

Student's name _____ Grade _____ Birth Date ____/____/____
 In order for this form to be accepted, both sides of this form must be completed in **BLACK INK!** Month/Day/Year

Date Received: _____
Fall: _____
Winter: _____
Spring: _____

FOUR PARENT SIGNATURES (IN BOXES LIKE THIS ONE) ARE REQUIRED!

MEDICAL HISTORY (to be completed by parent)

RECORD OF ILLNESS	RECORD OF SYMPTOMS	INJURIES
Check those you have had, past or present: <input type="checkbox"/> appendicitis <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> kidney/bladder <input type="checkbox"/> heart disease <input type="checkbox"/> hernia/rupture <input type="checkbox"/> loss of body part <input type="checkbox"/> convulsions <input type="checkbox"/> epilepsy <input type="checkbox"/> tonsillitis <input type="checkbox"/> surgery/operation (list) _____ <input type="checkbox"/> stomach pains <input type="checkbox"/> allergies (list) _____	Check those you have had, present or past: <input type="checkbox"/> headaches <input type="checkbox"/> heart murmur <input type="checkbox"/> high blood pressure <input type="checkbox"/> easy bruising <input type="checkbox"/> blackouts/fainting spells <input type="checkbox"/> shortness of breath <input type="checkbox"/> emotional problems <input type="checkbox"/> nose bleeds <input type="checkbox"/> chest pains If you checked any of the above, please explain: _____ _____	Have you ever had any injuries? If yes, please give year and brief description: Family History: Yes ___ No ___ Unexpected death in a relative due to heart disease before age 50 Yes ___ No ___ Disability from heart disease in a relative before age 50 Yes ___ No ___ Cardiomyopathy, Long QT syndrome, Marfan or Arrhythmia
EYES: _____ When competing, do you wear glasses? ___ Contacts? ___ MEDICATIONS: Are you taking any medication? ___ Yes ___ No If yes, please list all medications taken regularly: _____ _____		

SIGNATURE OF PARENT: _____	DATE: _____
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PHYSICAL EXAMINATION (to be completed by physician)

WEIGHT ____ HEIGHT ____ PULSE ____ BP ____ / ____ VISION ____ / ____ CORRECTED ___yes ___no

NORMAL	NOT NORMAL	DESCRIPTION	NORMAL	NOT NORMAL	DESCRIPTION
	head			heart - up	
	eyes			heart -down	
	nose			abdomen	
	mouth			genitalia	
	neck			extremities	
	back			neurological	
	ears			Marfan	
	lungs			fem pulses	

PHYSICIAN COMMENT ON HISTORY AND PHYSICAL: _____
 RECOMMENDATIONS ___unlimited participation ___ limited participation ___ no athletic participation

I hereby certify that _____ was examined by me on _____ and at that time no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in sports.

PHYSICIAN'S SIGNATURE: _____	DATE: _____
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ATHLETIC INSURANCE REQUIREMENTS

California Education Code requires all athletes to have insurance. The specific requirements are outlined in paragraph 2 below. Paragraph 3 specifies that existing equivalent benefits may be substituted. (If you have medical insurance which meets the requirements of paragraph 2, please fill in the company name and policy number in LEFT BOX of the table (ATHLETIC INSURANCE IN-FORCE) below. Otherwise (or if you desire to purchase the excess coverage insurance) please fill in the RIGHT BOX, "I have..." of the table (ATHLETIC INSURANCE IN-FORCE) below.

California Education Code section 32221 requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- 1-A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200.00) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000.00) with no more than one hundred dollars (\$100.00) deductible and no less than 80 percent payable upon occurrence.
- 2-Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500.00).
- 3-At least one thousand five hundred dollars (\$1,500.00) for all such medical and hospital expenses.

The insurance required by Section 32221 shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for the student in any other way or manner, including, but not limited to purchase by student or parent/guardian, by the student, or by the student's parent or guardian.

ATHLETIC INSURANCE IN-FORCE

Athlete's name (in black ink) _____ Emergency phone numbers (in black ink) _____

EXISTING MEDICAL INSURANCE: I have health or accident insurance for my son or daughter which meets the requirements of California law. I have listed the company name and policy or group number below: Company name (black ink) _____ Policy or Group Number _____	OR	COVERAGE YOU HAVE PURCHASED (please initial): I have purchased Myers-Stevens & Co. coverage as indicated below in order to meet requirements of California law. I have initialed the purchased plan(s) that covers: Only tackle football _____ (parent initials) All sports other than football _____ (parent initials) Policy Number _____
I will promptly notify the school if insurance coverage no longer applies to my son or daughter. I hereby give my consent for the above named student to compete in interscholastic sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.		

SIGNATURE OF PARENT: _____	DATE: _____
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ATHLETIC AGREEMENT

I realize that it is a privilege to participate in athletic activities in Pacific Grove Unified School District. I agree to obey the following regulations and training rules as set up by PGUSD, Pacific Grove High School and the PGHS Student Body, the Athletic League and the California Interscholastic Federation.

ELIGIBILITY FOR PARTICIPATION

I will comply with the regulations listed below and understand that failure to comply will result in immediate dismissal.

1. Submit this yellow form with physical portion signed by physician, insurance information filled completely out and contract and waiver of participation risks (below) signed to the Athletic Director **before** practicing.
2. Clearance from the Athletic Director to my coach must be given before I am allowed to participate in any practices.
3. I understand that I must be an ASB cardholder to receive any postseason award or recognition.
4. Return equipment and uniforms to coach or Athletic Director within 3 school days of season's last contest or lose privilege to practice with another school team. Furthermore, I understand if equipment or uniforms are not returned within 14 days, I will be put on a non-activities list and will not be allowed to attend school-sponsored activities such as dances, sporting events, etc.
5. Follow and abide by the CIF/PGUSD sportsmanship policy as both participant and spectator.
6. Follow PGUSD transportation policies. Transport only on school buses or with an adult driver who has completed necessary PGUSD transportation paperwork. I agree I will never be transported to and from any event with an "unauthorized" driver who has not submitted all necessary documentation to my coach, nor transport to or from any contest with a driver under the age of 21.
7. I understand that if I do not finish a season with any team I have been cleared to play, I may not participate with another team or subsequent sport team without getting clearance from the Athletic Director.

SPORTSMANSHIP

I realize that sportsmanship is the utmost priority of PGUSD. I will exhibit sportsmanship behavior before, during and after all athletic competitions that will represent my school, my town and my family with honor and respect. I understand that any athlete who initiates or participates in a verbal or physical assault on an official, opposing coach, spectator and/or player shall be disciplined as follows:

FIRST VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. Athlete may practice pending judgment of the violation. (If evidence shows justification, go to step 2.)
2. Investigate and go to step 3 if justified by the investigation.
3. Suspended from team participation and athletic competition for a minimum of one week. (Administrator will determine duration.)

SECOND VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. Athlete may practice pending judgment of the violation. (If evidence shows justification, go to step 2.)
2. Investigate and go to step 3 if justified by the investigation.
3. Suspended from all athletic participation for a minimum of ten weeks. (Administrator will determine when athlete is once again eligible.)

THIRD VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. Athlete may practice pending judgment of the violation. (If evidence shows justification, go to step 2.)
2. Investigate and go to step 3 if justified by the investigation.
3. Suspended from all athletic participation for the remainder of the school year. (Administrator will determine when athlete is once again eligible.)

ALCOHOL-TOBACCO-DRUGS

Participation in PGHS and CCS sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the school district. Adherence to training rules ensures that all student-athletes are in top physical condition, minimizes potential for injury and further ensures athletic teams are appropriately represented by their student-athletes. We want to hold our student-athletes to a higher standard. Therefore, the possession or use of any controlled substance, (Ed. Code 48900) including, but not limited to, alcohol, tobacco, marijuana, hallucinogens, barbiturates, amphetamines, anabolic steroids, inhalants, e-cigarettes, vaping devices or any kind of intoxicant by a student-athlete who is engaged in an extra-curricular sport, whether it occurs on or off of school property, is prohibited and shall result in the penalties set forth by the coach of each team and/or the Athletic Director or PGUSD.

FIRST VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. (If evidence shows justification, then go to step 2.)
2. Five weeks of ineligibility from team competition – student may practice with team.
3. Completion of an approved drug/alcohol-counseling program. Once the athlete fulfills these requirements, he/she is fully eligible to participate with the team. The counselor will verify the completion of the drug-alcohol counseling program and an administrator will make a final decision on eligibility.

SECOND VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. (If evidence shows justification, then go to step 2.)
2. Indefinite ineligibility to participate on athletic teams – minimum of ten weeks.
3. To regain eligibility, the athlete must attend a formal drug/alcohol dependency treatment program that is approved by the PGHS administration and provide verification to an administrator when the treatment has been completed.

THIRD VIOLATION:

1. Conference with Administrator, Athletic Director, Counselor and parent. (If evidence shows justification, then go to step 2.)
2. Loss of eligibility for the remainder of the school year or for a time no less than one full semester.
3. Administrator will determine when the athlete is again eligible.

NOTE: A second or third violation may extend into other sport seasons. Severe violations may result in additional consequences (that is, recommendation for expulsion, etc.)

I have read and consent to eligibility requirements and understand rule violation consequences.

Parent's signature:

Athlete's signature:

SERIOUS, CATASTROPHIC OR FATAL INJURY MAY RESULT FROM PARTICIPATION

By its very nature, competitive athletics may put students in situations in which serious, catastrophic and perhaps fatal accidents may occur. Many forms of athletic competition result in violent physical contact among players. The use of equipment may result in accidents, strenuous physical exertion and numerous other exposures that increase risk of injury.

Students and parents/guardians 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 and risk, athletic participation by high school students may also be inherently dangerous. The obligation of parents/guardians and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, the parents/guardians acknowledge that such risk exists. By choosing to participate, the student acknowledges that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn and used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques. As previously stated, no amount of instruction, precaution and supervision will totally eliminate all risk of serious, catastrophic or even fatal injury. If any of the foregoing is not completely understood, please contact the Athletic Director or Principal for further information.

OUR SIGNATURES ACKNOWLEDGE THAT: 1) WE HAVE RECEIVED, READ AND UNDERSTOOD THE INFORMATION SHEET ON CONCUSSIONS and 2) WE HAVE READ AND UNDERSTOOD THIS NOTICE

Parent's signature:

Athlete's signature:

This form is to be copied and carried in coach's medical kit.