

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		

<p><u>CLEARED can compete in:</u></p> <p>_____ ALL SPORTS _____ CONTACT SPORTS _____ NON-CONTACT SPORTS _____ OTHER</p> <p>Comments: _____ _____</p>	<p><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



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 adolescent or teenage athlete 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

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“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 its 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 Signature

Date

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:** _____