



Student Athlete Name \_\_\_\_\_

**Hamilton High School**

**ATHLETIC ELIGIBILITY**

CIF rules and District policy require that any student who intends to participate in an athletic contest must comply with special regulations. **These rules are not negotiable and will result in game forfeiture if a school/student fails to comply.** Therefore, if you plan to participate in high school athletics, please be prepared to complete the following documentation:

- Residential Eligibility (signed by parent/guardian)
- Hamilton Athletic Policies
- CIF Athlete's Code of Ethics (signed by parent/guardian and student)
- Pursuing Victory with Honor (signed by parent/guardian)
- Concussion Information (signed by parent/guardian and student)
- Steroids Information (signed by parent/guardian and student)
- Informed Consent Form (signed by a parent/guardian)
- Physical Release (signed by doctor);
- Athletic Emergency Information Form (must present proof of insurance with a copy of insurance card)

It is also required that the following be satisfied:

- Enroll in, attend & pass at least twenty (20) units/semester (4 classes)
- Maintain a 2.0 GPA with NO more than one (1) failing grade.
- It is highly encouraged that each student obtain an ASB (Associated Student Body) card (through the Student Store)

**ALL DOCUMENTS MUST BE TURNED INTO  
THE ATHLETICS DEPARTMENT TO BE ELIGIBLE**

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Athletic Department Use Only:

Student GPA \_\_\_\_\_

Student Cleared \_\_\_\_\_

Athletic Directors Initials \_\_\_\_\_

**HUSD 2019-20**  
**Hamilton High School**  
**RESIDENTIAL ELIGIBILITY**  
**Athletic/Extracurricular Participation**  
**Please Print**

ATHLETE'S NAME: \_\_\_\_\_ GRADE: (In Sept.) \_\_\_\_\_  
Last Name First Name

1 Name of the person completing this form: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_ (Parent, Legal Guardian, Relative, Foster Parent)

2 Student Status:  
\_\_\_ Continuing HHS Student (skip down to # 4) \_\_\_ Inter-district Transfer  
\_\_\_ New Resident \_\_\_ Incoming 9<sup>th</sup> grader \_\_\_ Intra-district Transfer  
\_\_\_ Administrative Placement

3 New Student Information: (To be completed by ALL new students)  
a. School attended last year: \_\_\_\_\_ Address: \_\_\_\_\_  
b. Previous Sports played in high school, (include level): \_\_\_\_\_  
c. If residence change, **PREVIOUS ADDRESS** \_\_\_\_\_  
With whom did the student reside at Previous Address \_\_\_\_\_

4 Parent Residence Information:

Mother's Name	Street Address	Apt. No.	City	Zip	Phone #
_____	_____	_____	_____	_____	_____
Father's Name	Street Address	Apt. No.	City	Zip	Phone #
_____	_____	_____	_____	_____	_____

5 **I AFFIRM THAT THE ABOVE-MENTIONED STUDENT RESIDES AT THE FOLLOWING ADDRESS:**

Street Address	Apt. No.	City	zip	Phone #
_____	_____	_____	_____	_____

With whom does the student currently reside at the above address (# 5) \_\_\_\_\_  
What is the relationship of this person to the Student \_\_\_\_\_

**I understand that the student must reside with their parent or legal guardian/s. Student must also reside within the *attendance* boundaries of Hemet Unified School District and/or have followed and completed the process of obtaining an inter/intra district permit and said permit has been approved. I also understand that falsifying any information on this form may result in the immediate interscholastic competition ineligibility for the student and possible contest forfeiture for Hamilton High School.**

\_\_\_\_\_  
Signature of person completing this form Printed Name Date

HHS Administrative Approval: \_\_\_\_\_

## HAMILTON HIGH SCHOOL Athletic Policies 2019-2020

1) In order to be able to participate in athletics at Hamilton High School, every Student-Athlete must maintain a minimum 2.0 GPA with **No** more than one (1) failing grade. Students must pass a minimum of 20 semester units to be eligible. Below are the Triad grading periods and the dates of athletic eligibility. Students at risk in areas of academics, and attendance will be placed on a Hamilton High student-athletic contract.

Triad Grading Periods	Date of Athletic Compliance
1 <sup>st</sup> – 9/20/19	9/27/19
2 <sup>nd</sup> – 11/1/19	11/8/19
3 <sup>rd</sup> – 12/19/19	1/10/20
4 <sup>th</sup> – 2/14/20	2/28/20
5 <sup>th</sup> -- 4/17/20	4/24/20

2) At any time if a student receives an **UNSATISFACTORY** mark in Citizenship from any Teacher or Administrator that Student-Athlete will be suspended from the team for a minimum of one (1) week until his/her behavior is at a positive level.

3) All Student-Athletes must follow CIF protocol and be in attendance of four (4) class periods on game days in order to participate in an athletic competition and practices that same day. If he/she is not in assigned classes they will not be able to travel on away contests or dress for home contests. It is expected that athletes' school attendance will be better than that of non-athletes.

4) If a Student-Athlete is enrolled in a Weights Class or a PE Class they must dress-out and participate, as this is an activity class in which they earn a grade. There will be **NO** wearing of game uniforms in a Weights or PE Class.

5) Athletes will be issued school owned uniforms and equipment. The parent/guardian will be responsible to pay the "replacement costs" of lost, damaged or stolen uniforms and equipment. Athletes will not be allowed to play in a contest if they owe equipment from the previous season of sport.

6) The varsity coach will determine the level of participation (team) of each athlete.

7) Athletes are not allowed to practice or compete until all athletic paperwork is turned in and processed by the Athletic Department.

8) Practice/games are mandatory. Each Varsity Coach will establish rules and consequences for tardiness and absences to games/practices.

9) If a Student-Athlete quits or is removed for disciplinary reasons from a program after scheduled games have already begun, he/she will not be allowed to participate in the next season of sport. This rule is created to promote **ALL** teams that are offered at Hamilton High School. We want our athletes to maintain their allegiance to the program that they initially started while also gaining peer and coaches **RESPECT**. Developing **RESPONSIBILITY** in our Students is another key element that must be created.

Any Student-Athlete who has started in a program and becomes Academically Ineligible for the remainder of the season will not be allowed to participate in another teams practice. This student must concentrate on his/her grades and not be looking to play in the next sport season.

Any Student-Athlete who becomes Academically Ineligible cannot serve the team in another capacity, (manager, statistics person), as these positions also fall under academic restrictions.

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Signature of Student Athlete

Date

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Signature of Parent/Caregiver

Date



10932 Pine Street  
Los Alamitos, California 90720

Telephone: 562-493-9500  
Fax: 562-493-6266

### 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 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 \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete Date

\_\_\_\_\_  
Signature of Parent/Caregiver Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

# 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 six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"<sup>SM</sup>). 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



## 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 student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-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 student-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 90% 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 physician 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 for immediate transport 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 physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may 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 their 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, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery 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 concussion education is to prevent a too early return to play so that serious brain damage can be prevented.



## Hoja de información de la CIF sobre la concusión cerebral



### ¿Por qué recibí esta hoja de información?

Usted recibió esta hoja de información sobre las conmociones cerebrales debido a la existencia de la ley estatal AB 25 (con vigencia a partir del 1 de enero, 2012), en la actualidad, Código de Educación § 49475:

1. *La ley requiere que un/una atleta estudiantil que haya sostenido una conmoción cerebral durante una práctica o juego deberá ser retirado(a) de la actividad durante el resto del día.*
2. *Cualquier atleta estudiantil que sea retirado(a) por esta razón deberá recibir una nota escrita de un médico capacitado en el manejo de conmociones cerebrales antes de regresar a las prácticas.*
3. *Antes de que un/una atleta estudiantil pueda empezar la temporada y comenzar a practicar un deporte, una hoja de información sobre la conmoción cerebral deberá ser firmada y devuelta a la escuela por el/la atleta estudiantil y por el padre o tutor.*

Cada 2 años, todos los entrenadores deberán recibir capacitación sobre las conmociones cerebrales (AB 1451), así como ostentar una certificación de capacitación en primeros auxilios, reanimación cardiopulmonar (CPR, por sus siglas en inglés) y en la utilización del desfibrilador externo automático (AED, por sus siglas en inglés). Este último es un dispositivo eléctrico salvavidas que puede ser utilizado durante CPR.

### ¿Qué es una conmoción cerebral y cómo la reconocería?

Una conmoción cerebral es un tipo de lesión cerebral. Puede ser causada por un golpe en la cabeza, o por un golpe en otra parte del cuerpo con una fuerza tal que sacuda la cabeza. Las conmociones cerebrales pueden suceder en cualquier deporte, y pueden manifestar un aspecto diferente en cada persona.

*La mayoría de las conmociones cerebrales mejoran con reposo, y más del 90% de los atletas se recuperan completamente. Sin embargo, todas las conmociones cerebrales deben considerarse graves. Si no se reconocen y no se manejan de la manera correcta, se pueden producir problemas que incluyen daños cerebrales e incluso la muerte.*

*La mayoría de las conmociones cerebrales ocurren sin haber perdido el conocimiento. Las señales y los síntomas de conmoción cerebral (consulte el reverso de esta página) pueden manifestarse inmediatamente después de una lesión o pueden tomar horas para que aparezcan. Si su niño/niña reporta cualquier síntoma de conmoción cerebral, o si usted observa algún síntoma o señal, solicite una evaluación médica del entrenador atlético de su equipo y de un médico capacitado en la evaluación y manejo de concusiones cerebrales. Si su niño/niña está vomitando, tiene un fuerte dolor de cabeza, o tiene dificultad para permanecer despierto(a) o no puede responder preguntas sencillas, llame al 911 o llévelo(a) inmediatamente a la sala de emergencias de su hospital local.*

En el sitio web de la CIF se encuentra una **Lista de verificación por etapas de los síntomas por conmoción cerebral (Graded Concussion Symptom Checklist)**. Si su niño/niña llena esta hoja después de haber sufrido una conmoción cerebral, la misma ayudará al médico o entrenador atlético entender cómo él o ella se está sintiendo y esperamos que también pueda mostrar señales de mejora conforme avanza el tiempo. Le pedimos que su niño/niña llene la lista de verificación al comienzo de la temporada, incluso antes de que haya sufrido una conmoción cerebral para que podamos entender si algunos de los síntomas tales como el dolor de cabeza podrían ser parte de su vida cotidiana. Esto es lo que llamamos una "base de referencia" para que sepamos cuáles síntomas son normales y comunes para su niño/niña. Guarde una copia para sus registros, y entregue el original. Si se produce una conmoción cerebral, su niño o niña puede llenar esta lista de verificación de nuevo. Esta Lista de verificación por etapas de síntomas provee una lista de síntomas para comparar conforme avanza el tiempo para asegurarse que su niño o niña se está recuperando de la conmoción cerebral.

### ¿Qué puede suceder si mi niño/niña sigue jugando con síntomas de conmoción cerebral o vuelve demasiado pronto después de una conmoción cerebral?

*Los/las atletas con señales y síntomas de conmoción cerebral deben ser retirados(as) del juego de forma inmediata. NO existe la posibilidad de volver a jugar el mismo día para un(a) joven bajo sospecha de padecer una conmoción cerebral. Los jóvenes atletas pueden tardar más tiempo en recuperarse de una conmoción cerebral y son más propensos a tener graves problemas a largo plazo debido a una conmoción cerebral.*

Aunque una escanografía cerebral tradicional (por ejemplo una imagen de resonancia magnética [MRI o CT]) puede ser "normal", el cerebro aún está lesionado. Estudios realizados a los animales y a los humanos indican que un segundo golpe antes de que el cerebro se haya recuperado puede resultar en daños graves en el cerebro. Si su atleta sufre otra conmoción cerebral antes de estar completamente recuperado(a) de la primera, esto puede resultar en una recuperación prolongada (de semanas a meses) o incluso en una inflamación grave (Síndrome del segundo impacto) con consecuencias devastadoras.

Hay una creciente preocupación por el hecho de que la exposición a impactos en la cabeza y conmociones cerebrales recurrentes pueden contribuir a tener problemas neurológicos a largo plazo. Una de las metas de este programa de conmoción cerebral es evitar que el niño/la niña vuelva demasiado pronto a jugar para que graves daños cerebrales se puedan prevenir.



## CIF Concussion Information Sheet



### **Signs observed by teammates, parents and coaches include:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Looks dizzy</li> <li>• Looks spaced out</li> <li>• Confused about plays</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or awkwardly</li> <li>• Answers questions slowly</li> </ul> | <ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows a change in personality or way of acting</li> <li>• Can't recall events before or after the injury</li> <li>• Seizures or "has a fit"</li> <li>• Any change in typical behavior or personality</li> <li>• Passes out</li> </ul> |
|--|--|

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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or throws up</li> <li>• Neck pain</li> <li>• Has trouble standing or walking</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Bothered by light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul> | <ul style="list-style-type: none"> <li>• Loss of memory</li> <li>• "Don't feel right"</li> <li>• Tired or low energy</li> <li>• Sadness</li> <li>• Nervousness or feeling on edge</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confused</li> <li>• Concentration or memory problems</li> <li>• Repeating the same question/comment</li> </ul> |
|--|---|

### **What is Return to Learn?**

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid or limit reading, texting, video games, loud movies), or may even need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. 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 physician can help suggest and make these changes. Students should complete the Return to Learn guidelines and return to complete school before beginning Return to Play, unless your physician makes other recommendations. Go to the CIF website ([cifstate.org](http://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 is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. 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 physician 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](http://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 students 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 they experience such symptoms, or if they suspect 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:**

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>





## Hoja de información de la CIF sobre la concusión cerebral



### Las señales observadas por los compañeros del equipo, los padres y los entrenadores son:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Parece estar mareado(a)</li> <li>• Parece aturdido(a)</li> <li>• Confundido(a) acerca de los juegos</li> <li>• Se olvida de los juegos</li> <li>• No está seguro(a) del juego, la puntuación, ni de quiénes son sus adversarios</li> <li>• Se mueve con torpeza o con dificultad</li> <li>• Responde a las preguntas con lentitud</li> </ul> | <ul style="list-style-type: none"> <li>• Balbucea</li> <li>• Muestra cambios de personalidad o en su forma de actuar</li> <li>• No puede recordar lo ocurrido antes o después de la lesión</li> <li>• Tiene convulsiones o sufre una crisis</li> <li>• Cualquier cambio en su conducta o personalidad típica</li> <li>• Se desmaya</li> </ul> |
|---|---|

### Los síntomas pueden incluir uno o más de los siguientes:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Dolores de cabeza</li> <li>• "Presión en la cabeza"</li> <li>• Náuseas o vómitos</li> <li>• Dolor en el cuello</li> <li>• Dificultad para pararse o caminar</li> <li>• Visión borrosa, doble o difusa</li> <li>• Sensibilidad a la luz o el ruido</li> <li>• Está cansado(a) o hace las cosas más lentamente</li> <li>• Parece aturdido(a) o desorientado(a)</li> <li>• Somnolencia</li> <li>• Cambio de patrones de sueño</li> </ul> | <ul style="list-style-type: none"> <li>• Pérdida de la memoria</li> <li>• "No se siente bien"</li> <li>• Se siente cansado(a) o con poca energía</li> <li>• Está triste</li> <li>• Está nervioso(a) o con los nervios de punta</li> <li>• Se siente irritable</li> <li>• Está más sensible</li> <li>• Confundido(a)</li> <li>• Problemas de concentración o de memoria</li> <li>• Repite la misma pregunta/comentario</li> </ul> |
|--|--|

### ¿Qué es Volver a Aprender?

Después de una conmoción cerebral, los estudiantes pueden tener dificultades en la memoria, la concentración y la organización al corto y a largo plazo. Será necesario el descanso mientras se recupera de una lesión (por ejemplo, evitar leer, escribir, participar en juegos de video, ver películas de alto volumen), y quizás tengan que quedarse en casa y no ir a la escuela por unos cuantos días. A su regreso a la escuela, es posible que el horario deba comenzar con unas pocas clases o medio día. Si la recuperación de una conmoción cerebral está llevando más tiempo del esperado, ellos también pueden beneficiarse de un horario de clases reducidas y/o tareas limitadas; una evaluación escolar formal también podría ser necesaria. Su escuela o médico puede ayudar a sugerir y hacer estos cambios. Los estudiantes deben completar las directrices de Volver a Aprender (Return to Learn) y volver a la escuela a tiempo completo antes de comenzar Volver a Jugar (Return to Play), a menos que su médico recomiende otra cosa. Visite la página web de la CIF ([cifstate.org](http://cifstate.org)) para obtener más información sobre Volver a Aprender (Return to Learn).

### ¿Cómo se determina Volver a Jugar (Return to Play [RTP])?

Los síntomas de conmoción cerebral deben haber desaparecido por completo antes de volver a la competencia. Una progresión RTP, o Volver a Jugar, es una progresión gradual de aumento del esfuerzo físico, actividades específicas del deporte y, finalmente a las actividades sin restricciones. Si los síntomas ocurren con la actividad, la progresión debe ser detenida. Si no hay síntomas el día siguiente, el ejercicio se puede reiniciar en la etapa anterior.

RTP después de la conmoción cerebral debe ocurrir sólo con autorización médica de un médico capacitado en la evaluación y la gestión de casos de conmoción cerebral, y un plan de progresión por etapas supervisado por un entrenador atlético, coach, u otro administrador escolar identificado. Por favor consulte [cifstate.org](http://cifstate.org) para un plan gradual de volver a jugar. [AB 2127, una ley del estado de California con vigencia a partir del 1/1/15, reza que volver a jugar (es decir, la plena competencia) no debe ocurrir antes de 7 días después de que la conmoción cerebral haya sido diagnosticada por un médico.]

### Reflexiones finales para los padres y los tutores:

Es bien sabido que los estudiantes a menudo no hablan acerca de las señales de la conmoción cerebral, la cual es la razón por la que es importante que esta hoja de información sea revisada con ellos. Enséñele a su niño/níña que le diga al personal entrenador si él o ella siente tales síntomas, o si él o ella sospecha que un compañero de equipo ha sufrido una conmoción cerebral. Usted también debe sentirse cómodo hablando con los entrenadores atléticos acerca de las señales y síntomas de la conmoción cerebral que pueda ver en su niño/níña.

### Referencias:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>



# CIF Concussion Information Sheet



School: High School- Hemet Unified School District

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 student-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 a student-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 student-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  
*Printed*

\_\_\_\_\_  
Student-Athlete  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name  
*Printed*

\_\_\_\_\_  
Parent or Legal Guardian  
*Signature*

\_\_\_\_\_  
Date



## Hoja de información de la CIF sobre la concusión cerebral



Escuela: \_\_\_\_\_ High School- Hemet Unified School District

Usted recibió esta hoja de información sobre las conmociones cerebrales debido a la existencia de la ley estatal AB 25 (con vigencia del 1 de enero, 2012), en la actualidad, Código de Educación § 49475:

1. *La ley requiere que un/una atleta estudiantil que haya sostenido una conmoción cerebral durante una práctica o juego deberá ser retirado(a) de la actividad durante el resto del día.*
2. *Cualquier atleta estudiantil que sea retirado(a) por esta razón deberá recibir una nota escrita de un médico capacitado en el manejo de conmociones cerebrales antes de regresar a las prácticas.*
3. *Antes de que un/una atleta estudiantil pueda empezar la temporada y comenzar a practicar un deporte, una hoja de información sobre la conmoción cerebral deberá ser firmada y devuelta a la escuela por el/la atleta estudiantil y por el padre o tutor.*

Cada 2 años, todos los entrenadores deberán recibir capacitación sobre las conmociones cerebrales (AB 1451), así como ostentar una certificación de capacitación en primeros auxilios, reanimación cardiopulmonar (CPR, por sus siglas en inglés) y en la utilización del desfibrilador externo automático (AED, por sus siglas en inglés). Este último es un dispositivo eléctrico salvavidas que puede ser utilizado durante CPR.

Para información actual y actualizada sobre la concusión cerebral visite:  
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

Reconozco que he recibido y leído la hoja de información de la CIF sobre la Concusión Cerebral.

\_\_\_\_\_  
Nombre del Estudiante-Atleta en letra de molde

\_\_\_\_\_  
Firma del Estudiante-Atleta

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Padre o Tutor Legal en letra de molde

\_\_\_\_\_  
Firma del Padre o Tutor Legal

\_\_\_\_\_  
Fecha



**Christi Barrett**  
Superintendent

**Dr. LaFaye Platter**  
Deputy Superintendent

**Vincent J. Christakos**  
Assistant Superintendent

**Dr. David Horton**  
Assistant Superintendent

**Professional Development  
Service Center**

1791 W. Acacia Avenue  
Hemet, CA 92545  
(951) 765-5100  
Fax: (951) 765-5115

**Professional Development  
Academy**

2085 W. Acacia Avenue  
Hemet, CA 92545  
(951) 765-5100  
Fax: (951) 765-6421

[www.hemetusd.org](http://www.hemetusd.org)

**Governing Board**

Stacey Bailey  
Megan Haley  
Gene Hikel  
Vic Scavarda  
Patrick Searl  
Ross Valenzuela  
Joe Wojcik

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

**AGREEMENT FOR STUDENT ATHLETE AND PARTEN/GUARDIAN  
REGARDING USE OF STEROIDS**

Dear Parent/Guardian:

As a condition of membership in the California Interscholastic Federation (CIF), and in accordance with Education Code 49030, the Governing Board of the Hemet Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics or suspension or expulsion from school.

\_\_\_\_\_  
Signature of student athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

[Insert your SCHOOL DISTRICT name here]  
**2019-2020 SUDDEN CARDIAC ARREST INFORMATION SHEET**  
(Applicable Only for the Current School Year)

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is not a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure. It is fatal in 92 percent of cases if not properly treated within minutes.

**WHAT ARE THE WARNING SIGNS AND RISK FACTORS OF SCA?**

SCA often has no warning signs. In fact, the first symptom could be death. Athletes (and often their parents) don't want to jeopardize their playing time, so they may avoid telling parents or coaches in hopes that the symptoms will "just go away" on their own. Or, they may think they're just out of shape and need to train harder. Student athletes need to recognize and seek help if any of the conditions listed below are present.

***Potential indicators that SCA is about to happen:***

- Racing heart, palpitations or irregular heartbeat
- Dizziness or lightheadedness
- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise
- Excessive shortness of breath during exercise

***Factors that increase the risk of SCA:***

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs or excessive energy drinks

**HOW CAN THE CONDITIONS OF SCA BE DETECTED?**

***Physical Exam and Medical History.*** Prior to participating in athletics, students are required to get a physical and complete a medical history. This form asks questions about family history and heart conditions. The physical exam should include listening to the heart.

***Heart Screening.*** An electrocardiogram (ECG) is an effective diagnostic tool that detects irregularities. An abnormal ECG exam can lead to other tests like an echocardiogram, stress test, Holter monitor and more.

**IF YOU THINK YOUR CHILD HAS EXPERIENCED ANY SCA SYMPTOMS**

If your child has experienced any SCA-related symptoms, it is crucial to get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for the doctor's feedback before returning your child to play, and alert his/her coach, trainer and school nurse about any diagnosed conditions.

California Education Code 33479.5 and the California Interscholastic Federation (CIF) Bylaw 503 require implementation of a sudden cardiac arrest protocol that helps ensure and protect the health of student athletes:

*A student who passes out or faints while participating in or immediately following an athletic activity, or who is known to have passed out or fainted while participating in or immediately following an athletic activity, must be removed from participation at that time by the athletic director, coach, athletic trainer, or authorized person. A student who is removed from play after displaying signs and symptoms associated with sudden cardiac arrest may not be permitted to return to participate in an athletic activity until the student is evaluated and cleared to return to participate in writing by a physician and surgeon.*

For more information, visit: <http://cifstate.org/sports-medicine/sca/index> (CIF)

I have reviewed and understand the symptoms and warning signs of SCA.

\_\_\_\_\_

Student-athlete Name

\_\_\_\_\_

Student-athlete Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Legal Guardian

\_\_\_\_\_

Parent or Legal Guardian Signature

\_\_\_\_\_

Date

**DISTRITO ESCOLAR DE [Insert your SCHOOL DISTRICT name here]**  
**2019-2020 INFORMACIÓN SOBRE EL PARO CARDÍACO REPENTINO**  
*(Aplicable Solo para el Año Escolar Actual)*

El Paro Cardíaco Repentino (SCA por sus siglas en inglés) sucede cuando el corazón de repente e inesperadamente deja de latir. Cuando esto sucede, se detiene el flujo sanguíneo hacia el cerebro y otros órganos vitales. El SCA no es un paro cardíaco. Un paro cardíaco es causado por una obstrucción que detiene el flujo sanguíneo hacia el corazón. El SCA es una falla en el sistema eléctrico del corazón haciendo que la víctima colapse. Un defecto genético o congénito en la estructura del corazón es la causa de la falla. Es mortal en el 92 por ciento de los casos si no se trata adecuadamente en cuestión de minutos.

**¿CUÁLES SON LOS FACTORES DE RIESGO Y LOS SIGNOS DE ADVERTENCIA DE SCA?**

SCA a menudo no tiene señales de advertencia. De hecho, el primer síntoma podría ser la muerte. Los atletas (y a veces también sus padres) no quieren que pierda tiempo de juego, por eso evitan avisar a los padres o entrenadores si sienten síntomas porque esperan hasta que “simplemente desaparezcan.” O, piensan que están apenas fuera de forma y necesitan entrenar más duro. Los estudiantes atletas necesitan reconocer y buscar ayuda si se presentan algunas de las condiciones enumeradas a continuación.

***Posibles indicadores de que un SCA esté a punto de ocurrir:***

- Corazón acelerado/taquicardia, palpitaciones o latidos irregulares
- Mareos o sentirse a punto del desmayo
- Desmayo o incautación, especialmente al hacer o después de ejercicio
- Desmayos frecuentes o después de un sobresalto o mucha excitación
- Dolor en el pecho o incomodidad al hacer ejercicio
- Fatiga excesiva o inesperada o al hacer o después de ejercicio
- Excesiva dificultad para respirar al hacer ejercicio

***Factores que incrementan el riesgo de que suceda un SCA:***

- Historial familiar de anomalías cardíacas conocidas o muerte súbita antes de los 50 años
- Historial familiar específico de Síndrome del QT Largo, Síndrome de Brugada, Cardiomiopatía Hipertrófica o Displasia Arritmogénica del Ventrículo Derecho (DAVD)
- Familiares con desmayos inexplicables, incautaciones, que se ahogaron o casi se ahogaron, o accidentes automovilísticos
- Anomalías conocidas de la estructura del corazón, reparadas o no
- Uso de narcóticos, como la cocaína, inhalantes, drogas “recreativas” o bebidas energéticas excesivas

**¿CÓMO SE PUEDEN DETECTAR LAS CONDICIONES DE SCA?**

***Examen Físico e Historia Médica.*** Antes de participar en el atletismo, se requiere que los estudiantes obtengan un examen físico y completen un historial médico. Este formulario hace preguntas sobre la historia familiar y las condiciones del corazón. El examen físico debe incluir escuchar el corazón.

***Prueba de Detección del Corazón.*** Un electrocardiograma (ECG) es una herramienta de diagnóstico eficaz que detecta irregularidades. Un examen de ECG anormal puede conducir a otras pruebas como un ecocardiograma, prueba de estrés, monitor Holter y más.

**SI PIENSA QUE SU HIJO HA EXPERIMENTADO CUALQUIER SÍNTOMAS DE SCA**

Si su hijo/a ha experimentado cualquier síntoma relacionado con SCA, es crucial obtener atención de seguimiento tan pronto como sea posible con un médico de atención primaria. Si el atleta presenta cualquiera de los factores que incrementan el riesgo de que suceda un SCA, éstos también deben ser discutidos con un médico para determinar si se necesitan más pruebas. Espere recibir los comentarios del médico antes de que su hijo/a vuelva a jugar, y avise al entrenador, el preparador y la enfermera de la escuela acerca de cualquier condición diagnosticada.

El Código de Educación de California 33479, y el reglamento 503 de la Federación Interescolar de California (CIF por sus siglas en inglés) requiere la implementación de un protocolo de paro cardíaco repentino que ayuda a asegurar y proteger la salud de los estudiantes atletas:

*Un estudiante que se ha desmayado o se desmaya al participar en o inmediatamente después de una actividad deportiva, o que se sabe que se ha desmayado o se desmayó al participar en o inmediatamente después de haber participado en una actividad atlética, será retirado de la participación en ese momento por el director atlético, entrenador, preparador atlético o persona autorizada. Un estudiante que es retirado del juego después de mostrar signos y síntomas asociados con un paro cardíaco repentino no se le puede permitir volver a participar en una actividad atlética hasta que el estudiante sea evaluado y autorizado para volver a participar por escrito por un médico y cirujano.*

Para más información por favor visite el sitio en Internet: <http://cifstate.org/sports-medicine/sca/index> (CIF)

He revisado y comprendo los síntomas y señales de advertencia de SCA.

\_\_\_\_\_  
Nombre del estudiante atleta

\_\_\_\_\_  
Firma del estudiante atleta

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del padre o tutor legal

\_\_\_\_\_  
Firma del padre o tutor legal

\_\_\_\_\_  
Fecha



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

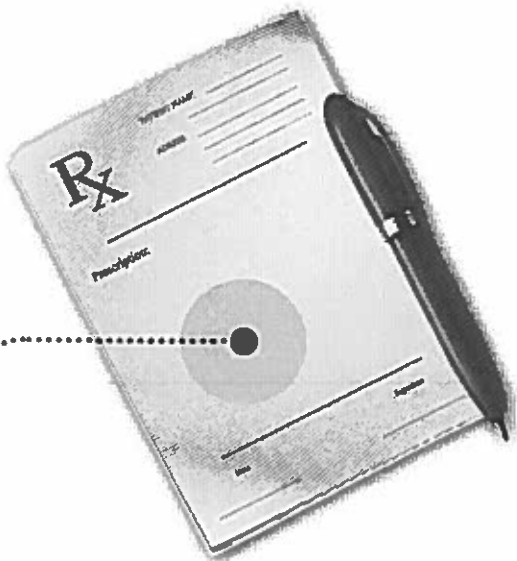


American Hospital  
Association®

## KNOW YOUR OPTIONS

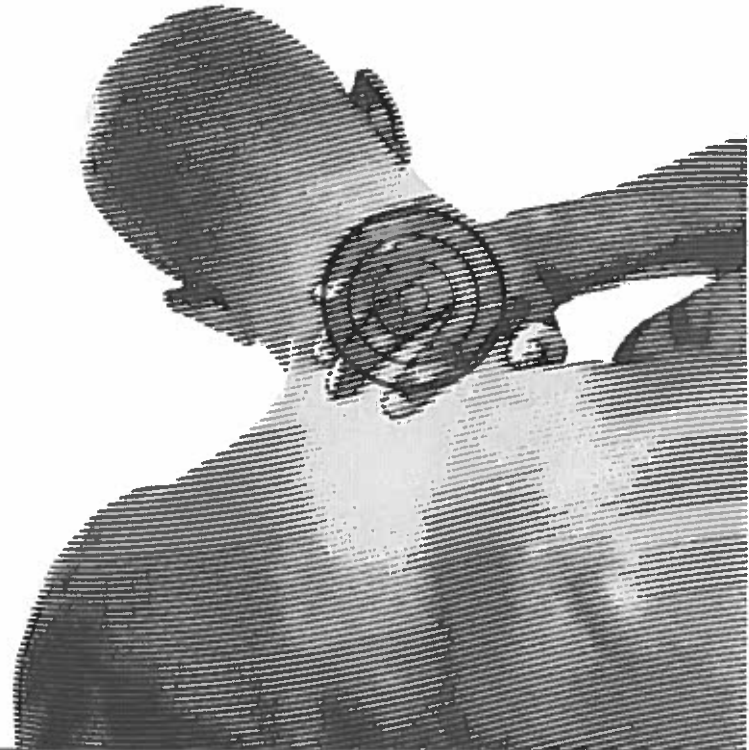
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



### Be Informed! ←

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

**HUSD 2019-20**  
**INFORMED CONSENT**  
**AWARENESS OF SPORTS INJURY RISK**  
**WARNING AND AGREEMENT**

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By its very nature, competitive athletics can put students in situations in which **SERIOUS, CATASTROPHIC**, and perhaps **FATAL** accidents could occur.

Students and parents/guardian 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 of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

**Insurance:**

It is mandatory that every athlete be covered by medical insurance. *Neither the District nor Hamilton High School pay for any medical care of injured athletes, nor do they provide insurance coverage.* If you do have insurance, please check with your provider and make certain that they cover football related injuries. In the event you do not have football coverage through your company or do not have medical insurances at all, you may enlist in an insurance program provided to the school by Myers-Stevens & Toohey & Co. You may obtain this information in the form of a brochure from the athletic office.

**Transportation:**

All athletes are expected to follow school and transportation rules set forth by the district and the transportation company that is utilized.

Hemet Unified School District supplies the transportation to and from all athletic contests for all teams. If a student athlete wishes to make special arrangements, on an occasional basis, to receive a ride from a parent/guardian, arrangements must be made prior to the event and must include proper documentation.

**Parent Consent to Participate:**

I hereby give my consent for my child to compete in interscholastic athletic competition for Hamilton High School. I authorize my son/daughter to travel by bus to away contests and be supervised by a representative of Hamilton High School. In the event my son/daughter is injured or becomes ill and I cannot be contacted, I authorize medical treatment as deemed necessary by a licensed medical personnel and performed by said licensed medical personnel. I, the undersigned, hereby release and discharge Hemet Unified School District and its officers, employees, agents, servants, coaches and volunteers (hereby collectively referred to as "District") from any and all liability arising out of, occurring during or in connection with the above described activity, including but not limited to receiving instructions in said activity, the performance or practice of the activity or any activities incidental thereto regardless of the location of the activity, and all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For purposes of this agreement, liability means all claims, demands, losses, injuries, damages, causes of action, suits or judgments of any and every kind that occur during the described athletic activity. It is our intention through this agreement to exempt and relieve Hemet Unified School District from any and all liability for personal injuries or property damage which occurs during the course of participation in athletic activity in any manner at any location. I also authorize the use of images of, or quotes by, my son/daughter in the Hamilton High School yearbook, newspapers or similar publications.

I/We have read and understand the information above and give my son/daughter \_\_\_\_\_ permission to participate.

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



**HUSD 2019-20**

**Physical Examination**

(Please type or print)

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
                    Last                    First                    Middle

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	Normal	Abnormal Findings	Initials*
--	--------	-------------------	-----------

<b>MEDICAL</b>			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**Clearance**

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities (Note exceptions above).

Physician's Name and Address (stamp or print)	Examiner's Signature	Date
If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:		
	Examiner's Telephone Number	

**NOTE: History and Consent Must be Completed Prior to Physical Examination**

Parent/Guardian signature \_\_\_\_\_

# Hamilton High School Athletic Emergency Information Form

Student Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ Home Phone( ) \_\_\_\_\_  
# Street City Zip

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Current Grade \_\_\_\_\_

Fathers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED PLEASE NOTIFY:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Insurance Information:**

**Must be completed:** Please provide the information listed below.

*We also require a copy of the valid insurance card with student athletes' name.*

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone number \_\_\_\_\_

**If you do not have your own insurance but intend to purchase Meyers-Steven Insurance read and sign below.**

I have purchased insurance from the Meyers-Steven Company and have signed the appropriate forms and turned them into the Hamilton High School Athletic Department.

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

Circle sport/s you are interested in

**FALL**

- Football
- Cross Country-B/G
- Volleyball-Girls

**WINTER**

- Basketball-B/G
- Soccer-B/G
- Wrestling

**SPRING**

- Baseball
- Softball
- Track-B/G