

**SAN RAFAEL CITY HIGH SCHOOL DISTRICT
ATHLETIC PARTICIPATION CLEARANCE FORMS**

and

**SAN RAFAEL CITY HIGH SCHOOL DISTRICT
PHYSICAL EVALUATION CLEARANCE FORM**

The Athletic Participation Clearance Forms that follow **must be competed and signed by parent, student and physician and returned to the Athletic Director prior to any athletic participation.**

Forms that must be returned to School Athletic Director:

- **SECTION I: ATHLETIC PARTICIPATION CLEARANCE FORM**
- **SECTION II: CIF PRE-PARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM (completed by physician and returned to school athletic director)**

Concussion Information

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.** 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:	Signs observed by teammates, parents and coaches:
<ul style="list-style-type: none"> • Headaches or feeling of 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 drowsy • Change in sleep patterns • Amnesia • Sadness, anxiety or confusion • Concentration or memory problems 	<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays or events • Unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Behavior or personality changes • Seizures or convulsions • Loses consciousness

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 Name Printed	Parent or Legal Guardian Signature	Date

**SAN RAFAEL CITY HIGH SCHOOL DISTRICT
ATHLETIC PARTICIPATION FORMS**

SECTION 1: ATHLETIC PARTICIPATION CLEARANCE FORM

Parental Permission: I/we consent to the following:

- A) _____ has my/our permission to participate in the following sports this school year.
(Student name)
- M F Grade Level _____ Fall _____ Winter _____ Spring _____
Circle Name of sport Name of sport Name of sport
- B) **Has your student attended another high school within the past 12 months? If so, please complete.** _____
I/we are aware of the CIF/NCS/MCAL transfer policy as outlined on the back of this page.
- C) The above named student resides in the San Rafael City High School District, or has an approved inter-district transfer, and will abide by the district's residency policies in order to participate in athletics.
- D) I have read and understand all the information on this form and in the SRCHSD Parent-Student Guide to Athletics which is available at www.srcs.org and each school's athletic website.
- E) I/we permit the above named student to compete in interscholastic athletics and travel to away competitions. If he/she is injured, the coach and/or school official is authorized to have him/her treated.
- F) If above named student is participating in swimming and/or water polo sport, I authorize the team coach to be in charge of supervision and safety at away contests at the pool.
- G) I am aware that academic eligibility for fall sports is based on June grades. **Entering 9th grade athletes must attach a June report card with this form.** See the SRCHSD Parent-Student Guide to Athletics for academic eligibility information.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | | |
|--------------------|----------------------------|---------------------|--------------------------|
| 1. Sprains/strains | 3. Concussions | 5. Paralysis | 7. Communicable diseases |
| 2. Fractured bones | 4. Head and/or back injury | 6. Loss of eyesight | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities I 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 incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK** information; that all information provided is truthful and that I understand and agree to its terms.

1. Parent/Guardian Signature _____ Date _____
Address: _____ e-mail: _____
Street City Zip
Phone: Mother (h) _____ (w/c) _____ Father (h) _____ (w/c) _____

2. Medical issues of which the school/coach should be aware:

3. In case of injury/emergency (when parents/guardians are not available) notify:

Name/relationship _____ Phone(s) _____

4. Insurance Certification: This certifies that the above named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. **Low cost school insurance is available, but may have limits that may not cover ambulance or other major medical expenses. Please read and understand such policy terms.**

Insurance Carrier _____ Policy # _____

NCS/MCAL EJECTION POLICY

- Ejection of a player from a contest for unsportsmanlike or dangerous conduct.
Penalty: The player shall be ineligible for the next contest (non-league, league, invitational tournament, post season {league, section or state} playoff, etc.).
- Illegal participation in the next contest by a player ejected in a previous contest.
Penalty: The contest shall be forfeited and the ineligible player shall be ineligible for the next contest.
- Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season.

SECTION II. CIF PRE-PARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Male Female Age _____

Date of Birth _____

Sports: Fall _____ Winter _____ Spring _____

CLEARANCE STATUS:

- Cleared for all sports without restriction
- Not cleared Pending further evaluation
 - for any sports
 - for certain sport _____

Reason _____

Recommendations: _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. 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 his/her parents/guardian.

Name of physician (print/type) _____ MD or DO

Signature _____ State License Number: _____

Date of Physical _____ Date of Expiration _____

Physician's Address _____

Phone _____

EMERGENCY INFORMATION

ALLERGIES:

OTHER INFORMATION:

