

# **CSD RIVERSIDE**

**A T H L E T I C S**

## ***Athletic Clearance Packet***

Hello Parents/Guardian/Student-Athlete,

Prior to student/athlete's participation in CSD-Riverside Athletics, these forms need to be filled out completely. Included in this packet are:

- *Physical evaluation form*
- *Informed Consent*
- *Medical Coverage/Emergency Contact/Authorization for Treatment*
- *CIF Code of Ethics*

Completed and signed forms are required prior to participating in practices, scrimmages, or athletic competitions. No exceptions will be granted. Please bring completed forms to Athletics office.

If you have any questions or concerns, please feel free to contact the Athletic Department at (951) 248-7700 ext. 6551 or (951) 824-8080 VP.

For Spanish-speaking parents, please contact Claudia Rodriguez or Rachel Lopez, Spanish translators, at (951) 248-7700 ext. 6578 or 6579.



## 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 \_\_\_\_\_ CSD - Riverside \_\_\_\_\_ (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.



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## Código de Ética – Atletas

El atletismo es una parte integral del programa educativo de la escuela. Todas las actividades escolares, plan de estudios y actividades extra curriculares en el salón de clase y en el campo de juego, debe ser congruente con las metas y objetivos establecidos de la escuela para el desarrollo intelectual, físico, social y moral de los estudiantes. Es en este contexto que el siguiente código de ética es presentado.

Como un atleta, comprendo que mi responsabilidad es:

1. Colocar el rendimiento académico como la más alta prioridad.
2. Mostrar respeto para compañeros de equipo, oponentes, oficiales y entrenadores.
3. Respetar la integridad y juicio de los oficiales del juego.
4. Exhibir juego limpio, espíritu deportivo y conducta apropiada dentro y fuera del campo de juego.
5. Mantener un alto nivel de conciencia sobre la seguridad.
6. Abstenerse del uso de malas palabras, vulgaridades u otros lenguajes o gestos ofensivos.
7. Adherir a las reglas y normas establecidas del juego.
8. Respetar el equipo y usar de manera segura y apropiada.
9. Abstenerse del uso de alcohol, tabaco, drogas ilegales y sin receta, esteroides androgénicos/anabólicos o cualquier sustancia para aumentar el desarrollo físico o rendimiento que no está aprobado por la Administración de Alimentos y Drogas de los Estados Unidos, Director General de la Salud Pública de los Estados Unidos o Asociación Médica Americana.
10. Conocer y respetar todas las reglas estatales, de sección y los reglamentos deportivos ya que pertenecen a la elegibilidad y participación en deportes.
11. Ganar con carácter, perder con dignidad.

Como condición para ser miembro de la CIF, todas las escuelas deben adoptar políticas que prohíben el uso y abuso de esteroides androgénicos/anabólicos. Todas las escuelas con estudiantes participantes y sus padres, tutor/cuidador están de acuerdo en que el atleta no usará esteroides sin la prescripción escrita de un médico con licencia (reconocido por la AMA) para tratar una condición médica (artículo 523).

Al firmar a continuación, tanto el estudiante atleta participante y los padres, tutores por la presente están de acuerdo que el estudiante no debe usar esteroides androgénicos/anabólicos sin la prescripción escrita de un médico con licencia (como es reconocido por la AMA) para el tratamiento de una condición médica. Reconocemos que según la ley de CIF 202, podría haber sanciones por información falsa o fraudulenta.

También comprendemos que la política de CSD Riverside, con respecto al uso de drogas ilegales (escuela/nombre del distrito) se hará cumplir por cualquier violación de estas reglas.

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Nombre en letra de molde del estudiante atleta

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Firma del estudiante atleta

Fecha

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Firma de los padres/tutores

Fecha

Una copia de este formulario debe mantenerse en el expediente de la oficina del director de deportes de la escuela preparatoria local, anualmente y la Declaración del Director de Cumplimiento se debe archivar en la oficina de la CIF sección del sur.

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

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

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

**DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

**GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

**TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### How can I help prevent a concussion?

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

- 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, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

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

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just “not feeling right” or “feeling down”</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> </ul>

### How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### What should you do if you think your child has a concussion?

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

#### 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, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# ATENCIÓN\*

## CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

HOJA INFORMATIVA PARA **LOS PADRES**

### ¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión en el cerebro causada por un golpe o una sacudida en la cabeza o el cuerpo. Incluso un golpeo, un zumbido en la cabeza, o lo que parece ser un golpe o una sacudida leve puede ser algo grave.

### ¿Cuáles son los signos y síntomas?

La conmoción cerebral no se puede ver. Los signos y síntomas de una conmoción cerebral pueden aparecer justo después de una lesión o puede que no aparezcan o se noten sino hasta después de días de ocurrida la lesión. Si su hijo adolescente le informa sobre **algún** síntoma de conmoción cerebral de los especificados a continuación, o si usted nota los signos, no permita que su hijo juegue y busque atención médica de inmediato.

Signos que notan los padres o tutores	Síntomas que reporta el atleta
<ul style="list-style-type: none"><li>• El atleta luce aturdido o desorientado</li><li>• Está confundido en cuanto a su posición o lo que debe hacer</li><li>• Olvida las instrucciones</li><li>• No se muestra seguro del juego, de la puntuación ni de sus adversarios</li><li>• Se mueve con torpeza</li><li>• Responde a las preguntas con lentitud</li><li>• Pierde el conocimiento (<i>aunque sea por poco tiempo</i>)</li><li>• Muestra cambios de humor, conducta o personalidad</li><li>• No puede recordar lo ocurrido antes o después de un golpe o una caída</li></ul>	<ul style="list-style-type: none"><li>• Dolor de cabeza o "presión" en la cabeza</li><li>• Náuseas o vómitos</li><li>• Problemas de equilibrio o mareo</li><li>• Visión borrosa o doble</li><li>• Sensibilidad a la luz y al ruido</li><li>• Debilidad, confusión, aturdimiento o estado grogui</li><li>• Problemas de concentración o de memoria</li><li>• Confusión</li><li>• No se "siente bien" o se siente "desganado"</li></ul>

### ¿Cómo puede ayudar a su hijo adolescente para que evite una conmoción cerebral?

Cada deporte es diferente, pero hay una serie de medidas que su hijo puede tomar para protegerse de las conmociones cerebrales.

- Asegúrese de que use el equipo de protección adecuado para la actividad. El equipo debe ajustarse bien y estar en buen estado, y el jugador debe usarlo correctamente y en todo momento.
- Controle que siga las reglas que imparta el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.

### ¿Qué debe hacer si cree que su hijo adolescente ha sufrido una conmoción cerebral?

**1. No permita que su hijo siga jugando.** Si su hijo sufre una conmoción cerebral, su cerebro necesitará tiempo para sanarse.

No permita que su hijo regrese a jugar el día de la lesión y espere a que un profesional de la salud, con experiencia en la evaluación de conmociones cerebrales, indique que ya no presenta síntomas y que puede volver a jugar. Una nueva conmoción cerebral que ocurra antes de que el cerebro se recupere de la primera, generalmente en un periodo corto (horas, días o semanas), puede retrasar la recuperación o aumentar la probabilidad de que se presenten problemas a largo plazo. En casos poco frecuentes, las conmociones cerebrales repetidas pueden causar edema (inflamación del cerebro), daño cerebral permanente y hasta la muerte.

**2. Busque atención médica de inmediato.** Un profesional de la salud con experiencia en la evaluación de las conmociones cerebrales podrá determinar la gravedad de la conmoción cerebral que ha sufrido su hijo adolescente y cuándo podrá volver a jugar sin riesgo alguno.

**3. Enséñele a su hijo que no es sensato jugar con una conmoción cerebral.** Descansar es fundamental después de una conmoción cerebral. Algunas veces los atletas creen equivocadamente que jugar lesionado es una demostración de fortaleza y coraje. Convenza a los demás de que no deben presionar a los atletas lesionados para que jueguen. No deje que su hijo adolescente lo convenza de que está "bien".

**4. Avíseles a todos los entrenadores de su hijo y a la enfermera de la escuela sobre cualquier conmoción cerebral.**

Los entrenadores, las enfermeras escolares y otros miembros del personal de la escuela deben saber si su hijo adolescente *alguna vez* tuvo una conmoción cerebral. Su hijo debe limitar sus actividades mientras se recupera de una conmoción cerebral. Ciertas actividades como estudiar, manejar, trabajar en la computadora, jugar video juegos o hacer ejercicio pueden provocar que los síntomas de una conmoción cerebral vuelvan a aparecer o empeoren. Hable con su proveedor de atención médica y también con los entrenadores, las enfermeras de la escuela y los profesores de su hijo adolescente. De ser necesario, estas personas pueden colaborar en la adaptación de las actividades de su hijo durante su recuperación.

### Si usted cree que su hijo adolescente ha sufrido una conmoción cerebral:

No trate de evaluarlo usted mismo. Haga que salga del juego. Busque atención médica de un profesional de la salud.

### Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales **de forma gratuita**, visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

**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?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects?   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 5. Have you ever passed out or nearly passed out DURING exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 6. Have you ever passed out or nearly passed out AFTER exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 8. Does your heart race or skip beats during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 9. Has a doctor ever told you that you have (check all that apply):<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection |                          |                          |           |       |            |               |            |
| 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 11. Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 12. Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 14. Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 15. Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 16. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 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:   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 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:  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 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?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 22. Do you regularly use a brace or assistive device?   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |
| 23. Has a doctor ever told you that you have asthma or allergies?   | <input type="checkbox"/> | <input type="checkbox"/> |           |       |            |               |            |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FEMALES ONLY</b>  |                          |                          |
| 47. Have you ever had a menstrual period?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. How old were you when you had your first menstrual period? _____                                       |                          |                          |
| 49. How many periods have you had in the last 12 months? _____   |                          |                          |
| <b>Explain "Yes" answers here:</b> _____   |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |
| _____  |                          |                          |

**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 \_\_\_\_\_

**CSD Riverside Athletics**  
**Preparticipation Physical Evaluation**

**PHYSICAL EXAMINATION FORM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
<b>MUSCULOSKELETAL</b>			
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



**CSD Riverside Athletics**  
**Preparticipation Physical Evaluation**

**CLEARANCE FORM**

Name \_\_\_\_\_

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not Cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies \_\_\_\_\_

Other Information \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# **CSD RIVERSIDE ATHLETICS**

## **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/guardian 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 over stated.

By granting permission to your son/daughter to participate in athletic competition, a parent/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 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.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirement.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

If any of the foregoing is not completely understood and you have questions, please contact the school athletic director or school administrator for further information. This paper, with signature, will be kept on file with the athletic director.

**I have read and understand the information above and give my son/daughter permission to participate.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read and understand the information above and I want to participate.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

—

**ATLETISMO DE CSD RIVERSIDE**  
**CONSENTIMIENTO INFORMADO**  
**CONOCIMIENTO DEL RIESGO DE LESION DEPORTIVA**  
**ADVERTENCIA Y ACUERDO**

*Por su propia naturaleza, los deportes competitivos pueden poner a los estudiantes en situaciones en las que podrían ocurrir accidentes graves, catastróficas y quizás mortales.*

Los estudiantes y padres/tutores deben evaluar los riesgos involucrados en dicha participación y hacer su elección de participar a pesar de esos riesgos. Ninguna cantidad de instrucción, precaución o supervisión totalmente eliminará todo riesgo de lesiones. De la misma manera que un automóvil implica una elección de riesgo, la participación en atletismo por naturaleza es peligroso. La obligación de padres y estudiantes de tomar esta decisión de participar no puede ser sobrestimado.

Al otorgar permiso a su hijo/hija para participar en la competencia atlética, un padre/tutor acepta que jugar o entrenar en cualquier deporte puede ser una actividad peligrosa que implica VARIOS RIESGOS DE LESION. Tanto el atleta y sus padres deben comprender que los peligros y riesgos de jugar o entrenar incluyen pero no se limitan a: muerte, parálisis completo o parcial, daño cerebral, lesiones graves a prácticamente todos los órganos internos, huesos, coyunturas, ligamentos, músculos, tendones y otros aspectos del sistema esquelético y potencial de discapacidad a otros aspectos del cuerpo, salud general y buen estar.

Debido a los peligros de participar en deportes, nosotros (los padres y el jugador) reconocemos la importancia de seguir las instrucciones de los entrenadores con respecto a las técnicas del juego, entrenamiento, equipo y otras reglas del equipo, etc., tanto en la competencia y el entrenamiento y estamos de acuerdo a obedecer tales instrucciones.

Entiendo y reconozco que la participación en estas actividades es completamente voluntario y como tal, no es un requisito del distrito para crédito del curso para cumplir con los requisitos de graduación.

Entiendo y reconozco que con el fin de participar en estas actividades, yo y mi hijo/hija estamos de acuerdo de asumir la obligación y responsabilidad de todo riesgo potencial que puede estar asociado con la participación en este tipo de actividad.

Entiendo y reconozco y estoy de acuerdo que el distrito, sus empleados, funcionarios, agentes o voluntarios no serán responsables por cualquier lesión/enfermedad sufrida por mi hijo/hija que es incidente y/o asociado con la preparación para y/o la participación en esta actividad.

Si cualquiera de lo anterior no es completamente comprendido o si tiene preguntas, por favor comuníquese con el director de deportes de la escuela o administrador de la escuela para obtener mas información. Este documento, con las firmas, se mantendrá en el expediente del director de deportes.

**He leído y entiendo la información anterior y doy mi permiso a mi hijo/hija para participar.**

Firma de los padres \_\_\_\_\_ Fecha \_\_\_\_\_

**He leído y comprendo la información anterior y quiero participar.**

Firma del estudiante \_\_\_\_\_ Fecha \_\_\_\_\_

**CSD RIVERSIDE ATHLETIC DEPARTMENT**  
**MEDICAL COVERAGE**  
**EMERGENCY CONTACT**  
**AUTHORIZATION FOR TREATMENT**  
**2015-2016**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PROOF OF MEDICAL COVERAGE IS REQUIRED**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PARENTAL/EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number (Home)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (Work)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cellular Phone/Pager

\_\_\_\_\_  
E-mail

**AUTHORIZATION TO TREAT A MINOR**

I hereby give my consent for the above-named student to represent his/her school in athletic activities, and to accompany any school team of which he/she is member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree we/I will not hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel. I am willing to assume all financial costs of any accident incurred by this student while participating in California School for the Deaf athletic program.

\_\_\_\_\_  
Parent/Guardian signature

**DEPARTAMENTO DE ATLETISMO DE CSD RIVERSIDE**  
**COBERTURA MÉDICA**  
**CONTACTO DE EMERGENCIA**  
**AUTORIZACIÓN PARA EL TRATAMIENTO**  
**2015-2016**

Nombre: \_\_\_\_\_ Grado Escolar: \_\_\_\_\_

Fecha De Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPROBANTE DE COBERTURA MÉDICA**

Compañía de seguro: \_\_\_\_\_

Numero de póliza: \_\_\_\_\_ Fecha de expiración: \_\_\_\_\_

**INFORMACIÓN DE EMERGENCIA/DEL PADRE DE FAMILIA**

\_\_\_\_\_  
Nombre del estudiante

\_\_\_\_\_  
Número de teléfono (casa)

\_\_\_\_\_  
Domicilio

\_\_\_\_\_  
Número de teléfono (trabajo)

\_\_\_\_\_  
Ciudad, estado, código postal

\_\_\_\_\_  
Teléfono celular/Pager

\_\_\_\_\_  
E-mail

**AUTORIZACIÓN PARA BRINDAR CUIDADO MÉDICO A UN MENOR DE EDAD**

Por medio de la presente otorgo mi consentimiento para que el estudiante antes mencionado represente a su escuela en actividades atléticas; también podrá acompañar al equipo escolar en viajes locales y fuera de la ciudad. De la misma manera, autorizo que la escuela obtenga cuidado medico para el estudiante en caso de emergencia, durante el curso actividades o viajes de atletismo. No responsabilizaré a la escuela, o alguna persona actuando de parte de la escuela, de alguna lesión que le ocurra al estudiante antes mencionado durante actividades de atletismo o durante los viajes. Estoy dispuesto(a) a tomar las responsabilidades financieras de cualquier accidente que le ocurra al estudiante al participar en el programa de atletismo de la escuela California School for the Deaf.

\_\_\_\_\_  
Firma del padre o tutor