



**WARNING AGREEMENT ATHLETE ACKNOWLEDGEMENT**

**OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS FOR ATHLETIC PARTICIPATION**

**Name of Athlete: (Last, First)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete named above is interested in the following sports during the \_\_\_\_\_ school year.

Fall	Winter	Spring
Football <input type="checkbox"/>	Basketball (Boys) <input type="checkbox"/>	Baseball <input type="checkbox"/>
*Cheerleading /Song <input type="checkbox"/>	Cheerleading/Song <input type="checkbox"/>	Softball <input type="checkbox"/>
Water Polo (Boys) <input type="checkbox"/>	Basketball (Girls) <input type="checkbox"/>	Tennis (Boys) <input type="checkbox"/>
Volleyball (Girls) <input type="checkbox"/>	Soccer (Boys) <input type="checkbox"/>	Swimming <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Soccer (Girls) <input type="checkbox"/>	Track & Field <input type="checkbox"/>
Tennis (Girls) <input type="checkbox"/>	Water Polo (Girls) <input type="checkbox"/>	Golf <input type="checkbox"/>

\* Participation and risk apply to Winter season also

**ATHLETE ACKNOWLEDGMENT:**

I am aware playing or participating to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or participating to play/participate in the above sport(s) include and are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all organs, bones, joints, ligaments, tendons, muscles, and other aspects of the muscular and skeletal systems, and serious injury or impairment to other aspects of the body, general health and wellbeing. I understand that the dangers and risks of playing or participating to play/participate in the above sport(s) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Because of the dangers of participating in the above sport(s), I recognize the importance of following coaches' instructions regarding training, playing techniques, and other team rules etc., and agree to obey such instructions.

In consideration of the Catholic Diocese of San Bernardino permitting me to try out for the Notre Dame High School athletic program in the sport or sports checked above and to engage in all activities related to the team(s), including but not limited to: trying out, training, participating or playing in that sport or these sports. I hereby assume all the risks associated with participation and agree to hold the Diocese of San Bernardino, Notre Dame High School, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, cause of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with terms hereof shall serve as a release and assumptions of risk for any heirs, estate, executor, administrator, assignees, and for all members of my family.

The following is to be complete only if the sport you are participating in is football, wrestling or baseball: I specifically acknowledge that these sports I am playing and participating in is/are a VIOLENT CONTACT SPORT(S) involving even greater risk of injury than any other sport(s)	_____ <b>Athlete Initials</b>
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**Signature of Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# NOTRE DAME ATHLETICS

## WARNING AGREEMENT PARENT ACKNOWLEDGEMENT

### **OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS FOR ATHLETIC PARTICIPATION**

#### **PARENT/GUARDIAN ACKNOWLEDGMENT:**

I state that I am the parent/guardian of the above-named athlete. I have read the warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to those risks outlined previously.

In consideration of the Catholic Diocese of San Bernardino permitting me to participate for and/or with the Notre Dame High School athletic program in sport(s) team(s) as indicated and to engage in all activities related to the team(s), including but not limited to: trying out, training, participating or playing in that sport or these sports. I hereby assume all the risks associated with participation and agree to hold the Diocese of San Bernardino, Notre Dame High School, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, cause of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with terms hereof shall serve as a release and assumptions of risk for any heirs, estate, executor, administrator, assignees, and for all members of my family.

<p>The following is to be completed only if the sport your athlete is participating in is football, wrestling or baseball:</p> <p>I specifically acknowledge that _____ my athlete is playing and participating in is/are a Violent Contact Sport(s) involving even greater risk of injury than any other sport(s).</p>	<p>_____ Parent/ Guardian Initials</p>
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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_



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# NOTRE DAME ATHLETICS

## ATHLETE INFORMATION & CONSENT TO PARTICIPATE FORM

Today's Date: \_\_\_\_\_

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

Name of Athlete: (Last, First) \_\_\_\_\_

Name of Parent/Legal Guardian: (Last, First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of June 1<sup>st</sup>: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Athlete named above is interested in the following sports (Check all that apply)**

Fall	Winter	Spring
Football <input type="checkbox"/>	Basketball (Boys) <input type="checkbox"/>	Baseball <input type="checkbox"/>
*Cheerleading /Song <input type="checkbox"/>	Cheerleading/Song <input type="checkbox"/>	Softball <input type="checkbox"/>
Water Polo (Boys) <input type="checkbox"/>	Basketball (Girls) <input type="checkbox"/>	Tennis (Boys) <input type="checkbox"/>
Volleyball (Girls) <input type="checkbox"/>	Soccer (Boys) <input type="checkbox"/>	Swimming <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Soccer (Girls) <input type="checkbox"/>	Track & Field <input type="checkbox"/>
Tennis (Girls) <input type="checkbox"/>	Water Polo (Girls) <input type="checkbox"/>	Golf <input type="checkbox"/>

### ATHLETIC PARENTAL PERMISSION

It is with my full knowledge and consent that the above-named athlete participate(s) in the sport(s) and on the team(s) and/or classes of Notre Dame High School as checked above. I further state that I will not hold the Diocese of San Bernardino, Notre Dame High School, or any staff or coach of Notre Dame High School responsible for any injuries received during participation in these sports. Moreover, I recognize that any athlete and myself will be held personally responsible for school property issued during any or all athletic seasons of participation.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROGRESS CHECK CONSENT

- I give the Athletic Director, Associate Athletic Director and coaches of Notre Dame High School permission to check the progress of my athlete's classes and programs at any time to ascertain his or her eligibility throughout the season(s) of participation.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# NOTRE DAME ATHLETICS

## AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/we, the undersigned parent(s) guardian of:

Name of Athlete: (Last, First) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ do hereby authorize any Physician on the staff of a licensed Hospital or Emergency Clinic, or any other physician designated by him (them) as agent(s) for the undersigned to consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon on the staff of a licensed Hospital of Emergency Clinic, whether such diagnosis or emergency treatment is rendered at the office of said physician or at said hospital(s). It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician(s) in the exercise of his (their) best judgment may deem advisable.

This authorization shall remain in effect for the \_\_\_\_\_ school year or unless sooner revoked in writing and delivered to the school Principal, Athletic Director, and Athletic Trainer.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
**Signature of Father/Guardian**

\_\_\_\_\_  
**Father/Guardian's Address & Phone Number**

\_\_\_\_\_  
**Signature of Mother/Guardian**

\_\_\_\_\_  
**Mother/Guardian's Address & Phone Number**

Indicate SPECIAL MEDICAL INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person(s) to be notified in the event parent(s) or guardian(s) cannot be reached:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address & Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address & Phone Number**



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# NOTRE DAME ATHLETICS

## ATHLETE EMERGENCY TREATMENT FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

In the event that the parents cannot be reached, list the closest living relatives or other emergency contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Personal Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies, previous injuries, current medications, or other medical information:

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I/We hereby give Notre Dame High School, the Athletic Director, Athletic Trainer, coaches or school staff permission for emergency treatment and also permission to transport to a medical facility or to call emergency transportation (911) in the event of an injury, illness, or other medical emergency for the above-named athlete.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# NOTRE DAME ATHLETICS

## HELMET WARNING FORM

\*This form is to be completed by football players only

No helmet can prevent all head or neck injuries a player might receive while participating in any practice or contest. Do not use this helmet to butt, ram, or spear an opponent player during a contest or team member practice. This is in violation of the football rules as mandated by the National Federation and State High School Athletic Association. Improper or illegal use of this helmet can result in severe head or neck injuries, paralysis, or death to you and/or opponent.

I certify that I have read and understand the helmet warning stated above.

**Name of Athlete (Last, First):** \_\_\_\_\_

**Signature of Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent/Guardian (Last, First):** \_\_\_\_\_

**Signature of Parent/Guardian (Last, First):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# NOTRE DAME HIGH SCHOOL

7085 Brockton Ave., Riverside, CA 92506

## Physical Examination Form-All Students

Pre-Participation Physical Exam required annually for all athletes.

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sports \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Personal Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**Medical History Questionnaire - This section must be completed before your examination. Include dates/age of any problems and explain ALL "Yes" answers in the space below the questions.**

	YES	NO		YES	NO
1. Do you have any ongoing medical conditions? <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Have you ever had a sprained, broken, dislocated or repeated swelling or pain of any bones or joints that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are any joints CURRENTLY bothering you? <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Ankle <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you use any special equipment (splints, neck rolls, mouth guards)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, bee stings, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have you ever been told you have Sickie Cell Trait or Sickie Cell Disease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you had any medical problems or injuries since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had chest pains DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Has a doctor ever Denied or Restricted your participation in sports for any reason? When and why? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	26. When was your last tetanus vaccine? _____ (FEMALES ONLY)		
9. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your heart ever race or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. so, how old were you when you had your first menstrual period? _____		
11. Has any family member died of heart problems or had an unexplained sudden death BEFORE age 50?	<input type="checkbox"/>	<input type="checkbox"/>	29. How many periods have you had in the last 12 months? _____		
12. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. What was the longest time between our periods last year? _____		
13. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Have you ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
17. Do you have any problems with your eyes or vision? Do you wear <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Eye Protection?	<input type="checkbox"/>	<input type="checkbox"/>			
18. Do you have only one working organ of usually paired organs (such as only one eye, kidney, testicle, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>			

Explain all "Yes" answers by question number and indicate date/age for each item (Example: #3: Left arm fracture in 2018):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby state that, to the best of my/our knowledge, the answers to the above questions are correct. I/We understand that by performing this examination, the undersigned physician does not assume responsibility for the medical care of this Individual.

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

Signature of Parent or Guardian (if athlete is under 18) \_\_\_\_\_ Date \_\_\_\_\_

	Blood Pressure	HEENT	Skin	Heart	Lungs	Musculoskeletal	Flexibility/Strength
NORMAL							
ABNORMAL							

While this does not constitute a complete physical examination nor replace the need for periodic health evaluations by a family physician, this individual appears to be physically capable of participation in interscholastic sports as of this date, except as indicated below.

Cleared for sports without restrictions: \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 Not Cleared

At this athlete's screening exam, the following is/are noted:

Condition/Sign/Symptoms with Simple Explanation/Recommendations

- Elevated (High) Blood Pressure. Increase in pressures in the artery during the beating and resting heart. Maximum normal (age group) \_\_\_ / \_\_\_
- Heart Murmur. Flow of blood through the heart which is audible. In this case, it is: 0 "Functional" (normal) 0 Abnormal.
- Asthma. Blockage of small airways in the lung.  Use inhaler as prescribed and 30 minutes before exercise.
- Allergic Reactions to Stings or Bites. (includes whole body swelling & shortness of breath)  Epinephrine injector should be available at all times.
- Diabetes. Abnormal sugars and sugar metabolism.  Continue close monitoring with M.D.
- Scoliosis. Curvature of the spine.  Continue close monitoring with M.D.
- Orthopaedic Problem. Being seen by M.D. for this condition.  Should be cleared for play by M.D.
- Concussion. Further evaluation required before athletic participation permitted.
- Other: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_