

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

MALE

FEMALE

GRADE IN SEPTEMBER 2017 \_\_\_\_\_

Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_



OUSD ATHLETIC  
Middle School  
PARTICIPATION PACKET  
2017 - 2018

<b>FALL</b> Sept - Oct	<b>WINTER</b> Nov - Dec	<b>SPRING</b> Mar - May
<input type="checkbox"/> SOCCER 8 (B)	<input type="checkbox"/> FLAG FOOTBALL 8	<input type="checkbox"/> BASKETBALL 8 (B)
<input type="checkbox"/> SOCCER 8 (G)	<input type="checkbox"/> FLAG FOOTBALL 7	<input type="checkbox"/> BASKETBALL 8 (G)
<input type="checkbox"/> SOCCER 7 (B)	<input type="checkbox"/> VOLLEYBALL 8 (G)	<input type="checkbox"/> BASKETBALL 7 (B)
<input type="checkbox"/> SOCCER 7 (G)	<input type="checkbox"/> VOLLEYBALL 7(G)	<input type="checkbox"/> BASKETBALL 7 (G)





**ORANGE UNIFIED SCHOOL DISTRICT SPORTS PROGRAM  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**



Student Name: \_\_\_\_\_

School: \_\_\_\_\_

In consideration of being permitted to participate in the *above* athletic program sponsored, planned and directed by the Orange Unified School District for any purpose including, but not limited to, training, use of various facilities or equipment, or participation in any way, the undersigned for himself or herself and any personal representative, heirs, and next of kin, hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE ORANGE UNIFIED SCHOOL DISTRICT their officers, employees, board, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while participating in the *above* athletic program sponsored, planned and directed by the ORANGE UNIFIED SCHOOL DISTRICT, and
4. THE UNDERSIGNED IS AWARE THAT PARTICIPATION IN ATHLETIC ACTIVITIES PRESENTS A RISK OF PHYSICAL HARM. The undersigned is also aware that an injury may result while participating in said athletic program. The undersigned is aware of the risk that any part of his/her body or any of his/her body systems maybe hurt or injured by participation in the *above* athletic program.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statement or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.



\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## HEALTH AND ACCIDENT INSURANCE

The California Education Code Section 32221 requires that each member or participant of an athletic team, whether a competitor or non-competitor (i.e. cheerleader, band member, etc.) carry medical or accident insurance prior to being allowed to participate.

The ORANGE UNIFIED SCHOOL DISTRICT does not provide medical insurance coverage for school accidents. If you do not currently have your own health insurance, the District makes available student accident/health insurance plans for you to purchase.

Many coverage options are available. This information may be obtained at your schools Athletic Department and will also be included in your back-to-school packet.

If you have any questions regarding the insurance, such as an explanation of coverages, exclusions, or claims procedures, please call the plan administrator, Myers-Stevens & Toohey & Co. at (800) 827-4695 or (949) 348-0656. Bilingual representative are available for parents who need assistance in Spanish.

\*\*\*\*\*PARENT/GUARDIAN CONSENT – PLEASE READ AND SIGN\*\*\*\*\*

“I CERTIFY THAT MY SON/DAUGHTER/WARD IS INSURED FOR ACCIDENTAL INJURY INSURANCE IN AN AMOUNT OF \$1500.00 AND FOR AT LEAST \$1500.00 INSURANCE PROTECTION FOR MEDICAL & HOSPITAL EXPENSES RESULTING FROM ACCIDENTAL BODILY INJURY WHILE PARTICIPATING IN INTERSCHOOL ATHLETIC EVENTS, OR WHILE BEING TRANSPORTED TO AND FROM SUCH ATHLETIC EVENTS.” I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED SON/DAUGHTER/WARD TO COMPETE IN SPORTS AND TO GO WITH A REPRESENTATIVE OF THE SCHOOL ON ANY TRIPS. IN CASE THIS STUDENT IS INJURED, YOU ARE AUTHORIZED TO HAVE HIM/HER TREATED.



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Student-Athlete Name: \_\_\_\_\_  
Last First Middle

**Name of Insurance Company** \_\_\_\_\_

**Policy Number or Medical Record Number** \_\_\_\_\_



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### O.U.S.D. PARENT CODE OF CONDUCT

Parental support of our athletic team is vital, and greatly appreciated. In order to provide a positive climate for coaches and players to do their best, eliminate distraction that might negatively impact the program, model good sportsmanship, and comply with C.I.F. Rules, we are asking for your support of the following Parental Code of Conduct.

We strongly encourage your active, positive support of your child, and look forward to your attendance at the games and other sponsored activities. The concept of sportsmanship however, must be taught, modeled and reinforced by adults. The parents/guardians of athletes must maintain self-control and demonstrate proper perspective as it relates to winning and losing. It is important to remember that an athletic contest is **ONLY A GAME – NOT A MATTER OF LIFE AND DEATH**. Accordingly, we are asking all parents/guardians, and spectators who attend games to abide by the following:

- Please show respect for others by refraining from booing or shouting/yelling derogatory comments or remarks from the stands towards opponents, coaches or officials. Personal insults or abusive, foul language will not be tolerated. Violations may result in penalties against the team and ejection of the offender.
- Parents shall not confront or seek to conference with coaches or officials during or immediately after games, except in cases of injuries or emergency medical treatment for their child.
- Conference with the Coach to discuss or critique their game preparation, coaching strategy, or the status of other players **will not be held**. Any conference to discuss your child’s status must be scheduled with the Coach in advance.
- Other forms of behavior that are disruptive to the game, or others’ enjoyment of the game will not be allowed. This includes, but is not limited to, approaching the bench area while the game is in progress, or attempting to coach your child or direct other players during the games or practices.
- Be supportive of your child’s efforts and the efforts of his/her teammates – be encouraging rather than negative regardless of the outcome of a game.
- If there is a change of address for the student, the parent/guardian shall inform the counseling/athletic office immediately.



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# Preparticipation Physical Evaluation



## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).



M.D. or D.O. stamp:

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_
- Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation 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 parents/guardians).



Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_ Signature of physician \_\_\_\_\_, MD or DO

# Preparticipation Physical Evaluation

## HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)



Date of Exam \_\_\_\_\_ Name \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking


Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



