

Check Your Sports:

SIERRA ATHLETIC CLEARANCE

School Year

2023 - 2024

FALL

- Cross Country
- Football
- Water Polo
- Girls Flag Football
- Girls Golf
- Girls Tennis
- Girls Volleyball

SPRING

- Baseball
- Softball
- Swimming
- Track & Field
- Boys Golf
- Boys Tennis
- Boys Volleyball

Last Name: _____ Grade: _____

First Name: _____ Age: _____ D/O/B: _____

Address: _____

WINTER

- Wrestling
- Boys Basketball
- Girls Basketball
- Boys Soccer
- Girls Soccer

- Cheer
- ESports

Parent's Name: _____ Contact #: _____

Have you attended any other high school? Yes ___ No ___

If you answered yes please list the name of the school: _____

This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.

Have you ever had any of the following (please circle Y or N):

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
Y	N	1. Head Injury	Y	N	12. Anemia, leukemia or other blood disorder
Y	N	2. Back or neck problems or curvature of the spine	Y	N	13. Diabetes
Y	N	3. Broken Bones, dislocations, or amputations	Y	N	14. Hernia, kidney problem, testicle problem
Y	N	4. Polio or problems with foot, knee, or other joints	Y	N	15. Enlarged spleen or liver
Y	N	5. Eye injury, eye surgery, eye disease	Y	N	16. Surgery other than tonsils
Y	N	6. Wear glasses, contacts, hearing aid or dentures	Y	N	17. Family history of sudden death
Y	N	7. Headaches-other than minor headaches	Y	N	18. Presently taking any medication (list below)
Y	N	8. Drug addiction, mental illness, nervous disorder	Y	N	19. Allergic to medicine, foods, bee stings, etc.
Y	N	9. Epilepsy, fits, fainting, or dizzy spells	Y	N	20. Do you have any ongoing medical problems
Y	N	10. Lung trouble, shortness of breath, asthma	Y	N	21. Do you know of any reason why you should not participate in sports? _____
Y	N	11. Heart trouble, rheumatic fever			Date of last tetanus immunization (recommended every 3 years)

Current Medications _____

Exam is good only for current school year

PHYSICIANS PHYSICAL EXAM

***Chiropractor exams will not be accepted**

Date: _____ B/P: _____ Sex: M or F Weight: _____ Height: _____

I have examined this student and have found him / her: (check one) Fit for Sports In need of further evaluation:

Reason: _____

Physician Signature _____

Place physician stamp here

Office Phone: _____ Physicians Stamp: _____

MEDICAL INSURANCE

California law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including song and cheerleaders, team mascots, team managers, etc. to possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits. Please specify on the form below the required insurance coverage that you have provided for your son/daughter.

(Company Name)

(Group or Policy #)

I WILL PROMPTLY NOTIFY THE SCHOOL IN THE EVENT INSURANCE COVERAGE NO LONGER APPLIES TO MY SON/DAUGHTER.

EMERGENCY INFORMATION (Person to contact if parents cannot be reached)

Name: _____ Phone: _____

*****Take a picture of this form for your records before uploading and/or giving to office staff*****

For Office Use Only:

CIF Yes ___ No ___ Cleared by: _____

Submitted _____ Date: _____

Approved _____ Office Copy:

**MANTECA UNIFIED SCHOOL DISTRICT RELEASE OF LIABILITY
INJURY WARNING AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS
AND TO BE TREATED IN CASE OF INJURY**



Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURENCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems/injuries to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. In the case of injury, the head coach of the involved sport is responsible to see that a complete and accurate accident report be filled out and filed with the athletic secretary. No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the physician in charge.

The parents/guardians of the above athlete hereby acknowledge and understand that the Manteca Unified School District may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in interscholastic athletics in the Manteca Unified School District and give permission for my child to ride as a passenger in a vehicle driven by another parent. It is fully understood that M.U.S.D. is in no way responsible, nor does the district assume liability for any injuries, property damage or wrongful death resulting from this non-district transportation of form participation in the activity itself. I understand that the Manteca Unified School District will not be held liable for medical services, hospital services of accident insurance. In case my son/daughter is injured, school district personnel are authorized to have him/her treated.

NOTE: Students are not to engage in any practices or games until all parts of this form are completed/met and turned in to the administration front office.

(Mother/Father/Guardian Signature)

(Student Signature)

(Date)

MANTECA UNIFIED SCHOOL DISTRICT

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR INTERSCHOLASTIC ATHLETIC AND/OR
EXTRA CURRICULAR ACTIVITIES PARTICIPATION**

This is a release of liability and assumption of risk agreement. Read it carefully and sign below.

Completion of this release is a prerequisite to participation in any interscholastic athletic and/or extra-curricular activity. This release essentially says that my son/daughter _____ (name of student) is physically fit and is going to voluntarily participate in a high school interscholastic athletic and/or extra-curricular activity. We know and fully understand that any interscholastic athletic and/or extra-curricular activity involves numerous risks, dangers and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even suffer a fatal injury. If he/she is hurt, injured or suffers a fatal injury, we (i.e., the student, parents and heirs) will not make a claim against or sue the Manteca Unified School District (hereinafter MUSD), its trustees, officers, employees and agents, or expect them to be responsible or pay for any damages.

In consideration for MUSD allowing the student to participate in this interscholastic athletic and/or extra-curricular activity, we voluntarily agree to release, waive, discharge and hold harmless MUSD and their trustees, officers, employees and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the students illness, injury, death and damages of any nature in any way connected with student's participation in this activity.

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISK INHERENT IN THIS INTERSCHOLASTIC ATHLETIC AND/OR EXTRA CURRICULAR ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS.

May, 2008

(Mother/Father/Guardian Signature)

(Student Signature)

(Date)

Concussion Information Sheet



I hereby acknowledge that I have received the Concussion Information Sheet from my school, and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

(Mother/Father/Guardian Signature)

(Student Signature)

(Date)

Sudden Cardiac Arrest

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

(Mother/Father/Guardian Signature)

(Student Signature)

(Date)

I HAVE READ AND UNDERSTAND THE CONCUSSION INFORMATION SHEET AND SUDDEN CARDIAC ARREST INFORMATION SHEET

Updated 5/4/2016