your heart ever race or skip beats (irregular beats) during exercise?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
- High blood pressure  
- A Heart Murmure  
- High Cholesterol  
- A Heart Infection  
- Kawasaki Disease  
- Other: |   |   |
| Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) |   |   |
| Do you get lightheaded or feel more short of breath than expected during exercise? |   |   |
| Have you ever had an unexplained seizure? |   |   |
| Do you get tired more quickly than your friends do during exercise? |   |   |

**HEART HEALTH QUESTIONS ABOUT YOUR FAMILY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BONE AND JOINT QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a stress fracture?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FEMALES ONLY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many periods have you had in the last 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________</th>
<th>Date of Birth ______________________</th>
</tr>
</thead>
</table>

#### EXAMINATION

<table>
<thead>
<tr>
<th>Height: ________</th>
<th>Weight: ________</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

|-----------------------------------------------------|--------------|-----------------------------------|---------------|

#### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span&gt;height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart*</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic:</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

#### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Back</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shoulder/arm</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elbow/forearm</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wrist/hand/fingers</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hip/thigh</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knee</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Leg/ankle</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Foot/toes</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Functional</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck-walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Cleared for all sports without restriction
- Cleared for all sports without restrictions with recommendations 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 preparticipation 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 parents/guardians).

Name of Physician: ______________________

Address: ______________________

Signature of Physician: ______________________  MD or DO (ONLY)

---