

Student-Athlete Name _____

Summerwind Trails Middle School ATHLETIC ELIGIBILITY PACKET

STS and District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are non-negotiable and will result in student not being allowed to participate until all documents have been completed and processed with the athletic coach.** Therefore, if you plan to participate in Summerwind Trails Middle School athletics, please be prepared to complete the following documentation:

- **Informed Consent Form (Signed by a parent/guardian)**
- **Athlete (Signed by parent/guardian and student)**
- **Athletic Emergency Information Form**
(Must include name of insurance carrier, policy # and carrier contact #)
- **Physical Release (stamped & signed by doctor) – Physicals are valid for one year from the date of physical.**
- **Concussion Information and Protocols for RTP**
- **Parent/Guardian Code of Conduct**

It is also required that the following academic requirements be met:

- **Pass all classes in previous quarter and maintain at least 2.0 GPA**
- **Maintain passing grades in current classes**

ALL DOCUMENTS MUST BE TURNED INTO THE Athletic Coach AND PROCESSED TO BE ELIGIBLE

Non-Discriminatory Statement: Every student of **Summerwind Trails Middle School** has the right to enroll in any course or class without discrimination on the basis of race, color, national origin (including sexual harassment), handicap (or disability), or age in any of its policies, procedures or practices. This ensures that there is no discrimination on the basis of race, color, and national origin which is in compliance with Title VI of the Civil Rights Act of 1964, sex (including sexual harassment) which is in compliance with Title IX of the Education Amendments of 1972, handicapped students which is in compliance with the Age Discrimination Act of 1975. The lack of English language skills will not be a barrier for admission or participation in any program. All students have equal education facilities and evaluation procedures. This non-discrimination policy covers admission and access to all educational programs and activities, including extra-curricular activities. For any explanations or concerns related to the BUSD non-discrimination policy, contact may be made with the Assistant Superintendent of Instructional Support Services at the district office.

All students are required to complete a packet for each school year, with updates as needed.

Current 21/22 available sports at Summerwind Trails School (subject to change at any time):

Cross Country
Flag Football
Volleyball
Boy's and Girl's Softball
Soccer
Basketball

INFORMED CONSENT - AWARENESS OF SPORTS INJURY
RISK WARNING AND AGREEMENT

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardians must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include, but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being. Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions. If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

Summerwind Trails – GENERAL ATHLETIC POLICIES

Participation in athletics at Summerwind Trails Middle School is a privilege. Below are some general athletic policies of the athletic department. Each athlete is to be advised of all rules and regulations expected of them.

- 1) Students must pass all classes with no failing classes.
- 2) Students must maintain passing grades in current classes.
- 3) Practice/games are mandatory. Each Head Coach will establish rules and consequences for tardiness and absences from games/practices.
- 4) Athletes may be issued school-purchased uniforms and equipment. The parent/guardian will be responsible to pay the "replacement cost" of lost, damaged or stolen uniforms and equipment. Athletes will not be allowed to participate in the next season of sport if they owe equipment from the previous season of sport. (fall, winter or spring).
- 5) Athletes' citizenship (behavior) is an important part of athletics. Consequences will occur for poor citizenship in or out of the classroom.
- 6) Athletes are required to ride to and from athletic contests with the team in district approved transportation. Athletes may be released if the parent/guardian fills out the STS transportation exemption form, signed by administration and given to the coaching staff before the contest from which the student is requesting to be released. Requests are approved/denied at the discretion of administration. Athletes are to remain with the team at all times when at an away contest.
- 7) It is expected that athletes' school attendance will be better than that of non-athletes. It is expected that each athlete attend classes regularly. Students must attend a minimum of three (3) academic periods to participate in a contest that day, unless student has participated in a school activity or received a school-approved, excused absence.
- 8) Athletes are not allowed to practice/compete until a completed athletic packet is turned in and processed by Coach.

Parent Consent to Participate:

I hereby give my consent for the below named student to compete in interscholastic athletic competition for Summerwind Trails Middle School. I authorize my son/daughter to travel by bus to away contests and by supervised by a representative of Summerwind Trails Middle School. In the event my son/daughter is injured or becomes ill and I cannot be contacted, I authorize medical treatment as deemed necessary by licensed medical personnel and performed by said licensed medical personnel. I, the undersigned, hereby release and discharge Beaumont Unified School District and its officers, employees, agents, servants, coaches and volunteers (hereby collectively referred to as "District") from any and all liability arising out of, occurring during or in connection with the above described activity, including but not limited to receiving instructions in said activity, the performance or practice of the activity or any activities incidental thereto regardless of the location of the activity, and all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For purposes of this agreement, liability means all claims, demands, losses, injuries, damages, causes of action, suits or judgments of any and every kind that occur during the described athletic activity. It is our intention through this agreement to exempt and relieve Beaumont Unified School District from any and all liability for personal injuries or property damage which occurs during the course of participation in athletic activity in any manner at any location. I also authorize the use of images of, or quotes by, my son/daughter in the Summerwind Trails School yearbook, newspaper, website or similar publications.

I/We have read and understand the information above and give my son/daughter _____ permission to participate.
(Name of athlete)

Parent/Guardian Signature _____

Date _____

SUMMERWIND TRAILS MIDDLE SCHOOL

SPORTSMANSHIP ATHLETIC CODE

SPORTSMANSHIP MISSION STATEMENT

The sportsmanship mission of the Beaumont Unified School District Interscholastic Athletic Program is to prepare student athletes to practice ethical behavior, including fair play, integrity and obedience to rules. All athletic contests will represent, in perception and practice, the appreciation for athletic excellence and the shared educational experience of competition. All individuals associated with athletic activities will be aware of and responsible for their influence on the behavior of others and be models of good sportsmanship. (Adopted from California Interscholastic Federation Southern Section 1995.)

I. ADMINISTRATIVE PROCESS

1. Each coach or advisor within the scope of his/her philosophy and objectives may specify team rules. Team rules/policies/handbooks must be submitted in writing and approved by the Athletic Advisor and school administration prior to the beginning of season practices. Team rules must be presented to the student-athlete and parent at the start of each activity and updated as needed.
2. The coach will handle all team discipline matters within the guidelines of the district policy, the Athletic Code and approved team rules.
3. If a student-athlete has been disciplined in a manner which he/she feels is in violation of the code guidelines, he/she has the right of appeal. Such an appeal shall be in the form of a written request submitted to the Athletic Advisor.
4. The chain of command in place for appeals will be with the Athletic Advisor heading a meeting with all parties involved.
 - a) During these meetings, the student shall be advised of the reasons for the proposed disciplinary action, the evidence in support of these reasons and afforded an opportunity to respond to the charges or allegation.
 - b) After the meeting, the administration may approve, disapprove, or modify the coach's disciplinary action. Additional discipline may be recommended.
5. The student and the student's parent/guardian shall be advised immediately of the decision. The administrator shall confer with the student's parent or guardian concerning the decision. At the conference, the administrator shall discuss the reasons for the final discipline.
6. Any further appeals may be addressed as appropriate to the Principal, or Asst. Superintendent of Instructional Services

II. GENERAL RULES REQUIRED OF ALL INTERSCHOLASTIC TEAMS

Scholastic Eligibility -

1. Initial Scholastic Eligibility

In order to be eligible, any student ***needs to have passed all classes and maintain a 2.0 or higher GPA.***
2. Continuing Scholastic Eligibility
 - a) A student is scholastically eligible if:
 - The student maintains passing grades in all classes in the current grading period.
 - b) All student-athletes shall dress in accordance with the school dress code when at school or during a school activity. Designated team/activity uniforms should be worn during contests or activities. **The wearing of any athletic equipment for other than its prescribed purpose is prohibited and is reason for disciplinary action.**
 - c) A valid excuse must be presented for all absences from regularly scheduled activities or practices. The coach or sponsor in advance of the activity must clear all absences except illness or emergencies. Chronic absences and tardiness will be cause for disciplinary action, including potential dismissal from the team.

- d) *As medical/health insurance is required for athletic participation, the PARENT/GUARDIAN is responsible for reporting any change/loss of coverage to the Summerwind Trails Middle School Athletic Coach immediately.*
- e) All injuries must be reported by the student-athlete promptly to the supervising coach, as the coach has the responsibility to complete the injury report for the athletic office. **A student-athlete who has been injured and restricted by a doctor from participating may not resume practice or competition until a doctor has written a release stating that the student-athlete is fit to return to full participation.**
- f) In order to abide by the sportsmanship mission statement, participants shall not engage in any incidents involving possession, sale or use of alcohol, drugs or tobacco; illegal possession, sale or use of alcohol and drugs; fighting/physical altercations; using obscene language; hazing; truancy; vandalism; possession, sale or furnishing of firearms, knives or other weapons; theft; forgery; and/or any violation of Education Code Sections 48900 (a-m), 48900.2, 48900.3 and/or 48900.4. **This includes any evidence gained through postings via electronic media, including but not limited to: e-mail; cell phone pictures or text; or any social media websites.** Any such incidents will be dealt with in the following manner:
- i. **First Offense:** Removal from athletic participation for a specified period –OR- removal from team is to be determined by the athletic advisor and school administration. School officials will assign school discipline consistent with school and District policies that could further affect athletic participation.
 - ii. **Second Offense:** Removal from the interscholastic program in which the student-athlete will be excluded from participation on any interscholastic team for the duration of the current season.
- g) Any student-athlete stealing equipment, uniforms, or any objects from Summerwind Trails Middle School; or stealing from any visiting team, or shoplifting; or committing petty theft while on school-sponsored trips, will be expelled from any or all extra-curricular interscholastic athletic activities for the remainder of the season of activity.
- h) Hazing will not be tolerated in the STS athletic department, and is grounds for immediate dismissal from participation, and BUSD consequences in conjunction with this activity. In accordance with CA Ed Code, Sections 32050-32051, “hazing” includes engaging in, or conspiring to engage in, any act or method of initiation, pre-initiation, pastime or amusement with respect to any student organization which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student attending Summerwind Trails Middle School. The term “hazing” does not include customary athletic events or other similar contests or competitions.
- i) All students involved with an interscholastic activity including participants, statisticians, managers, etc. are required to ride to and from athletic contests with the team in district approved transportation. Athletes may be released ONLY if the parent/guardian fills out the Summerwind Trails Middle School transportation exemption form, signed by administration and given to the coaching staff **before** the contest from which the student is requesting to be released. Requests are approved/denied at the discretion of administration. Athletes are to remain with the team at all times when at an away contest.
- j) A student may not participate in more than one athletic sport at one time unless agreed upon by coaches involved and administration. It is recommended that a student may not participate in more than one interscholastic athletic activity during any one season of sport.

III. **ADDITIONAL REQUIREMENTS**

1. Each athlete must be dressed and at the practice area at the time designated by the coach. Chronic tardiness and absenteeism may result in disciplinary actions, including potentially being removed from the team. **All athletes are expected to attend all practices even when injured or ill (when present at school) – unless excused by the coach.**
2. To participate, an athlete must adhere to the Beaumont Unified School District Policy and the Athletic Code.

3. Each school year, every athlete must present proof of a physical examination and insurance coverage before he/she is eligible to participate in any sport.
4. Any athlete who intends to quit the team must notify the Coach in advance to state reasons. The athlete is responsible to return all issued equipment immediately.
 - a) **An athlete that quits the team is ineligible to participate in the next season of sport until the current season of sport is over.**
 - b) **An athlete who quits for unacceptable reasons, becomes ineligible due to grades, or is dismissed from a team is ineligible to participate with any other school sponsored athletic team, until their ineligibility is completed.** This includes tryouts or practices for the following season of sport until the current season of sport is over.
5. All athletes are financially responsible for all school-issued uniforms and equipment issued to them, and they cannot start another sport until all equipment is either turned in or paid for from previous activities. Careless handling of equipment may result in excessive wear, damage, loss and/or theft. An athlete that purposely refuses to return, or has lost or damaged beyond repair, or has had stolen, any school-issued uniforms/equipment will be billed for the cost of replacement uniforms/equipment.
6. Students, parents and coaches must be aware that participation in any physical activity may result in injury. Coaches will condition athletes in accordance with accepted practices for incremental conditioning, and will instruct athletes how to prevent injury through appropriate techniques. Parents and students will be informed of health problems that the coaching department discovers. Parents and students have the responsibility to determine what attention and/or professional services that they desire their children to receive.
7. A parent/guardian will have the opportunity to receive a copy of this athletic packet upon request, to be made aware of the potential injury risks inherent with their student-athlete's participation in athletics, as well as all policies set forth in this packet.

I have read and understand the **Summerwind Trails Middle School Sportsmanship Athletic Code**. I understand that by signing this Code, I agree to accept the responsibilities included in and the consequences for violation of this Code for the duration of my attendance at Summerwind Trails Middle School.

Student's Signature

Date

I have read and understand the **Summerwind Trails Middle School Athletic Code**. I understand that by signing this code, I agree to accept the responsibilities included in and the consequences for violation of this Code for attendance of my son, daughter or ward at Summerwind Trails Middle School. In addition, I give permission for my child or ward to travel to and from designated activities on transportation provided by the Beaumont Unified School District and agree to indemnify and hold harmless the Beaumont Unified School District, its officers, employees, agents, coaches, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from designated activities and his/her participation in such activities. The terms hereof shall serve as a release and assumption of risk for our heirs, estate, executor, administrator, assignees, and for all members of our family.

Parent/Guardian Signature

Date

Parent/Guardian Code of Conduct

Parental support of our athletic team is vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distractions that might negatively impact the program, model good sportsmanship, and comply with Athletic Rules, we are asking for your support of the following Parent/Guardian Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship, however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME – NOT A MATTER OF LIFE AND DEATH**. Accordingly, we expect all parents/guardians and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards our opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated. Violations may result in penalties against the team and ejection of the offender.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conferences with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players **will not be held**. Any conference to discuss your child's status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game or others' enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during games or practice.
- Be supportive of your child's efforts and the efforts of his/her teammates – be encouraging rather than negative, regardless of the outcome of a game.
- If there is a change of address for the student, the parent/guardian shall inform the counseling/athletic office immediately.

Print Parent/Guardian Name

Parent/Guardian Signature and Date

Beaumont USD/Summerwind Trails Middle School

Concussion Management Protocol

Concussions and other brain injuries can be serious and potentially life threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for Mountain View Middle School student-athletes suspected of sustaining a concussion.

A **concussion** occurs when there is a direct or indirect insult to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions ***do not*** result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

**Beaumont USD/Summerwind Trails Middle School Athletic
Department**

Student-Athlete Concussion Statement

(I understand that it is my responsibility to report all injuries and illnesses to my coach.

(I have read and understand the *Concussion Fact Sheet*. After reading the Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my coach.

Initial

_____ A concussion can affect my ability to perform everyday activities, and affect

Initial reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms

Initial right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the

Initial injury to my team coach.

_____ I will not return to play in a game or practice if I have received a blow to

Initial the head or body that results in concussion-related symptoms.

_____ Following a concussion the brain needs time to heal. You are much more likely

Initial to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and

Initial even death.

Signature of Student-Athlete

Date

Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Summerwind Trails Middle School - Athletic Emergency Information Form

Student Name _____
Last First Middle Initial

Address _____ Home Phone () _____
Street City Zip

M ___ F ___ Date of Birth _____ Current Grade _____ Physical Exp. Date _____

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED PLEASE NOTIFY:

Name _____ Phone _____

Name _____ Phone _____

Medical Insurance Information:

Must Be Completed: Please provide the information listed below. If medical coverage changes during the year, parents/guardians are required to provide updated information to the Coach. *A policy number is required for proof of insurance.*

Insurance company _____ Policy Number _____

Phone Number _____

If you do not have your own insurance, but intend to purchase Myers-Stevens Insurance, read and sign below. For information on Myers-Stevens Insurance see Summerwind Trails Middle School Athletic Advisor.

Signature of Parent/Guardian

Myers-Stevens Policy # (For MVMS Athletic use ONLY)

I acknowledge that I have received information regarding the availability of the Myers-Stevens Insurance student coverage and choose the following:

Accept to Purchase

OR

Decline to Purchase

Signature of Parent/Guardian

DATE

Parent Notification of Student-Athlete Health Services:

1. Please list any allergies/health issues for your student: _____
2. If your student carries any medication necessary for allergies and/or health issues (EpiPen, inhaler, etc.), please list here: _____

Emergency Medical Attention (SIGN ONE LINE ONLY)

I DO hereby authorize _____ Parent Signature

I DO NOT authorize _____ Parent Signature

In the event of illness or injury, I do hereby give my consent and authorize my child to receive medical treatment or for emergency medical personnel and/or paramedics to transfer and treat my minor student to the nearest medical facility to receive medical treatment in the event of an emergency. I further understand that all costs of paramedic care, transportation, hospitalization, and any examination, X-ray or treatment provided in relation to this authorization shall be borne by and be the sole responsibility of the parent/guardian.

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Preparticipation Physical Examination Form

(Please type or print)

Student's Name _____ Birth Date _____ Sex _____ Grade _____

City _____ School _____ Place of Birth _____

Student's Address _____
 Street _____ City _____ Zip _____ Telephone _____

Parent(s) or Guardian(s) Name _____
 Address (if different than student) _____
 Street _____ City _____ Zip _____ Telephone _____

Family Physician's Name, Address, Telephone _____
 Street _____ City _____ Zip _____ Telephone _____

History

This section is to be carefully completed by the student and his/her parent(s) or legal guardian(s) before participation in interscholastic athletics in order to help detect possible risks.

Explain "YES" answers below. Circle questions you don't know the answer to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last checkup or sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you think you are in good health?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a rash or hives develop during or after exercise? Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Is there a family history of heart problems in a close relative younger than age 50 (examples are enlarged heart, cardiomyopathy, long QT interval, abnormal EKG, abnormal heart rhythm)? Have you had a severe heart infection (for example, myocarditis or pericarditis)? Is there a family history of Marfan's Syndrome? Has a physician ever denied or restricted your participation in sports for any heart problem?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a severe viral infection within the last month (for example, mononucleosis)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			10. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
			11. Do you cough, wheeze or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
			12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
			13. Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
			14. Have you ever had a sprain, strain or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? <i>If yes, check the appropriate box and explain below</i>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Head <input type="checkbox"/> Upper Arm <input type="checkbox"/> Hand <input type="checkbox"/> Knee <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Ankle <input type="checkbox"/> Chest <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Foot <input type="checkbox"/> Shoulder		
			15. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
			16. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			17. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		
			18. FEMALES ONLY When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
			19. ALL PARTICIPANTS Explain "Yes" answers here: _____ _____ _____ _____ _____ _____		

NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET.

NOTE: History and All Consent Forms Must be Completed Prior to Physical Examination

Modified from the form approved by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine.

Physical Examination

(Please type or print)

Student's Name _____ Birth Date _____
Last First Middle

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
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MEDICAL

Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

Clearance

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

- Not cleared for: _____ Reason: _____
- Recommendations: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

 Physician's Name and Address (stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

 Examiner's Signature Date

 Examiner's Telephone Number

NOTE: History and Consent Must be Completed Prior to Physical Examination

CONCUSSION

PARENTS: KEEP THIS FORM AT HOME/DO NOT RETURN

A Fact Sheet for Parents/Guardians/Athletes/Coaches

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body
 - from contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

Play It Safer

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms may include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Don't feel right.
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO SOON?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

WHAT YOU SHOULD DO IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance. Close observation of the athlete should continue for several hours. "Beaumont Unified School District" requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that help ensure and protect the health of student-athletes.

**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**