

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT ATHLETIC PROGRAM

PARENT PERMISSION, EMERGENCY MEDICAL AND WAIVER OF CLAIMS FOR TRANSPORTATION OF STUDENTS, RELEASE NOT TO FILE A CLAIM

School Year: July 1, 20____ - June 30, 20____

To be completed by parent/guardian:

School (check one): ☐ El Dorado ☐ Esperanza ☐ Valencia ☐ Yorba Linda

Name: _____ has permission to participate in the following field trip, activity or event.
(Last) (First) (M.I.)

By my signature below, I/we hereby give permission for my son/daughter to participate in and be transported to and from the above-described activity. I/We realize that participation in this activity is voluntary as part of the Placentia-Yorba Linda Unified School District (District) school athletics/auxiliary program. I/We understand that this activity could cause serious illness, and/or injury, and/or death, and I/we assume all risks for any such illness, and/or injury, and/or death.

Field Trip, Activity, or Sports: _____

Student's Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Father's Work: _____ Mother's Work: _____

TRANSPORTATION INFORMATION

Departure time is when the school bus departs and return time is immediately following scheduled activity. Point of departure and return is from/to your school site. Destination will be at site of scheduled activity.

Method of transportation for above-named student may be by:

☐ District Bus ☐ Commercial Charter ☐ District Auto Driven by Staff Member*
☐ Private Auto Driven by Staff Member* ☐ Private Auto Driven by Parent* ☐ Private Auto Driven by Adult not a Staff Member*
☐ Private Auto, Student Driving Him/Herself Only* (no other student passengers allowed)

* All drivers must complete the attached School Driver Registration Form which will be filed at the school site and at Risk Management. District employee drivers must also file a DMV report with PYLUSD Risk Management.

HEALTH HISTORY AND INSURANCE INFORMATION

Please check all that apply.

☐	My child has NO special needs the staff should be made aware of, and NO medication is required on this field trip, activity, sport.
☐	My child has a special need and/or medication required on this field trip, activity, sport. Note: Attach instructions and location of medication. Number of attached pages: _____ It is the responsibility of the parent to notify the school of any changes to their child's medication(s).
☐	Allergies. List: _____
☐	Other: _____

Student's Date of Birth: _____ Name of Physician: _____ Phone: _____

For Religious Accommodation, a copy of the appropriate form must be attached.

Do you have current medical insurance coverage? ☐ Yes ☐ No (If no, please see Myers-Stevens & Toohey Student Accident & Health Insurance Brochure)

Name of Insured (Parent/Guardian): _____ Employer: _____

Health/Accident Insurance Company: _____ Policy Number: _____

* He/She ☐ MAY ☐ MAY NOT (check one) receive medical attention by a duly licensed physician.

* He/She ☐ MAY ☐ MAY NOT (check one) be admitted to a hospital in case of an emergency.

I/we acknowledge that the District does not provide liability insurance and or health benefit insurance/coverage for participation in this activity.

If I/we cannot be reached in case of an emergency, please call _____ Relationship _____

Phone: _____

RELEASE NOT TO FILE A CLAIM/AUTHORIZATION TO TREAT A MINOR

For and in consideration of permitting the above named child to participate in the activity described above, I/we the undersigned, for him/herself and personal representatives, assigns, heirs, and next of kin, as well as for any minor for whom this Release and Covenant Not to File a Claim is executed, or that minor's personal representative, assigns, heirs and next of kin, hereby voluntarily RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO FILE A CLAIM against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, or any activities incidental to the field trip or excursion that is the subject of this authorization (Education Code Section 35330). The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I/we understand these safety regulations will be enforced during all games and practices. I/we fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

I/We the undersigned parent, parents, or legal guardian of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health, (only if we have given permission above to receive medical attention and admission to a hospital for a medical emergency). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We agree to assume financial responsibilities for injuries sustained by my child.

I/We understand this field trip, activity, or event may be cancelled at any time for security reasons. Such trips are subject to modification or cancellation when the U.S. Dept. of Homeland Security announces either High Condition (Orange) or Severe Condition (Red). In the event of such cancellation by the District, I/we accept any and all financial risks or penalties imposed by any of the vendors providing services for travel, accommodations, or other trip-related services as a result of cancellation.

Parent/Guardian Name(s): _____;

Parent/Guardian Signature(s): _____;

Student Signature if 18 or Over: _____ Date: _____

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

1301 E. Orangethorpe Ave., Placentia, CA 92870

ATHLETIC/AUXILIARY INSURANCE CERTIFICATION FORM

Student's Name: _____ School: _____

If your student plans to participate in interscholastic athletic and/or auxiliary events (including activities of marching bands, drill teams, dance teams, cheerleaders, color guard, banner carriers, baton twirlers, mascots, and team managers), it is **legally required** that you must either:

- (1) Furnish the school with an affidavit certifying that your child is covered by insurance that provides at least the equivalent protection required by law as described below; or
- (2) Purchase the student accident insurance that is available from Myers-Stevens & Toohey & Co., Inc. Student Accident Plan. For those wishing to purchase student accident insurance through Myers-Stevens & Toohey & Co., Inc., applications and brochures are available in your athletic clearance packet and in the Student Activities Office.

DECLARATION OF PARENT OR GUARDIAN

Please check as applicable.		
I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance that provides the following: 1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts: (Ed. Code 32221) a. A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence. b. Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500). c. At least one thousand five hundred dollars (\$1,500) for all medical and hospital expenses. 2) I hereby agree that this policy shall not be cancelable without at least 10 days prior written notice to the district. I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements. Insurance protection in any of the above amounts shall be provided through group, blanket, or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Department of Industrial Relations of the State of California, effective October 1, 1966. (Ref. Ed. Code 32221)		
Insurance Company _____	Policy/Group No. _____	Expiration Date of Policy _____
Please attach a copy of Insurance Card (front and back) or Policy.		
I will purchase the Myers-Stevens & Toohey & Co., Inc. Student Accident policy for all athletics and activities except tackle football.		
I will purchase the Myers-Stevens & Toohey & Co., Inc. Student Accident policy for tackle football.		
My student will not participate in any activity requiring insurance under Education Code Section 32220-32222 and I do not wish to purchase any insurance from Myers-Stevens & Toohey & Co., Inc. Student Accident Plan		

Parent/Guardian Signature _____ Parent/Guardian Name – Please Print _____ Date _____

Home Phone: _____ Address: _____

Work Phone: _____ City _____ State _____ Zip _____

The Placentia-Yorba Linda Unified School District will provide transportation to co-curricular activities under the fee schedule provided for each sport (Board Policy/Administrative Regulation 6145.8). On an annual basis, the PYLUSD reevaluates the amount charged to student/athletes for transportation fees based on prior costs. These costs may vary between sports, based upon the distance traveled, frequency and number of events, and the number of hours a bus remains at an activity.

☐ **District Transportation**
Parent/Guardian agrees to pay the designated transportation fee prior to the beginning of the season of activity. The student will not be allowed to travel via district transport until the fee is paid. Unpaid transportation fees may result in denial of participation in future recreational activities (e.g. dances).

Verified: _____
School Official _____ Date _____

Participating High School Students (Please Print)

Student Name	Activity(ies)	Grade

Date _____

PLACENTIA YORBA LINDA UNIFIED SCHOOL DISTRICT

DMV/Risk Management/PYLUUSD Rules & School Driver Registration Form

Important – This form must be filled out each school year for anyone driving students.

Please complete a separate form for each driver.

Driving is strictly voluntary.

District Employees & Parents:

District employees and parents driving their own vehicles to transport students are required to fill out this form annually or whenever any changes occur regarding the vehicle being driven.

Proof of car insurance is verified via your signature on the School Driver Registration Form. Drivers are responsible for all damages and losses to persons and property.

Vehicle capacity is limited to 10 seats or less. If your vehicle capacity is greater than 10 seats, you may transport your children only.

All Drivers must be at least 21 years of age in order to drive students. Parents may never drive a District vehicle.

District Employees: (includes District employees who work at one site and volunteer at an alternate site)

An Official DMV Driving Record is required of all employees who transport students. The form is available at the DMV for a \$5.00 non-reimbursable fee. Once your driving record is on file with Risk Management it is updated annually by the DMV.

Student Drivers:

Students may not drive any other students in their vehicle at any time.

Students holding a provisional driver's license may not drive between 11 pm and 5 am.

For additional information please refer to http://www.dmv.ca.gov/teenweb/dl_btn2/dl.htm

School Driver Registration Form

School/Department _____

Driver (check one) Employee Parent/Guardian Student Volunteer

Driver's Name _____ Driver's Date of Birth _____

Student's Name _____ Telephone Number _____

Address _____ Driver's License Number _____

City St _____ ZIP _____ Expiration Date _____

Vehicle Information

Name of Owner _____

Address _____ City _____

Make _____ Year _____

Model _____ License Plate No. _____

Seating Capacity (including the driver) _____ Registration Expires _____

Driver Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I, hereby, give Placentia-Yorba Linda Unified School District permission to obtain by official driving record from the Department of Motor Vehicles. I understand that if an accident occurs, my insurance shall bear primary responsibility for any losses or claims for damages. I, the undersigned, for him/herself and personal representatives, assigns, heirs, and next of kin, hereby voluntarily RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO FILE A CLAIM against the Placentia-Yorba Linda Unified School District, its agents or employees, or the State of California for any injury, accident, illness or death occurring during or by reason of the activity, or any activities incidental to the field trip or excursion that is the subject of this authorization (Ed. Cod Sec. 35330).

Driver's Signature _____ Date _____

Parent's Signature (if student is under the age of 18) _____ Date _____

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT
1301 E. Orangethorpe Ave., Placentia, CA 92870

SCHOOL ATHLETICS/AUXILIARY PROGRAM

WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY

Participant: _____ School: _____

() All Sports () Specific Sport(s) _____ Season: () Fall () Winter () Spring 20 ____

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that participation in this activity is voluntary as part of the PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT (District) school athletics/auxiliary program. I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. I am aware that the District provides no coverage for medical treatment or liability in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to the above named child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I understand these safety regulations will be enforced during all games and practices. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE KNOWINGLY AND VOLUNTARILY ASSUMES ALL RISKS OF BODILY INJURY TO HIS/HER CHILD, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in this activity.

Parent/Guardian Signature Parent/Guardian Name – Please Print Date

Home Phone: _____ Street Address: _____

Work Phone: _____ City, State, Zip: _____

I understand and acknowledge the above statements.

Student Signature Student Name – Please Print Date

If any of the foregoing is not completely understood, please contact your school principal for further clarification before you sign.

Placentia-Yorba Linda Unified School District

Notification: Concussion in High School Sports

Name of School: _____ School Year: 20__ - 20__

Per the State of California AB25, Chapter 456 and Education Code, Section 49475(a)2:

On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.

Please read the attached information sheet, Heads-Up, Concussion in High School Sports, and return this signed affidavit as part of the athletic clearance packet.

I have read and understand the information regarding concussions, their prevention and proper procedures if I suspect my child may have suffered a concussion.

Parent's Name

Parent's Signature

Date

I have read and understand the information regarding concussions, their prevention and proper procedures if I suspect I may have suffered a concussion.

Student's Name

Student's Signature

Date

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can’t recall events prior to hit or fall • Can’t recall events after hit or fall	• Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT - SPORTS PRE-PARTICIPATION PHYSICAL

Name _____ Age _____ ☐ Male ☐ Female
 Date of Birth _____ Grade _____ School _____ School Year ☐ 20____ ☐ 20____ ☐ 20____

Check sport(s) of participation:

☐ Band ☐ Baseball ☐ Basketball ☐ Cheer ☐ Color Guard ☐ Cross-country ☐ Dance ☐ Diving ☐ Football ☐ Golf ☐ Lacrosse ☐ Song
☐ Tennis ☐ Soccer ☐ Softball ☐ Track/Field ☐ Swim ☐ Volleyball ☐ Water Polo ☐ Wrestling ☐ Other _____

PARENT - Please answer questions 1-21

Has the student/athlete ever:

YES NO

1. Been hospitalized overnight? Diagnosis		
2. Had any chronic illness? ☐ asthma ☐ diabetes ☐ frequent headaches ☐ bleeding disorder ☐ Other		
3. Recently taken medication including over-the-counter meds or inhalers? Medication:		
4. Had any allergies (medication, bee stings, etc) Allergy:		
5. Become dizzy or passed out during exercise?		
6. Developed chest pain, shortness of breath or wheezing?		
7. Become tired more quickly than peers during exercise?		
8. Been told that he/she has a heart murmur or heart disease?		
9. Skipped heart beats?		
10. Had anyone in the family develop heart disease or die from heart problems under age 40?		
11. Had a significant head injury or concussion?		
12. Passed out or had a seizure?		
13. Had more than one episode of burner/stinger (pain from neck into arm)?		
14. Had heat cramps or heat exhaustion?		
15. Had a broken/fractured, sprained, or dislocated body part? List body part(s) and date(s) of injury.		
16. Is the student/athlete missing an organ or limb? List body part(s) and date(s) of loss.		
17. Does student/athlete use special equipment? ☐ Pads ☐ Braces ☐ Orthotics ☐ Prostheses ☐ Other		
18. Does student/athlete have to gain or lose weight to meet the requirements of his/her sport(s)?		
19. Does student/athlete eat a healthy well balanced diet?		
20. For Females: Are menses (periods): ☐ regular/monthly ☐ irregular ☐ absent		
21. Last tetanus immunization:		

I hereby authorize the use and/or disclosure of my student/athlete's individual health information for the purpose of medical clearance for participation in the district's sports program. I understand that this authorization is voluntary.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Height _____ Weight _____ BP _____

Visual Acuity:

Pulse _____ Body Habitus _____

Right eye 20/ _____ Left eye 20/ _____ Both eyes 20/ _____

Legend: / = within normal limits + = see comments x = omitted

General	/	+	x	General	/	+	x	Orthopedic	/	+	x	Orthopedic	/	+	x
Head				Heart				Cervical Spine/Back				Knees			
Eyes				Abdomen				Arms/Elbows/wrists/hands				Ankles/feet			
Ears/nose/throat				Genitalia/hernia				Hips				Flexibility			
Neck				Neurological											

Comments:

Discussion Items	Yes	No
Stretching emphasized		
Discussed fitness/ideal weight		
Discussed treatment of injuries		
Discussed prevention of sun/heat-related problems		
Discussed testicular cancer exams		

Medical Clearance * as appropriate for age and development	Yes	No
Full contact collision level		
Clearance deferred or no participation at this time because		

MD/DO/FNP:

State License Number:

Phone:

Address (Doctor's Stamp Required):

Date:

PHYSICAL EXAMINATION BY PHYSICIAN