

**2010-2011**  
**San Jose Unified School District**  
**Athletic Participation Authorization**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ ID# \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parent/Guardian e-mail address: \_\_\_\_\_

**Voluntary Athletic Activity Waiver of Liability and Consent:**

The undersigned understands that athletics/school activities are voluntary and not a required part of the high school curriculum. Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instruction in said activity or any activities incidental thereto wherever or however the same may occur and continue. The undersigned does for him/herself his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against San Jose Unified School District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. It is understood by the student and his/her parents or guardians that the San Jose Unified School District, the district high school of his/her attendance including the faculty and staff, as well as the Associated Students, assume no liability for injuries incurred in the school sponsored athletic activity. It is further understood that the above named student may travel by automobiles operated by district employees, adult volunteers, or other licensed drivers 21 years of age or older. Neither the District nor its officers, agents, representatives or employees shall in any way be liable for the transportation, or for arranging the transportation, for the above named student whether such transportation is by automobile or bus or by other conveyance operated by, or operated on behalf of the District, its officers, agents, representatives or employees. It is the intention of the above named student and his/her guardians by this instrument, to exempt and relieve the San Jose Unified School District from liability or personal injury, property damage or wrongful death. California Law (Education Code Section 32220-24) requires every member of an athletic team to have accidental bodily injury insurance providing at least \$1500 of scheduled medical and hospital benefits. Any student athletic injury must be reported to the coach or athletic trainer before leaving the game or practice so proper forms may be filled out. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Insurance Information**

A student will not be allowed to participate in athletic activities unless he/she is insured for medical and hospital expenses.

\_\_\_ I **do** wish to purchase school athletic insurance. (Forms should be picked up at the Sports Desk.)

\_\_\_ I **do not** wish to purchase school athletic insurance. I have checked with my insurance company and son/daughter \_\_\_\_\_ is insured for at least \$1500 for medical and hospital expenses which could result from athletic and other injuries including football.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

**Emergency Contact Information:**

In case of emergency, please contact:

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

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

**PART 1: Identifying Data** (To be completed by student and parent or guardian)Name: \_\_\_\_\_ School: Leland H.S. Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

**Health History:** (must be completed prior to the examination)

Yes	No	Has this student had any:	Yes	No	Is there any history of:
<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring physician treatment
<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back injury
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury
<input type="checkbox"/>	<input type="checkbox"/>	Surgery other than tonsils.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow injury
<input type="checkbox"/>	<input type="checkbox"/>	Missing organs (eye, kidney, testicle)	<input type="checkbox"/>	<input type="checkbox"/>	Ankle injury
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Other serious joint injury
<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or severe shortness of breath with exercise.			
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise	<input type="checkbox"/>	<input type="checkbox"/>	<b>Further History:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions.	<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why this student should not participate in sports.
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member died suddenly at less than 40 years of age of causes other than an accident.
<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems with heat.	<input type="checkbox"/>	<input type="checkbox"/>	Has any family member had a heart attack at less than 55 years of age.
		<b>Does this student:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Wear eye glasses or contact lenses			
<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces, or plates			
<input type="checkbox"/>	<input type="checkbox"/>	Take any medications: Please list: _____			

Date of last known tetanus shot: \_\_\_\_\_

Use this space to explain any yes answers to the above questions.

\_\_\_\_\_

\_\_\_\_\_

I have reviewed and agree with the above information. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate in supervised athletic activities.

Parent or Guardian (print name) \_\_\_\_\_ Signature \_\_\_\_\_

**PART 2: General Examination (to be completed by examining physician)**

	Normal	Abnormal (Describe)
Eyes, Ears, Nose, Throat		
Skin		
Lungs		
Heart		
Abdomen		
Genitalia/Hernia (Males)		

Pulse \_\_\_\_\_  
 Blood Pressure \_\_\_\_\_  
 Height \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Visual Accuracy \_\_\_\_\_  
 R \_\_\_\_\_  
 L \_\_\_\_\_

**Suggested Musculoskeletal Exam**

	NL	AB		NL	AB											
<b>Neck:</b>			<b>Knee and Surrounding Areas:</b>			<b>Describe Abnormals:-</b>										
Flexion	<input type="checkbox"/>	<input type="checkbox"/>	<b>Knee Joint:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 100%;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>										
Extension	<input type="checkbox"/>	<input type="checkbox"/>	Effusion	<input type="checkbox"/>	<input type="checkbox"/>											
Rotation Left	<input type="checkbox"/>	<input type="checkbox"/>	Tenderness	<input type="checkbox"/>	<input type="checkbox"/>											
Rotation Right	<input type="checkbox"/>	<input type="checkbox"/>	Quadriceps	<input type="checkbox"/>	<input type="checkbox"/>											
Lateral flexion Left	<input type="checkbox"/>	<input type="checkbox"/>	Size	<input type="checkbox"/>	<input type="checkbox"/>											
Lateral flexion Right	<input type="checkbox"/>	<input type="checkbox"/>	<b>Patella:</b>	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Shoulder:</b>			Tenderness	<input type="checkbox"/>	<input type="checkbox"/>											
Forward flexion	<input type="checkbox"/>	<input type="checkbox"/>	Crepitus	<input type="checkbox"/>	<input type="checkbox"/>											
Abduction	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Tracking	<input type="checkbox"/>	<input type="checkbox"/>											
Extension	<input type="checkbox"/>	<input type="checkbox"/>	Subluxable	<input type="checkbox"/>	<input type="checkbox"/>											
Internal rotation	<input type="checkbox"/>	<input type="checkbox"/>	Patellar Tendon	<input type="checkbox"/>	<input type="checkbox"/>											
External rotation	<input type="checkbox"/>	<input type="checkbox"/>	Tibial Tubercle	<input type="checkbox"/>	<input type="checkbox"/>											
Horizontal abduction	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ligaments</b>	<input type="checkbox"/>	<input type="checkbox"/>											
Stability	<input type="checkbox"/>	<input type="checkbox"/>	Medial collateral	<input type="checkbox"/>	<input type="checkbox"/>											
A-C Joint	<input type="checkbox"/>	<input type="checkbox"/>	Lateral collateral	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Elbow:</b>			Anterior cruciate	<input type="checkbox"/>	<input type="checkbox"/>											
Biceps extension	<input type="checkbox"/>	<input type="checkbox"/>	Posterior cruciate	<input type="checkbox"/>	<input type="checkbox"/>											
Triceps extension	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage testing	<input type="checkbox"/>	<input type="checkbox"/>											
Supination	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors - strength	<input type="checkbox"/>	<input type="checkbox"/>											
Pronation	<input type="checkbox"/>	<input type="checkbox"/>	Hamstrings - strength	<input type="checkbox"/>	<input type="checkbox"/>											
<b>General Flexibility:</b>			<b>Ankle:</b>	<input type="checkbox"/>	<input type="checkbox"/>											
Quadriceps	<input type="checkbox"/>	<input type="checkbox"/>	Plantarflexion	<input type="checkbox"/>	<input type="checkbox"/>											
Hamstrings	<input type="checkbox"/>	<input type="checkbox"/>	Dorsiflexion	<input type="checkbox"/>	<input type="checkbox"/>											
Lumbar Spine	<input type="checkbox"/>	<input type="checkbox"/>	Inversion	<input type="checkbox"/>	<input type="checkbox"/>											
Adductors (groin)	<input type="checkbox"/>	<input type="checkbox"/>	Eversion	<input type="checkbox"/>	<input type="checkbox"/>											
Achilles	<input type="checkbox"/>	<input type="checkbox"/>	Ligaments	<input type="checkbox"/>	<input type="checkbox"/>											
Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	Spine/Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>											

**Recommendations:**

- \_\_\_\_\_ Unlimited Participation
- \_\_\_\_\_ Clearance withheld pending further evaluation
- \_\_\_\_\_ No athletic participation

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ MD/DO Date: \_\_\_\_\_