Gryphon Athletics

Athlete Packet

This packet contains the following information:

- Athletic Donation Request
- Student Statement of Eligibility
- Code of Conduct for Parents/Guardians
- Code of Conduct for Athletes
- Athlete Rules and Agreements
- Emergency Contact/Medical Authorization
- Athletic Participation Release
- Concussion Information Sheet
- Sports Physical Form
- Field Trip Driver Agreement Form

Students and parents/guardians are required to read and sign forms in order to participate in Gryphon Athletics at Credo High School.
Dear Parents,

Credo High School's Athletic Program is a valuable activity that contributes to a student's overall high school educational experience. The Credo Gryphons are a member of CIF NCS (California Interscholastic Federation's North Coast Section) and the CMC (Coastal Mountain Conference) in the NCL II Division.

The annual cost to sustain Credo's Athletic Program is substantial. Athletics is exclusively funded by donations and not supported by school or pledge funds.

To offer the various sports teams, a minimal donation of $220 per athlete per sport or a more generous donation to the school’s Athletic Program is required.

The costs may include, but not limited to:

- Game Officials fees
- Coaching
- Traveling costs
- Tournament fees
- Awards, Letters, Patches, Certificates
- CIF, NCS & CMC dues
- Equipment & Field Maintenance
- Site Rentals
- District Reimbursements

Please be assured that the donation is not a condition of participation in the Athletic Program.

Please make checks out to Awakening Entelechy or A.E., the non-profit foundation that supports Credo High.

Thank you for your continued support.

Sincerely,

Gryphon Athletics
Student Statement of Eligibility

Name of Student_________________________________________ Date__________
(Please Print)

Date of Birth________________________ Place of Birth____________________

This application to compete in interscholastic athletics for Credo High School is entirely voluntary on my part and is made with the understanding that I have not received undue influence to compete at this high school and that I have met the California Interscholastic transfer eligibility requirements.

Student Signature_________________________ Date______________

Parent or Guardian Permission

I hereby give my consent for the above-named student: 1) to represent Credo High School in athletic activities 2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold Credo High School or anyone acting on its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or such travel.

Parent/Guardian Name____________________ Signature____________________ Date______________
(Please Print)

NOTICE: Transferring from one school to another school may affect your athletic eligibility. It is your responsibility to be aware of this possibility. See www.cifns.org for full explanation of the rules which may apply to your student/athlete. Please inform the Athletic Director if you are a transfer student.

Parent or Guardian Permission To Travel

I hereby give my consent for the above-named student to be driven to athletic contests with team designated drivers.

Parent/Guardian Name____________________ Signature____________________ Date______________
(Please Print)
Pursuing Victory With Honor*
Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and the six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Character” - T.E.A.M.). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child’s sports experience.

TRUSTWORTHINESS

• Trustworthiness — Be worthy of trust in all you do.
• Integrity — Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what’s right even when it’s unpopular or personally costly.
• Honesty — Live honorably. Don’t lie, cheat, steal or engage in any other dishonest conduct.
• Reliability — Fulfill commitments. Do what you say you will do.
• Loyalty — Be loyal to the school and team; Put the interests of the team above your child’s personal glory.

RESPECT

• Respect — Treat all people with respect at all times and require the same of your student-athletes.
• Class — Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre-and post-game rituals.
• Disrespectful Conduct — Don’t engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
• Respect for Officials — Treat game officials with respect. Don’t complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

• Importance of Education — Support the concept of “being a student first.” Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
• Role Modeling — Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.
• Self-Control — Exercise self-control. Don’t fight or show excessive displays of anger or frustration.
• Healthy Lifestyle — Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-the-counter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
• Integrity of the Game — Protect the integrity of the game. Don’t gamble or associate with gamblers.
• Sexual Conduct — Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

• Fairness and Openness — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

• Caring Environment — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

• Spirit of the Rules — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

Parent/Guardian Signature

Date

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*Our athletic program subscribes to the Pursuing Victory With Honor Arizona Sports Summit Accord. Pursuing Victory With Honor and the “Six Pillars of Character” are service marks of the CHARACTER COUNTS Coalition, a project of the Josephson Institute of Ethics. Reproduced with Permission by the CFP
Interscholastic Student-Athlete Code of Conduct

The highest potential of athletic competition is achieved when athletes are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship.

All student-athletes in California agree to act in accord with the following:

Trustworthiness
To be worthy of trust in all I do means:
Integrity- living up to high ideals of ethics and sportsmanship and pursuing victory with honor.
Honesty- living and competing honorably.
Reliability- doing what I say I will do.
Loyalty- putting my team above personal glory.

Respect
To be respectful in all I do means:
Class- living and playing with class, being a good sport, gracious in victory and dignified in defeat. Giving fallen opponents help, complimenting extraordinary performance, showing sincere regard in pre-game and post-game contacts.
Restraint- remaining polite to referees in the midst of any perceived errors. Never resorting to demeaning actions or words of a sexual, racial, trash talking or taunting nature to opposing players or schools.

Responsibility
To be responsible in all I do means:
Priority- living in balance. I am a student first, an athlete second. My family and my deep personal beliefs are integral to the person I want to be known as in my community.
Role Modeling- consistently displaying good character and conducting myself as a positive role model. I know, that as an ambassador for Credo High School, I am expected to represent my school, coach and teammates with honor, on and off the field of competition.
Self Control- avoiding excessive displays of anger or frustration, having the strength to overcome the temptation to retaliate to any such displays.
Healthy Lifestyle- safeguarding my health, refraining from any illegal or unhealthy substances including alcohol, tobacco and drugs or engaging in any unhealthy techniques to gain, lose or maintain weight.

Integrity of the Game- playing hard, playing fair, playing according to the rules. Refraining from gambling.

Fairness
To be fair in all I do means:
Know the rules- refraining from shortcuts on the high standards of safe and fair play in my sport.
Listen- being open to hearing from my teammates, parents and coaches; being a willing learner.
Balance self criticism- since mistakes on an athletic field may make up less than one per cent of an athletic event, I understand that mistakes will help me become a better athlete, not an unhappy teammate.

Caring
To be caring in all I do means:
Concern for others- demonstrated by never engaging in reckless behavior that might cause injury to others or myself.
Concern for teammates- demonstrated by promoting their well being by use of positive encouragement and persistent in supporting positive team dynamics. It is my intention to report unhealthy or dangerous conduct to my coaches.

Good Citizenship
To show good citizenship in all that I do means:
Honor the spirit of the rules- refraining from improper gamesmanship to gain a competitive advantage.

I have read and understand the requirements of this Code of Conduct. I understand that participation in athletics is a privilege that is revocable by the school administration. I understand there may be sanctions or penalties for breaking this code of conduct.

Student-Athlete Signature  Date
Athlete Rules and Agreements

Equipment Return

We understand that our student-athlete must return equipment and/or uniforms that are loaned to him/her in order to compete in athletics. Further that in case of loss or unreasonable damage to this equipment, a replacement charge will be assigned to our student-athlete’s account. Lastly, our student-athlete is financially responsible for any destruction of facility caused by him/her.

Scholastic Eligibility

An athlete must meet the following qualifications in order to participate in athletics.

- Have a minimum 2.0 G.P.A. w/ all passing grades during previous grading period before sports begins and each consecutive one after that.
- Passing status in all classes during playing season.
- School attendance required for same day practice or game.
- Maintain at least minimum progress toward graduation requirements.

Health and Well Being

We understand that the health and well being of a student-athlete may require that the student-athlete may not be permitted to participate in athletic competitions. We understand that opinions vary regarding injury resulting in concussions and MRSA and that a SIGNED medical release from a physician can become necessary to resume participation.

Drug & Alcohol Policy

We understand that our student-athlete will not partake in performance enhancing substances, alcohol, illegal drugs or tobacco and maintain his/her privilege of athletic competition at Credo High School.

Ejection Policy

We understand that certain actions on a field or court of competition may result in the revocation of our student-athlete’s permission to compete. Many of these actions are sport specific and are listed in the North Coast Section website (www.cifnca.org).

Required Physical Examination

We understand that Physical Examinations are required for athletic participation. Exams must be dated after June 1st of the current year and expire on July 1st of the following year.

Parent/Guardian Signature ____________________________ Date__________

Student-Athlete Signature ____________________________ Date__________
Student's Name - Please Print
Last __________________________ First __________________________ M.I. __________________________ Date of Birth __________________________

Address __________________________ Phone __________________________

In case of illness or accident to the student named above, the school is authorized to proceed as indicated below.
(Number each item 1, 2, 3 in order of desired action.) Please Print Clearly

Nbr ___ . Contact Parent/Guardian (name) Phone ( ) Phone ( )

Nbr ___ . Contact Parent/Guardian (name) Phone ( ) Phone ( )

Nbr ___ . Contact Relative (name) Phone ( ) Phone ( )

I request that my child receive first aid services whenever such services are deemed necessary. I authorize that my child be attended by a licensed physician and/or taken to the nearest hospital in the event that his/her condition deems necessary. I will accept the judgment of the person in charge. This permit is effective until written notice of cancellation is given by me. Please inform the school of any changes throughout the school year. THIS PORTION MUST BE SIGNED AS VERIFICATION OF ABOVE INFORMATION!

ALLERGIES: __________________________

HEALTH CONCERNS: __________________________

MEDICINE: __________________________

Parent/Guardian Signature: __________________________ DATE: __________________________

Relation to Student? (Guardian, Parent etc) __________________________

In case of an emergency or should the need arise, we request that you furnish Credo High School with the following information.

MEDICAL INSURANCE INFORMATION
State law requires school districts to ensure members of school athletic teams have accidental injury insurance that covers medical and hospital expenses.

Insurance Company: __________________________

Policy/Medical Record Number: __________________________

Group ID Number (if applicable): __________________________

Policy carried by (name): __________________________ Phone Number __________________________

Name of Primary Physician __________________________ Phone Number __________________________
Notice to Parents and Student Athletes

Serious, catastrophic, and perhaps fatal injury may result from athletic 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 which may result in accidents, strenuous physical exertion and numerous other exposures to risk of injury.

Student-athletes and their parents/guardians must assess the risk 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. The obligation of parents/guardians and students can not be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for you student-athlete to participate in athletic competition, you, the parent/guardian, acknowledge that such risk exists. By choosing to participate, the student-athlete, acknowledge that such a risk exists.

Student-athletes will be instructed in proper techniques to be used in athletic competition and the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction 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.

Parents/guardians of participating athletes must have filled out and signed a current school year “Field Trip Release” and “Health Form”. Please check with the office to confirm your student has these forms completed and signed.

If any of the foregoing is not completely understood, please contact your principal for further clarification and information.

Student Name____________________________Signature____________________Date____
(Please Print)

Parent/Guardian Name____________________Signature____________________Date____
(Please Print)
CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 50% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team’s athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a Graded Concussion Symptom Checklist. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.
**Signs observed by teammates, parents and coaches include:**

- Looks dizzy
- Looks spaced out
- Confused about plays
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or awkwardly
- Answers questions slowly

- Slurred speech
- Shows a change in personality or way of acting
- Can’t recall events before or after the injury
- Seizures or has a fit
- Any change in typical behavior or personality
- Passes out

**Symptoms may include one or more of the following:**

- Headaches
- "Pressure in head"
- Nausea or throw up
- Neck pain
- Has trouble standing or walking
- Blurry, double, or fuzzy vision
- Bothered by light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

- Loss of memory
- "Don’t feel right"
- Tired or low energy
- Sadness
- Nervousness or feeling on edge
- Irritability
- More emotional
- Confused
- Concentration or memory problems
- Repeating the same question/comment

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. [AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.]

**Final Thoughts for Parents and Guardians:**

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

**References:**

- Consensus statement on concusion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- http://www.cifstate.org/Concussion/Head straps/youth.html
CIF Concussion Information Sheet

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1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.
2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:
http://www.cdc.gov/concussion/HeadsUp/youth.html

I acknowledge that I have received and read the CIF Concussion Information Sheet.

_________________________  ______________________  ______________________
Student-Athlete Name       Student-Athlete                 Date
Printed                     Signature

_________________________  ______________________  ______________________
Parent or Legal Guardian    Parent or Legal Guardian       Date
Printed                     Signature
**Preparticipation Physical Evaluation**

**Physical Examination Form**

**Name**

**Physician Reminders**

1. Consider additional questions on more sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever use alcohol, tobacco, or cigarettes?
   - Have you ever been drunk or had too much to drink?
   - During the past 30 days, did you use any other drugs?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a hat, use a helmet, or use contact lenses?
2. Corneal reflex: questions on cardiovascular symptoms/questions 5-16.

**Examination**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>Vision L 20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP</td>
<td>/</td>
<td></td>
<td>Normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>

**Medical**

- **Appearance**
  - Marfan's (distichiasis, high-tension glaucoma, pectus excavatum, anemia, palpitations, weight loss)
- **Eyes**
  - Pupil equal
  - Hearing
  - Lymph nodes
- **Heart**
  - Murmurs (acoustical, standing, supine, Valsalva)
  - Location of point of maximal impulse (PMI)
- **Pulmonary**
  - Apical impulse
  - Lung sounds
- **Abdomen**
  - Bowel sounds
  - Gallbladder/menstrual cycles
- **Skin**
  - Rash, lesions suggestive of MI, skin corpora
- **Neurologic**
  - Speed of nerve conduction

**Musculoskeletal**

- **Neck**
- **Back**
- **Shoulder/arm**
- **Elbow/wrist/hand**
- **Hip/leg/thigh**
- **Foot**
- **Function**
  - Trunk walk, single leg hop

*Consider DMS, alcoholism, and referral to cardiologist for abnormal cardiac history or signs.
*Consider O2 use (in private setting, having this therapy is recommended).
*Consider muscle weakness or balance problems if finding a history of significant concussion.

- Cleared for all sports without restriction.
- Cleared for all sports without restriction with recommendations for further evaluation or treatment.

- Not cleared
  - Pending further evaluation
  - For any sports
  - For certain sports

**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 sports 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 their parents/guardians.

**Name of physician (print/type)**

**Address**

**Phone**

**Signature of physician**

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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 __________________________ Date of Birth __________________________

Name __________________________ Sex __________________________

Age __________________________ Grade __________________________ School __________________________

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

Do you have any allergies? □ Yes □ No; if yes please identify specific allergy below.

□ Medicines □ Pollens □ Food □ Singing insects

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? □ Yes □ No

2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Diabetes □ Infections

3. Have you ever spent the night in the hospital? □ Yes □ No

4. Have you had surgery? □ Yes □ No

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or easily passed out during or after exercise? □ Yes □ No

6. Have you ever had a heart murmur? □ Yes □ No

7. Does your heart rate increase during exercise? □ Yes □ No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   □ High blood pressure □ A heart murmur
   □ High cholesterol □ A heart infection
   □ Other: __________________________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/ERAS, echocardiogram)? □ Yes □ No

10. Do you feel tired or feel more short of breath than expected when exercising? □ Yes □ No

11. Have you ever had an unexplained seizure? □ Yes □ No

12. Do you get more tired or short of breath more quickly than your friends during exercise? □ Yes □ No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

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)? □ Yes □ No

14. Does anyone in your family have hypothyroidism, Marfan syndrome, neurofibromatosis, right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or cardiomyopathies? □ Yes □ No

15. Does anyone in your family have a heart problem, pacemaker, or.implanted defibrillator? □ Yes □ No

16. Have any of your family members had unexplained fainting, unexplained seizures, or near drowning? □ Yes □ No

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that has caused you to miss practice or a game? □ Yes □ No

18. Have you ever had a broken bone? □ Yes □ No

19. Have you ever had an injury that required X-rays, MRI, CT scans, injections, therapy, a brace, a cast, or crutches? □ Yes □ No

20. Have you ever had a stress fracture? □ Yes □ No

21. Have you ever been told that you have or you have had an X-ray for neck instability or atlantoaxial instability? (Spondylitis or Spondylolisthesis) □ Yes □ No

22. Do you regularly use a brace, orthotics, or other adaptive devices? □ Yes □ No

23. Do you have a bone, muscle, or joint injury that bothers you? □ Yes □ No

24. Do any of your joints become painful, swollen, feel warm, or look red? □ Yes □ No

25. Do you have any history of juvenile arthritis or connective tissue disease? □ Yes □ No

Explain "yes" answers here __________________________

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 __________________________

Preparticipation Physical Evaluation
CLEARANCE FORM

Name ___________________________  Sex □ M □ F  Age _______  Date of birth _______

☐ 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 _______

Address ____________________________ Phone _______

Signature of physician ____________________________, MD or DO

EMERGENCY INFORMATION

Allergies ________________________________________________

Other information ________________________________________

Field Trip Driver Agreement Form

All volunteers or employees operating their own vehicles to transport students on officially authorized school business or related school activities must have this statement on file in the school office prior to driving. All drivers should be aware of the following and initial the lines.

(Initial) 1. The individual’s own automobile liability insurance will always be considered as primary coverage. The school’s policy will provide coverage for excess damages over and above the individual’s primary coverage.

(Initial) 2. All travel by private car requires prior written approval by the responsible administrator (or his/her designee), in order to establish that the activity is part of the school’s program. This written approval must be on file prior to the commencement of the trip.

(Initial) 3. The school does not provide collision, comprehensive, or other insurance coverage to cover damage or loss to a volunteer’s or an employee’s vehicle. See #1 regarding liability coverage.

(Initial) 4. School personnel and parents who transport students must be at least 21 years of age. All other volunteer drivers must be 25 years of age.

(Initial) 5. Each student being transported must be provided with an individual seat belt.

(Initial) 6. The use of pick-up beds (with or without camper shells) shall not be permitted in transporting students.

(Initial) 7. No smoking or cell phone use is allowed while the vehicle is being driven on any roadway.

Volunteer or employee must meet the following minimum requirements:

(Initial) 8. Insurance coverage: $100,000 to $300,000 bodily injury liability; $50,000 property damage liability; $2,500 medical payment.

(Initial) 9. Driver records are public records. I consent to the school checking my driver records from the Department of Motor Vehicles.

(Initial) 10. I have a clean driving record and have not been convicted of drunk driving, driving under the influence of drugs, or of reckless driving in the last five (5) years.

(Initial) 11. I certify that the automobile listed below is regularly maintained and kept in good operation order.

(Initial) 12. I certify that my vehicle is equipped with one seat belt for each student riding in my vehicle.

Name of driver: ____________________________ Driver’s license #: ______________________

Make of vehicle: ____________________________ Vehicle license #: ______________________

Passenger capacity (with individual seat belts): driver + _______ passengers.

Signature of driver: __________________________ Date: __________________

Authorized Credo High School signature __________________________ Date: __________________