

GOLDEN SIERRA HIGH SCHOOL ATHLETIC ELIGIBILITY PROCEDURES

Before an athlete can participate in any sport, it is mandatory that a completed sport packet be on file in the office with Judy Toth. Make sure to fill out ALL forms. Sport packets will not be accepted with incomplete or missing forms.

No athlete will be permitted to participate without a sport packet on file...NO EXCEPTIONS.

Please note the following:

- Sport physicals MUST be current for the current school year.
- Emergency card must show insurance information. If there is no family insurance, school insurance must be purchased or the athlete will not be permitted to participate.

The following must be met *before* the first athletic contest:

- ASB Card must be purchased for \$25.00 through the office.
- Athletic fees must be paid through the office to Judy Toth.
(\$135.00 – 1st Sport, \$80.00 – 2nd Sport, \$55.00 – 3rd Sport)

Please return completed sport packet to Judy Toth in office.

BLACK OAK MINE UNIFIED SCHOOL DISTRICT Emergency Student Information Card

First Sport: _____ Second Sport: _____ Third Sport: _____

Student: Last Name _____ First Name _____ Middle _____ HOME PHONE _____

Gender (circle one) M F Grade: _____ Birth date: _____ Age: _____
Student resides with: _____ Both Parents _____ Mother _____ Father _____ Guardian

Parent(s)/Guardian(s): Mother Name: _____ Father Name: _____

Mailing Address _____ City _____ State _____ Zip _____

Residence Address _____ City _____ State _____ Zip _____

_____ Father Cell Phone _____ Mother Cell Phone _____

Father's Employer _____ Work # _____ Ext. _____ Mother's Employer _____ Mother's Work # _____ Ext. _____

Father's e-mail address _____ Mother's e-mail address _____

Place a check in the box adjacent to the telephone # above that is the preferred # to call first.

Copy of grades and school correspondence to non-custodial parent? Yes _____ No _____

Address of non-custodial parent: _____

Please list siblings:

Name: _____ Grade: _____ Age: _____ School: _____
Name: _____ Grade: _____ Age: _____ School: _____

Legal documentation (it is the parent's responsibility to provide updated information):

Restraining order? Y N (please attach) Guardianship change? Y N Change of Student Name? Y N

Does your child have any medical conditions? No Medical Condition

ADHD ADD Asthma Allergies Diabetes Hearing Loss Vision Problems Heart Condition Depression
 Seizures Other: _____ Describe any of the above: _____

What medications does your child regularly take? _____

Doctor's name: _____ Doctor's telephone #: _____

Medical Insurance Provider: _____ Group or ID #: _____

Permission to provide First Aid/Seek Emergency Treatment:

In case of emergency, when I cannot be reached, I authorize school officials to seek emergency medical treatment for my child. This consent is effective until revoked. _____ Yes _____ No

Before/After School Information:

Day Care Name: _____ Day Care Telephone # _____

How will your child typically get home?

They will be picked up - by whom? _____ Bus Rider - bus route and stop: _____ Walker

Emergency/Disaster/Unavoidable Delay

List name of **OTHER** person(s) authorized to release or take your child from this school site in case of any emergency or disaster. This student will not be allowed to leave with any other person without permission from parent/guardian. These must be LOCAL contacts.

Name (First Person to Contact)	work/home/cell phone	Relationship
Name (Second Person to Contact)	work/home/cell phone	Relationship
Name (Third Person to Contact)	work/home/cell phone	Relationship

OVER

ZERO TOLERANCE

There are five behaviors for which the Principal of the school must recommend expulsion even though the behavior may be the first incident. (Expulsion means: complete exclusion from all schools within the Black Oak Mine Unified School District for a maximum of two semesters.)

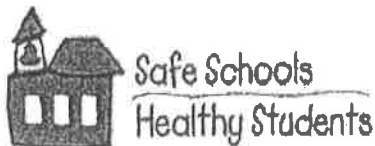
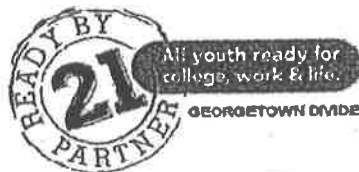
1. Possessing, as verified by a district employee, or selling or otherwise furnishing a firearm, unless the student had obtained prior written permission to possess the item from a certificated school employee, with the principal or designee's concurrence.
2. Brandishing a knife at another person, as defined in Education Code 48915(g).
3. Unlawfully selling a controlled substance listed in Health and Safety Code 11053-58
4. Committing or attempting to commit a sexual assault or a sexual battery as defined in item #14 under "Grounds for Suspension and Expulsion".
5. Possessing an explosive as defined in 18 USC 921.

Media release: At times during the school year, the Media may write an article or take pictures of a program or an activity taking place at the school site. I give permission for my child's photo and/or name to be used: _____ Yes _____ No

Parent/Guardian signatures required:

We have read and discussed the Code of Conduct, Attendance Policy, Residency Requirements, Student Use of Technology Regulation, and the Zero Tolerance Policy. Our signatures below affirm our understanding of these policies and confirm the accuracy of all information submitted hereby.

Mother(Guardian) _____ Date: _____
or
Father (Guardian) _____ Date: _____



Doctor's

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin • HSV lesions suggestive of MRSA, linea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 *Consider GU exam if in private setting. Having third party present is recommended.
 *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- CLEARED for all sports without restriction
- CLEARED for all sports without restriction with recommendations for further evaluation or treatment for _____

- NOT CLEARED
- Pending further evaluation
 - For any sports
 - For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

PARENT'S

Black Oak Mine Unified School District

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)



Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

In case of emergency, contact:
 Name _____ Relationship _____ Phone _____
 Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

 Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

ATHLETIC CODE OF CONDUCT

Starting dates for each sport will be announced and posted. Athletes are not allowed to try out for a sport after the starting date without a coach's permission. Exceptions are new students, excused absences from school, or sports that start practice before a student is enrolled in his/her first day of classes for the year.

Athletes must travel to and from contests away from Golden Sierra High in transportation arranged by the school. If an athlete desires to go home from a contest with a parent, the athlete must have a parent(s) sign a release form with the knowledge of the coach or his/her representative.

A student may be removed from a squad for any of the following reasons:

- A) Temporary suspension due to a minor infraction of coach/team rules and training regulations.
- B) Theft or malicious damage of any school or individual's equipment or property.
- C) Unsatisfactory citizenship (i.e. disrespect, insubordination, etc.).
- D) Violation of any school rule (see student handbook).

A student will be removed from a squad for any of the following reasons:

- A) Failure to maintain eligibility (GPA above 1.99 and no "F" grades).
- B) An athlete will be removed from a team for any use or possession of tobacco (smoking/chewing), alcohol, or other drugs.

* Athletes removed from a team will not be refunded the sports fee.

The sports fee must be paid, or arranged, prior to any in season participation and will not be refunded for quitting the team, removal from the team, or injury. Unique circumstances may arise and can be appealed to the Athletic Director and School Administration.

Each day of suspension from school for violation of school rules or state laws will result in a one week suspension from participating in contests. Athletes may continue to practice during the period that they are not allowed to play contests due to a suspension. The athlete may not participate in a practice or contest the day(s) the athlete is suspended from school. Two separate all-day suspensions during a specific sport season will result in removal from the team. Any subsequent suspensions may result in the student losing athletic eligibility in any sport at Golden Sierra High School for the remainder of the school year.

Completion of the sports season is required in order for the students to be eligible for a letter or other team or individual award (exception: injury). No award shall be given to any student suspended for the remainder of the season for Athletic Code violation.

Any athlete who quits a sport will not be eligible to participate in any sport with out permission from administration and athletic director.

ATTENDANCE:

An athlete must be in regular attendance and participate in class for a minimum of three periods in order to participate in a practice or contest held that day. Truancy is prohibited (period or day) and will result in the athlete being suspended from practice on the day of the truancy and the next contest.

Athletes are responsible for any assignments or for make-up or required work that may be missed due to attending contests. All athletes are encouraged to take any homework or class assignments on bus trips.

I, _____
Print Name

HAVE READ AND UNDERSTAND THE
ELIGIBILITY AND ATHLETE'S CODE OF
CONDUCT REQUIREMENTS.

Signed _____ (Athlete) Date _____

Signed _____ (Parent/Guardian) Date _____



**Black Oak Mine Unified School District
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 or 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 to play 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.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

At the beginning of the school year or a season of practice both the athlete and parent need to be informed in writing of the above information. The school must require that both the athlete and the parent sign and date a sheet of paper acknowledging that they have read the above statement and understand it thoroughly. This paper with signature, should be kept on file with the athletic director.

It is also preferable to have this warning additionally transmitted verbally to parents and athletes at pre-season meetings held by either the coach or athletic director. It is one of the legal responsibilities of a school, is that parents be informed of both awareness of risk and the responsibility to follow instructions and then give their consent to participate.

I have read and understand the information above and give my son/daughter

(name) _____ permission to participate.

Parent's Signature _____ Date: _____

Student Athlete's Signature _____ Date: _____

Black Oak Mine Unified School District

Dear Parents/Guardians:

California Education Code Section 49475 requires, on a yearly basis, a concussion and head injury information sheet signed and returned by the athlete's and athlete's parent or guardian before the athlete's initiating practice or competition. Please review, sign and return this form as part of your child's sport packet.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | | |
|---|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows behavior or personality changes• Can't recall events prior to hit• Can't recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|---|

Adapted from the CDC and the 3rd International Conference on Concussion
In Sport Document created 5/20/2010

OVER

Black Oak Mine Unified School District

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescents or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion:

Under California Education Code Section 49475: An athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day, and shall not be permitted to return to the activity until he or she is evaluated by a licensed health care provider, trained in the management of concussions, acting within the scope of his or her practice. The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed healthcare provider. *(This section does not apply to an athlete engaging in an athletic activity during the regular school day or as part of a physical education course required pursuant to subdivision (d) of Section 51220).*

A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.

AND

A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian-Printed

Parent or Legal Guardian-Printed

Date

PLEASE SIGN AND RETURN THIS FORM WITH YOUR SPORT PACKET