



Student Athlete Name _____

Tahquitz High School

ATHLETIC ELIGIBILITY

CIF RULES AND District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are not negotiable and will result in game forfeiture if a school/student fails to comply.** Therefore, if you plan to participate in high school athletics, please be prepared to complete the following documentation:

- **Informed Consent Form (signed by a parent/guardian);**
- **CIF Athlete's Code of Ethics (signed by parent/guardian and student);**
- **Athletic Emergency Information Form (must present proof of insurance with a copy of insurance card)**
- **Physical Release (signed by doctor);**
- **Residential Eligibility (signed by parent/guardian)**

It is also required that the following be satisfied:

- **Enroll in, attend & pass at least twenty (20) units;**
- **Maintain a 2.0 GPA**
- **It is highly encouraged that each student obtain an ASB (Associated Student Body) card (through the Student Store)**

**ALL DOCUMENTS MUST BE TURNED INTO
THE ATHLETICS DEPARTMENT TO BE ELIGIBLE**

Athletic Department Use Only:

Student GPA _____

Student Cleared _____

Athletic Directors Initials _____

Please complete and return to the Athletic Office at your school site.

There is a risk of injuries, both serious and minor, associated with athletic sports programs. These risks include, but are not limited to: injury to the head, neck, or spine (including paralysis); injury to the muscular or skeletal systems; injury to internal or external organs; loss of or damage to sight, hearing, or teeth; death; long or short-term disability; loss of income, career opportunities, or the enjoyment of life; pain; and scarring or disfigurement. Before releasing the Hemet High School District, their officers, employees, agents, and assigns from all actions, claims, or demands related to any injury you may sustain as a result of participating in athletic sports programs, please give serious consideration to the possible ramifications.

I intend to participate in the following HUSD and/or CIF school sponsored sports (check all sports that apply to you):

- | | | | |
|---|---|--|---|
| Fall | Winter | Spring | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball - B/G | <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheer |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer - B/G | <input type="checkbox"/> Softball | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Volleyball - Girls | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Track - B/G | <input type="checkbox"/> Listt any other activity not mentioned |
| <input type="checkbox"/> Tennis - Girls | <input type="checkbox"/> Water Polo - Girls | <input type="checkbox"/> Tennis - Boys | _____ |
| <input type="checkbox"/> Water Polo - Boys | | <input type="checkbox"/> Swim - B/G | _____ |
| <input type="checkbox"/> Golf - Girls | | <input type="checkbox"/> Golf | _____ |
| | | <input type="checkbox"/> Volleyball - Boys | _____ |

Check here if acknowledging waiver for **all** sports.

By signing below I acknowledge the risk of injury that may result from participation in the athletic sports listed above and I am willing to and hereby do voluntarily assume all risks of harm associated with my participation. I am aware that participating in athletic sports programs may expose me to a risk of injury, minor or serious, including those listed above. I accept and assume all risks, known or unknown, listed or unlisted, that may result from my voluntary participation in athletic sports program listed above or in activities related to such sport, regardless of the cause of the injury. In consideration of being permitted to participate in the athletic sports programs listed above. I knowingly and intentionally give up any legal right that I, my heirs, or legal representatives have or may have against the Hemet Unified School District, their officers, employees, agents, and assigns, from any action, claim, or demand that I, my heirs, or my legal representatives have or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault, on or off-the field, as a result of my voluntary participation in athletic sports programs listed above. I knowingly intend my signature on this Agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntarily participating in athletic sports programs listed above or in activities related thereto, and further intend this Agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in athletic sports programs listed above.

Name of Student (Print)

Student Signature

Date

Parent/Guardian (Print)

Parent Signature

Date

Tahquitz High School Athletic Emergency Information Form

Student Name _____
Last First Middle Initial

Address _____ Home Phone() _____
Street City Zip

Date of Birth _____ M F _____ Current Grade _____

Fathers Name _____ Work Phone _____

Mothers Name _____ Work 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.

We also require a copy of the valid insurance card with student athletes' name.

Insurance company _____ Policy Number _____

Phone number _____

If you do not have your own insurance but intend to purchase Meyers-Steven Insurance read and sign below.

I have purchased insurance from the Meyers-Steven Company and have signed the appropriate forms and turned them into the Tahquitz High School Athletic Department.

Signature of Parent/Guardian

Circle sport/s you are interested in

FALL

- Football
- Cross Country-Coed
- Volleyball-Girls
- Tennis-Girls
- Water Polo-Boys
- Golf-Girls

WINTER

- Basketball-B/G
- Soccer-B/G
- Wrestling
- Water Polo-Girls

SPRING

- Baseball
- Softball
- Track-B/G
- Tennis-Boys
- Swim-B/G
- Golf
- Volleyball-Boys

HUSD 2013-2014
Tahquitz High School
RESIDENTIAL ELIGIBILITY
Athletic/Extracurricular Participation
Please Print

ATHLETE'S NAME: _____ GRADE: (In Sept.) _____
Last Name First Name

1 Name of the person completing this form: _____
Relationship to Athlete: _____ (Parent, Legal Guardian, Relative, Foster Parent)

2 Student Status:
___ Continuing THS Student (skip down to # 4) ___ Inter-district Transfer
___ New Resident ___ Incoming 9th grader ___ Intra-district Transfer
___ Administrative Placement

3 New Student Information: (To be completed by ALL new students)
a. School attended last year: _____ Address: _____
b. Previous Sports played in high school, (include level): _____
c. If residence change, **PREVIOUS ADDRESS** _____
With whom did the student reside at Previous Address _____

4 Parent Residence Information:

Mothers Name Street Address Apt. No. City Zip Phone #

Fathers Name Street Address Apt. No. City Zip Phone #

5 I AFFIRM THAT THE ABOVE-MENTIONED STUDENT RESIDES AT THE FOLLOWING ADDRESS:

Street Address Apt. No. City zip Phone #
With whom does the student currently reside at the above address (# 5) _____
What is the relationship of this person to the Student _____

I understand that the student must reside with their parent or legal guardian/s. Student must also reside within the *attendance* boundaries of Hemet Unified School District and/or have followed and completed the process of obtaining an inter/intra district permit and said permit has been approved. I also understand that falsifying any information on this form may result in the immediate interscholastic competition ineligibility for the student and possible contest forfeiture for Tahquitz High School.

Signature of person completing this form Printed Name Date

THS Administrative Approval: _____

Preparticipation Physical Examination Form

(Please type or print)

Student's Name _____ Birth Date _____ Sex _____ Grade _____
Last First Middle

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 _____

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
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"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<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"/>
4. Do you think you are in good health?	<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"/>
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"/>
7. Have you ever had a severe viral infection within the last month (for example, mononucleosis)?	<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"/>
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"/>
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"/> 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	<input type="checkbox"/>	<input type="checkbox"/>
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*

MEDICAL

	Normal	Abnormal Findings	Initials*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

	Normal	Abnormal Findings	Initials*
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

Parent/Guardian signature _____



10932 Pine Street
Los Alamitos, California 90720

Telephone: 562-493-9500
Fax: 562-493-6266

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 524).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the _____ (school/school district name) 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.



Dr. Barry L. Kayrell
Superintendent

Dr. LaFaye Platter
Deputy Superintendent

Dr. David Horton
Assistant Superintendent

Vincent Christakos
Assistant Superintendent

Professional Development
Service Center

1791 W. Acacia Avenue
Hemet, CA 92545
(951) 765-5100
Fax: (951) 765-5115

Professional Development
Academy

2085 W. Acacia Avenue
Hemet, CA 92545
(951) 765-5100
Fax: (951) 765-6421

www.hemetusd.k12.ca.us

Governing Board
Paul Bakkom
Dr. Lisa DeForest
Marilyn Forst
Vic Scavarda
James Smith
Ross Valenzuela
Joe Wojcik

Date: _____

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

Dear Parent/Guardian:

As a condition of membership in the California Interscholastic Federation (CIF), and in accordance with Education Code 49030, the Governing Board of the Hemet Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics or suspension or expulsion from school

Signature of student athlete

Date

Signature of parent/guardian

Date

Adopted: 12/11/07

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