Santa Ynez Valley Union High School District SPORTS PARTICIPATION PERMIT

Students may not practice or compete on any athletic team at Santa Ynez Valley Union High School until this permit is completed and on file in the Athletic Department at Santa Ynez Valley Union High School.
(This permit and physical is valid for one year from the date of signing)

Last Name _____ First Name _____ Grade _____ Year _____ Male/Female _____

Parent/Guardian Name_____ Sport(s)_____

Emergency contact: Phone--Home_____Work_____Email_____

Section 1 -- Physician Statement -- A licensed physician must examine and sign the following statement:
I hereby certify that the above named student is physically fit to engage in high school athletics.

Physician's Signature _____ State License Number _____ Date _____

Section 2 -- Parent/Guardian Statement -- I hereby give permission for my son/daughter to participate on athletic teams at Santa Ynez Valley Union High School. I also give permission for the representative of the school in charge of the activity to authorize emergency medical treatment for my son/daughter in the event that it is needed and I am not available. I also authorize my son/daughter to be transported by the school to and from athletic activities in transportation provided by the school. This transportation may be in the form of a bus, van, or private car driven by a volunteer driver.

Parent/Guardian Signature _____ Date _____

Section 3 -- Insurance Statement – For all sports the parent's insurance is primary. **Santa Ynez Valley Union High School District does not provide insurance for athletes participating in football**, and you are required by law to provide a minimum of $1,500 medical and hospital insurance to participate. If you do not have personal insurance, you must purchase the school's SISC football insurance to participate.

Insurance Company/Policy Number _____ Parent/Guardian Signature _____ Date _____

Section 4 -- Warning to Student and Parents -- 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 risk 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, athletic participation by high school students also may 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 risks exist.
- By choosing to participate, you, the student acknowledge that such risk exists.
- Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice competition. Students MUST adhere to that instruction and utilization MUST refrain from improper use 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.
- Signature will acknowledge that we have read and understood the material contained in the "Warning to Students and Parents."

Parent/Guardian Signature _____ Athlete Signature _____ Date _____

Victory with Honor
Academics Integrity Athletics

10932 Pine Street, Los Alamitos, Ca, 90720
(562) 493-9500, fax (562) 493-6266

CIF Code of Ethics – Athletes

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

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

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

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the Santa Ynez Valley Union High School District's policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete Date

Signature of Parent/Caregiver Date

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

Revised 11/15

Preparticipation Physical Evaluation

HISTORY FORM

DATE OF EXAM_____

Name_____Sex_____Age_____Date of birth_____

Grade_____School_____Sport(s)_____

Address_____Phone_____

Personal physician_____

In case of emergency, contact:

Name_____Relationship_____Phone (H)_____(W)_____

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

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	❒	❒
2. Do you have an ongoing medical condition (like diabetes or asthma)?	❒	❒
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?	❒	❒
4. Do you have any allergies to medicines, pollens, foods, or stinging insects?	❒	❒
5. Have you ever passed out or nearly passed out DURING exercise?	❒	❒
6. Have you ever passed out or nearly passed out AFTER exercise?	❒	❒
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	❒	❒
8. Does your heart race or skip beats during exercise?	❒	❒
9. Has a doctor ever told you that you have (check all that apply): ❒ High blood pressure ❒ A heart murmur ❒ High cholesterol ❒ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	❒	❒
11. Has anyone in your family died for no apparent reason?	❒	❒
12. Does anyone in your family have a heart problem?	❒	❒
13. Has any family member or relative died of heart problems or of sudden death before age 50?	❒	❒
14. Does anyone in your family have Marfan syndrome?	❒	❒
15. Have you ever spent the night in a hospital?	❒	❒
16. Have you ever had surgery?	❒	❒
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	❒	❒
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	❒	❒
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	❒	❒

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

20. Have you ever had a stress fracture?	❒	❒
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	❒	❒
22. Do you regularly use a brace or assistive device?	❒	❒
23. Has a doctor ever told you that you have asthma or allergies?	❒	❒
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	❒	❒
25. Is there anyone in your family who as asthma?	❒	❒
26. Have you ever used an inhaler or taken asthma medicine?	❒	❒
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	❒	❒
28. Have you had infectious mononucleosis (mono) within the last month?	❒	❒
29. Do you have any rashes, pressure sores, or other skin problems?	❒	❒
30. Have you had a herpes skin infection?	❒	❒
31. Have you ever had a head injury or concussion?	❒	❒
32. Have you been hit in the head and been confused or lost your memory?	❒	❒
33. Have you every had a seizure?	❒	❒
34. Do you have headaches with exercise?	❒	❒
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	❒	❒
36. Have you ever been unable to move your arms or legs after being hit or falling?	❒	❒
37. When exercising in the heat, do you have severe muscle cramps or become ill?	❒	❒
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	❒	❒
39. Have you had any problems with your eyes or vision?	❒	❒
40. Do you wear glasses or contact lenses?	❒	❒
41. Do you wear protective eyewear, such as goggles or a face shield?	❒	❒
42. Are you happy with your weight?	❒	❒
43. Are you trying to gain or lose weight?	❒	❒
44. Has anyone recommended you change your weight or eating habits?	❒	❒
45. Do you limit or carefully control what you eat?	❒	❒
46. Do you have any concerns that you would like to discuss with a doctor?	❒	❒
FEMALES ONLY		
47. Have you ever had a menstrual period?	❒	❒
48. How old were you when you had your first menstrual period?_____		
49. How many periods have you had in the last 12 months?_____		

Explain "Yes" answers here:_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of athlete_____Signature of parent/guardian_____Date_____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name_____ Date of birth_____

Height_____ Weight_____ % Body fax (optional)_____ Pulse_____ BP____/____ (____/____, ____/____)

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

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

Notes:_____

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

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

Notes:_____

Name of physician (print/type)_____ Date:_____

Address_____ Phone:_____

Signature of physician_____, MD or DO