

*Central Valley Christian High School
Sports Physicals*

(To be completed by a parent or guardian) TODAY'S DATE _____

NAME: _____ M___ F___ BIRTHDATE _____

ADDRESS: _____ PHONE _____

(To be completed by the physician or nurse)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

HEART RATE _____ VISION _____

Normal	Evaluation	Abnormal	Comments
	SKIN		
	EYE (GENERAL)		
	EYE (VISION)		
	EAR (GENERAL)		
	NOSE, THROAT, NECK		
	TEETH		
	HEART AND LUNGS		
	ABDOMEN		
	BACK: SCOLIOSIS		
	GENITAL, HERNIA		

<p style="background-color: #cccccc; margin: 0;"><u>CLEARED can compete in:</u></p> <p>_____ ALL SPORTS _____ CONTACT SPORTS _____ NON-CONTACT SPORTS _____ OTHER</p> <p>Comments: _____ _____</p>	<p style="background-color: #cccccc; margin: 0;"><u>NOT CLEAREDuntil the following are completed:</u></p> <p>_____ _____ _____ _____ _____ _____</p>
<p>Date:</p> <p>Physician's Signature:</p>	<p>Date:</p> <p>Physician's Signature:</p>

ETHICS IN SPORTS

I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued **each year** and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

II. Code of Ethics

- A. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- B. To eliminate all possibilities which tend to destroy the best values of the game.
- C. To stress the values derived from playing the game fairly.
- D. To show cordial courtesy to visiting teams and officials.
- E. To establish a happy relationship between visitors and hosts.
- F. To respect the integrity and judgment of sports officials.
- G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- H. To encourage leadership, use of initiative and good judgment by the players on a team.
- I. To recognize that the purpose of athletics to promote the physical, mental, moral, social and emotional well-being of the individual players.
- J. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan or nation.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participation in interscholastic athletics, regardless of context, site or jurisdiction. **I also agree not to use drugs, alcohol, steroids or other performance enhancing drugs while I am in high school.**

ATHLETE

_____	_____	_____
Student Signature	Printed Name	Date

_____	_____	_____
Parent Signature	High School	Date

COACHING STAFF

_____	_____
Coach	Site Administrator

RISK WARNING

Participating in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, modern equipment and medical coverage have reduced these risks. **HOWEVER, IT IS IMPOSSIBLE TO TOALLY ELIMINATE SUCH INCIDENTS FROM OCCURRING.**

Players may reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. Even if all of these requirements are met, a serious injury may still occur.

****Student Signature:** _____ **Date:** _____

****Parent Signature:** _____ **Date:** _____

Parent-Student Athletic Contract

I have read and I understand the Central Valley Christian High School Student Athlete Handbook and the California Interscholastic Federation Code of Ethics that is included in the handbook. I will support the policies stated in the handbook. **The handbook is available upon request from the High School Office.**

****Parent Signature:** _____ **Date:** _____

****Student Signature:** _____ **Date:** _____

Authorization for Emergency Medical Care (Waiver)

PURPOSE: To enable parents and guardian to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be reasonably reached.

NAME (last) _____ (first) _____ (m.i.) _____ GRADE: _____ DATE: _____

ADDRESS: _____ SEX: _____ AGE: _____ DATE OF BIRTH: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____ EMPLOYER: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____ EMPLOYER: _____ PHONE: _____

BEST CONTACT PHONE NUMBER IN CASE OF EMERGENCY: _____

Name and phone number of person, other than parent or guardian, who is authorized to approve emergency medical treatment:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____ Family Dentist: _____ Phone: _____

Health Insurance Company: _____ Policy I.D. #: _____

(a waiver is available if you do not have insurance coverage – please request from the high school athletic director)

In the event reasonable attempts to contact me/us at above locations, or other person(s) named in item 4, above, full authorization is given for (1) the administration of any treatment deemed to be necessary by a licensed trainer, or medical practitioner; and (2) the transfer of son/daughter or ward to any licensed trainer, or medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. 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 on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Blood Type _____ Allergies _____ Allergies to specific medication(s) _____

Glasses or contacts _____ False Teeth or bridgework _____ Last tetanus booster _____

Any previous significant medical problems _____

Date: _____

****Signature of Parent or Guardian:** _____