

Norte Vista High School

Grade: _____

First Name: _____

Last Name: _____

ATHLETIC CLEARANCE

NORTE VISTA HIGH SCHOOL ATHLETIC PARTICIPATION CLEARANCE

The following steps must be taken to secure athletic clearance and participation at Norte Vista High School.

- 1) Complete and **sign every part** of this four page application.
- 2) Complete a Physical Examination (one athletic physical is required every 12 months.
- 3) Complete an Emergency Medical Information Card. (a new card is required for each new season of sport)
- 4) Read, understand and sign the Norte Vista Athletic Code and the CIF Athletic Code.
- 5) Student/Athletes are greatly urged to purchase an ASB card.
- 6) All of the above materials must be presented to the Athletic Director and be on file at the Athletic office. No tryouts, practice or game participation may take place until receiving approval from the Athletic Director. **FAILURE TO COMPLETE ALL ITEMS WILL RESULT IN THE DELAY OF APPROVAL TO PARTICIPATE.**

ALVORD UNIFIED SCHOOL DISTRICT
ATHLETE'S REGISTRATION CARD

Student I.D.# _____

Name: _____ Sex: _____ Grade: _____ Date: _____

Address: _____ Age: _____ Date of Birth: _____

City: _____ Zip Code: _____ Phone#: _____ Social Security #: _____

Father's name: _____ Employer: _____ Phone#: _____

Mother's name: _____ Employer: _____ Phone#: _____

School attended previous semester: _____ Birthplace: _____

TO PARENTS OR GUARDIANS: You are requested to sign this participation form in order that the student concerned may engage in an extra curricular activity. Participation forms are not required in the case of curricular or regular school activities because of provisions that are made by the Board of Education. Constitutional and statutory provisions deny the right of this Board to make similar provisions for extracurricular activities, hence the requirement for special participation approval.

The Board of Education deems many of the extracurricular activities to be worthy for students but does not require them of students. These activities are **voluntary** on the part of students and a signed participation form is necessary before participation. No penalty other than non-participation will be assessed if the participation form is not signed.

PARENT AUTHORIZATION: In signing this form I/we are aware that this activity is an extracurricular activity held under school supervision. It is not a required activity. I/We understand that the Board of Education, the school district or its employees will not be held liable for injuries resulting from participation of my child in this activity or from transportation related thereto.

Who is the student living with? ☐ Both Parents ☐ One Parent ☐ Guardian ☐ Other _____

In addition to the above, I/we received and retained a copy of the Norte Vista High School Athletic Code which has been read by the student and ourselves. We agree to follow the rules therein. If we have any questions or need further explanation, we will contact the Athletic Director: **(951) 351-9214**. Our signatures on page 3 verify we have received and retained a copy of the Norte Vista Athletic Code.

INTERSCHOLASTIC ATHLETIC INSURANCE CERTIFICATION

Before your son/daughter is eligible to participate in interscholastic athletics, insurance coverage according to the Education Code Sections 32220 through 32224 must be obtained by you for the student who expects to participate. Please read carefully the following affidavit, and if you presently have the required coverage for your student, sign this affidavit. Check which insurance option you choose:

A. ☐

I, _____ do hereby declare that _____
PRINT NAME OF PARENT PRINT NAME OF STUDENT

Is insured in accordance with Education Codes 32220-32224 through:

COMPANY NAME _____ POLICY #: _____

B. ☐

I am purchasing athletic insurance. Make check payable in accordance with the insurance pamphlet and bring it to the athletic office with the athletic clearance packet.

☐ ALL SPORTS

☐ FOOTBALL ONLY

I further understand that the aforesaid law requires that the above coverage apply to members of athletics teams and non-competitors who perform duties in connection with inter-school athletic events while such persons are engaged in or preparing for an athletic event promoted under the sponsorship or the arrangement of the school district or student body association, and/or while such persons are being transported by or under the sponsorship of the school district or student-body association to or from school or other place of instruction and the place of the athletic event.

I declare that I will maintain this insurance or notify in writing the athletic director of cancellation.

My signature upon this affidavit signifies that I, the parent/guardian of the athlete, will assume the cost of ambulance service in case of emergency. I understand the school **does not** pay for ambulance service.

Parent/guardian signature: _____

Date: _____

CHECK ACTIVITIES IN WHICH YOU PARTICIPATE:

(One sport per season)

☐ Performance group

(Pep Squad, Tall Flags, etc.)

☐ Club Sport

FALL

☐ Cross Country

☐ Football

☐ Girls' Tennis

☐ Girls' Volleyball

WINTER

☐ Basketball

☐ Soccer

☐ Wrestling

SPRING

☐ Boys' Baseball

☐ Golf

☐ Girls' Softball

☐ Boys' Tennis

☐ Track

☐ Swimming

ASSUMPTION OF RISK AND RELEASE WAIVER OF LIABILITY

- A. I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport(s) include, but are not limited to, death, serious neck injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers risks of playing or practicing to play/participate in the above sports may result not only in serious injury, but in serious impairment of my future abilities to learn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
- B. Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to obey such instructions.
- C. In consideration of the Alvord Unified school District permitting me to try-out for sports at Norte Vista High School and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold the Alvord Unified School District, its employees, agents, representatives, coaches, and all volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Norte Vista team(s). The Terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.
- D. I especially acknowledge that baseball, football, and wrestling are more dangerous sports involving even greater risk of injury than other sports.

BOTH THE APPLICANT STUDENT ANED A PARENT OR GUARDIAN MUST READ CAREFULLY AND SIGN. IF THERE ARE ANY DOUBTS, QUESTIONS, OR UNCERTAINTY, CONTACT THE ATHLETIC DIRECTOR AT THE HIGH SCHOOL.

SIGNATURE OF PARENT/GUARDIAN _____	DATE _____
SIGNATURE OF STUDENT _____	DATE _____

STERIOD POLICY - CONDITIONS FOR PARTICIPATION

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 (Bylaw 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 also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Norte Vista High School/Alvord Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete _____	Date _____
Signature of Parent/Guardian _____	Date _____

STUDENT HEALTH HISTORY

A. GENERAL HISTORY. Check an answer for each item

YES NO

- ☐ ☐ 1. Diabetes
- ☐ ☐ 2. Seizures
- ☐ ☐ 3. Dizziness
- ☐ ☐ 4. Bleeding disorders
- ☐ ☐ 5. Asthma, allergies
- ☐ ☐ 6. Heart Disease
- ☐ ☐ 7. Hearing problems
- ☐ ☐ 8. Taking medication (type, reason, dosage)
- ☐ ☐ 9. Any allergic reactions
- ☐ ☐ 10. Have you ever been hospitalized?

YES NO

- ☐ ☐ 11. High or low blood pressure
- ☐ ☐ 12. Hernia
- ☐ ☐ 13. Absence of a kidney
- ☐ ☐ 14. Absence of or, undescended testicle
- ☐ ☐ 15. Absence of any organ
- ☐ ☐ 16. Menstrual Disorder
- ☐ ☐ 17. Under physician's care at present
- ☐ ☐ 18. Loss of consciousness
- ☐ ☐ 19. Change in health during the past year
- ☐ ☐ 20. Give date of last tetanus shot _____

Details of any answers

B. ORTHOPEDIC HISTORY: If the student has had, or now has , any of the following areas injured please give details:

1. Shoulder, arm, elbow, wrist, fingers, or thumb injury: type/when? _____

2. Hip, knee, leg, calf, ankle, foot, or toe injury: type/when? _____

3. Head, neck, or spine injury: type/when? _____

Family Doctor: _____

I/we verify that the above information is correct and I give permission for my child to receive a physical examination.

Date: _____ Parent/Guardian signature: _____ Phone#: _____

STUDENT ATHLETE PHYSICAL EXAMINATION

Student: _____

A. PRE-PHYSICAL

Height: _____ Weight: _____ Blood pressure: _____ Vision: Right _____ Left _____

Dental: Braces broken or missing teeth Plates Glasses: YES NO Anisocoria: YES NO
(unequal pupils)

B. GENERAL PHYSICAL

Heart _____ Lungs _____ Abdomen _____

Hernia _____ Varicocele _____

C. ORTHOPEDIC EVALUATION

C Spine _____ T Spine _____ L Spine _____

Hips/pelvis _____ Knees _____ Feet/ankles/toes _____

Shoulders _____ Elbows _____ Wrists/hands/fingers _____

- ☐ Approved for athletic competition
- ☐ Disapproved for athletic competition, state reason _____
- ☐ Approved for athletic competition, refer to specialist for _____
- ☐ Disapproved for athletic competition, refer to specialist for _____

DATE OF PHYSICAL

PRINT NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

MEDICAL LICENSE #

PHONE # OF PHYSICIAN

ADDRESS OF PHYSICIAN