

HESPERIA UNIFIED SCHOOL DISTRICT ATHLETIC/ACTIVITY CARD

OAK HILLS HIGH SCHOOL

Athlete's Name: Last _____ First _____ Middle _____ M ☐ F ☐
Gender Grade Birth date

Home Address _____ City _____ Home Phone _____ Emergency Phone _____

Have you played high school athletics at another school? No ☐ Yes ☐ If YES, Name of School _____
Name of Emergency Contact _____

Other than Oak Hills High, what other high school have you attended? _____

☐ I have health or accident insurance for my student that meets the requirements of California laws and elect not to purchase student school insurance. I will promptly notify the school in the event the insurance coverage no longer applies to my student.

☐ I have purchased Myers-Stevens student insurance indicated below which meets with the California Education Code Section 32221 required to be made available by public schools.

_____ Tackle Football Insurance (Covers tackle football only)

_____ School Time Insurance (Covers all sports other than tackle football)

_____ 24-Hour Insurance (Covers all sports other than tackle football)

←MUST SUPPLY BOTH→

Insurance Company Name _____

Policy/Group Number _____

To Be Completed by Doctor

I hereby certify that the above-named student is physically fit to engage in sports:

Signature of Physician _____

Date _____

Title _____

State License # _____

Physical Examination:

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

General Appearance: Good: _____ Average: _____ Less than Average: _____

Stature: Slight: _____ Medium: _____ Heavy: _____ Obese: _____

Muscle Tone: Good: _____ Average: _____ Poor: _____

Back/Shoulder or Extremity Deformity: No: _____ Yes: _____ Restrictive: No: _____ Yes: _____

Ears: Evidence of past or present disease: No: _____ Yes: _____ Eyes: Pupils Regular: No: _____ Yes: _____

EOM's Normal: No: _____ Yes: _____ Nose Obstruction: None: _____ Slight: _____ Restrictive: _____

Mouth and Teeth: Hygiene: Good: _____ Fair: _____ Poor: _____ Cavities: No: _____ Yes: _____

Throat: Airway unrestricted: _____ Airway restricted: _____ Chest Excursion: Good: _____ Fair: _____ Poor: _____

Lungs: Clear: _____ Abnormality: _____ Hernia's: No: _____ Yes: _____

Heart Tones: Normal: _____ Functional Murmur: _____ Questionable Murmur: _____

IMPRESSION: Qualified _____ But with the following restrictions: _____

Referred to family physician for evaluation: No: _____ Yes: _____

Medical Conditions: _____

PARENT/GUARDIAN TO COMPLETE:

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of Oak Hills High 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.

X _____ X _____
Parent/Guardian Signature Date Student Signature Date

ASSUMPTION OF RISK AND WAIVER, RELEASE AND INDEMNITY AGREEMENT

1. For and in consideration of permitting _____ to enroll in and/or
(Student Name)

participate in _____ given by Hesperia Unified School District in the City
(Type of athletic or other voluntary activity)

of Hesperia, County of San Bernardino, State of California, beginning on the _____ day of _____, 20____. The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Hesperia Unified School District or any of its officers, agents, servants or employees for any said cause of action, whether the same shall arise by the negligence of any said persons, or otherwise.

2. IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELIEVE
(Name of Student)

HESPERIA UNIFIED SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

3. The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for injury, personal property damage or wrongful death shall be prosecuted against Hesperia Unified School District he/she shall indemnify and save harmless such entity from any and all claims or causes of action by whomever or whatever made or presented for personal injuries, property damage, or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing three paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of _____ and is fully
(Type of athletic or other voluntary activity)

aware of the legal consequences of signing the within instrument.

Signature of Student

Date

Signature of Witness

Date

Signature of Parent or Guardian

Date

CIF Code of Ethics – Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of the game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character; lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 524).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF bylaw 200 D, there could be penalties for false or fraudulent information. We also understand that the Oak Hills High School/Hesperia Unified School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Student Athlete

Date

Signature of Parent/Caregiver

Date

OAK HILLS HIGH SCHOOL
Concussion Information Sheet

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/>

Please sign this copy, return to coach, and keep the duplicate for your information. Thank you.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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 • 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 |
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