

# ATHLETICS PACKET

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# ATHLETIC CLEARANCE

Below are the Steps to Complete Athletic Clearance for the 2024– 2025 School Year. **Registration opens May 1, 2024.**

## Step 1: Register

- Go to [www.homecampus.com](http://www.homecampus.com)  
Navigate to Santa Margarita (CIF SS) and register for the 2024-2025 school year
- Select EACH sport that your student will be participating in
- Have the following ready for a faster registration: Insurance Information, Physician Information, Emergency Contacts, and a **COMPLETED** physical
- Please note: Athletic Clearance must be completed **EVERY YEAR** in order to be eligible to participate in SMCHS Athletic Programs

## Step 2: Turn in Your Athletic Physical

- Complete a physical examination with a doctor (MD/ DO) using the SMCHS form found in this packet here – <https://eaglecamps.info/forms>
- All physicals expire after 365 days from the original physical date
- Make sure to upload your physical form to your student's Athletic Clearance account. SMCHS Sports Medicine/ Athletics DO NOT accept hard copies

Further information regarding Athletic Clearance can be found at: <https://eaglecamps.info/sportsmed>





# SPORTS PHYSICALS

The sports physical exam is known as a pre-participation physical examination (PPE). The exam helps determine whether it's safe for a student to participate in a certain sport.

 **MARQUE**  
FAMILY URGENT CARE  
SPORTS PHYSICALS

— pediatric services by —  
 **CHOC**

**Book your online reservation or walk-in 7 days a week.**

- **Book Online:** [www.MarqueMedical.com/SMCHS](http://www.MarqueMedical.com/SMCHS)
- **Or Call:** 1-877-MY-DOC-NOW (693-6266) x1201 / 1202
- **Address:** 22461 Antonio Pkwy., Suite 135, RSM, 92688\*  
*\* You may go to any Marque Urgent Care clinic to complete a sports physical*
- **Sport Physical Cost:** \$50\*\*  
*\*\* A portion of the cost will be donated back to SMCHS*

## Additional screening services available to SMCHS student-athletes:



If your student-athlete has tested positive for COVID-19 or may have contracted the disease and/or experienced symptoms, schedule an EKG to check for heart arrhythmias. Early detection saves lives! This heart screening is only \$89 for Eagle student-athletes.



Screen time for Americans has increased 60% within the last year, leaving children at-risk for developing serious eye conditions like Computer Vision Syndrome (CVS). We've partnered with a local Ophthalmologist to offer [FREE eye screenings to all student-athletes.](#) This advanced screening uses the State-of-the-art Zeiss Teleretinal Screening System which uncovers eye conditions such as macular degeneration and diabetes. Available at our Newport Beach clinic.





# SANTA MARGARITA CATHOLIC HIGH SCHOOL

## 2024/2025 Pre-Participation Physical Evaluation Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Grade 202••202•• \_\_\_\_\_ School \_\_\_\_\_ Sports \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_  
*In case of emergency, contact*  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Explain "Yes" answers below.  
 Circle questions you don't know the answers to.

- |  | Yes                      | No                       |   | Yes                              | No                                 |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last checkup or physical?   | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, or hearing aid)?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 2. Have you ever been hospitalized overnight?<br>Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you had any problems with your eyes or vision?<br>Do you wear glasses, contacts, or protective eyewear?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 3. Are currently taking any prescription or nonprescription (over the counter medications) or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?   | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br><i>If yes, check appropriate box and explain below.</i>                            | <input type="checkbox"/>         | <input type="checkbox"/>           |
| 4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Have ever had a rash or hives develop during or after exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head   | <input type="checkbox"/> Elbow   | <input type="checkbox"/> Hip       |
| 5. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member died of heart problems or of sudden death before age 50?<br>Have you had severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck   | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh     |
| 6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back   | <input type="checkbox"/> Wrist   | <input type="checkbox"/> Knee      |
| 7. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burn, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest  | <input type="checkbox"/> Hand    | <input type="checkbox"/> Shin/Calf |
| 8. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder   | <input type="checkbox"/> Finger  | <input type="checkbox"/> Ankle     |
| 9. Do you cough, wheeze, or have trouble breathing during or after activity?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm  | <input type="checkbox"/> Foot    |                                    |
|  |                          |                          | 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/>         | <input type="checkbox"/>           |
|  |                          |                          | 14. Do you feel stressed out?   | <input type="checkbox"/>         | <input type="checkbox"/>           |
|  |                          |                          | 15. Record the date of your most recent immunizations:<br>Tetanus _____ Measles _____<br>Hepatitis B _____ Chickenpox _____   |                                  |                                    |
|  |                          |                          | <b>FEMALES ONLY</b>   |                                  |                                    |
|  |                          |                          | 16. When was your first menstrual period? _____<br>When was your most recent menstrual period? _____<br>How much time do you usually have from the start of one period to the start of another? _____<br>How many periods have you had in the last year? _____<br>What was the longest time between in the last year? _____ |                                  |                                    |
|  |                          |                          | <b>Explain "Yes" answers here:</b> _____<br>_____<br>_____<br>_____   |                                  |                                    |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**SANTA MARGARITA CATHOLIC HIGH SCHOOL**  
**2024/2025 Pre-Participation Physical Evaluation Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Vision R 20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
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: \_\_\_\_\_

Name of Physician (Print/Type) \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician \_\_\_\_\_ MD or DO





# SPORTS CAMPS

For SMCHS Incoming Freshmen and Returning Students

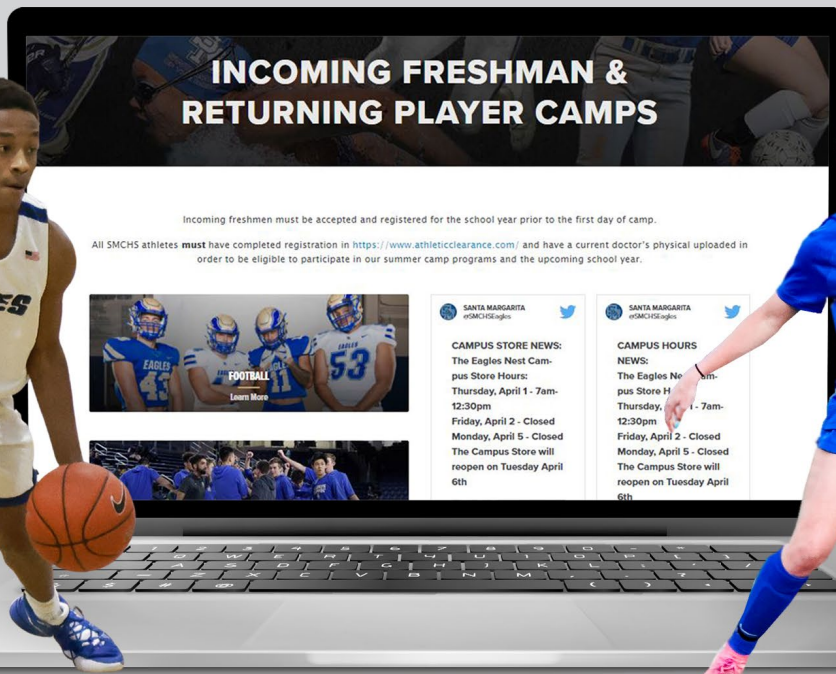
Summer camp schedules for SMCHS incoming freshmen and returning students available on the following pages. Find your camp and register online.

**Sports Offered:**

- BASKETBALL
- FOOTBALL
- BASEBALL
- CHEER
- LACROSSE
- SOCCER
- SWIMMING
- VOLLEYBALL
- WATER POLO
- and more!*



[www.smhs.org/summercamps](http://www.smhs.org/summercamps)



For more information, contact us: Email: [sportscamps@smhs.org](mailto:sportscamps@smhs.org) or call: 949-766-6065



Twitter: @SMCHSAthletics



Instagram: @smchsathletics

# SMCHS 2024-2025 Sports Camps

Camps for SMCHS incoming freshmen and SMCHS returning student athletes

**Stores to register will be open on March 1, 2024**

*Dates / times subject to change.*

BASEBALL							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June-July	High School	6/17	7/18	M-Th	2:00pm - 4:00pm	Baseball Field	\$350
June-July	High School	6/17	7/18	M-Th	TBA	Baseball Field	\$350
GIRLS SOCCER							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/25	7/18	T-Th	TBA	TBA	\$185
July	High School	7/16	7/18	T-Th	8:00am - 12:00pm	Grass Field 1 & 2	\$175
BOYS SOCCER							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/24	7/12	M-F	TBA	TBA	\$185
July	High School	7/22	7/25	M-Th	8:00am - 12:00pm	Turf	\$225
BOYS BASKETBALL							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	7/18	M-Th	7:00 AM – 9:00 AM	Gym	\$500
GIRLS BASKETBALL							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	7/18	M-Th	2:00pm - 4:00pm	Gym	\$350
BOYS VOLLEYBALL							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/22	8/1	M-Th	4:00pm - 6:00pm	Gym	\$400
GIRLS VOLLEYBALL							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/22	7/26	M-F	8:00am - 11:00am	Gym	\$300
July	Incoming Freshman	7/22	7/26	M-F	11:00am - 1:00pm	Gym	\$300
SPORTS PERFORMANCE CAMP							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	Coed Incoming Fr	6/17	7/25	T & Th	8:00am – 8:45am	SM Weight Room	\$225
June	Coed Incoming Fr	6/17	7/25	T & Th	12:00pm-12:45pm	SM Weight Room	\$225
June	Baseball Incoming Fr ( <i>Not co-ed</i> )	6/17	7/25	T & Th	1:15pm-2:00pm	SM Weight Room	\$150
BOYS WATER POLO							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	7/11	M-Th	6:00am - 9:00am	Pool	\$500
GIRLS WATER POLO							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	7/11	M-Th	7:00am - 10:00am	Pool	\$500
SWIM							
MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/8	7/11	M-Th	1:00pm - 3:00pm	Pool	\$175



# SMCHS 2024-2025 Sports Camps

Camps for SMCHS incoming freshmen and SMCHS returning student athletes

## BOYS TENNIS

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	6/27	M-Th	8:00am - 10:00am	Tennis Courts	\$375

## GIRLS TENNIS

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/15	7/25	M-Th	JV/FS: 7:00 - 9:00am Varsity: 9:00 - 11:00am	Tennis Courts	\$375

## CROSS COUNTRY

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	Coed High School	6/17	7/18	M-Th	8:00am - 10:00am	Track	\$300

## GIRLS LACROSSE

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/22	7/24	M-W	8:00am - 11:00am	Grass Field 1 & 2	\$195

## BOYS LACROSSE

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/18	6/27	T-Th	1:00pm - 3:00pm	Turf	\$250

## GIRLS BEACH VOLLEYBALL

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/8	7/18	M-Th	8:00am - 10:00am	Sand Courts	\$250 for each OR \$450 for both
July	High School	7/8	7/18	M-Th	10:00am - 12:00pm	Sand Courts	

## BOYS BEACH VOLLEYBALL

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
July	High School	7/22	7/25	M-Th	10:00am - 12:00pm	Sand Courts	\$250

## FOOTBALL

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/17	7/18	M-Th	8:00am - 12:30pm	Turf & Weight Room	\$300

## GIRLS FLAG FOOTBALL

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School	6/24	6/27	M-Th	3:00pm - 5:00pm	Grass Field 1&2	\$175

## TRACK & FIELD

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	Coed High School	6/17	7/18	M-Th	8:00am - 10:00am	Track	\$300

## WRESTLING

MONTH	HIGH SCHOOL	START	END	DAYS	TIME	LOCATION	PRICE
June	High School Returners	6/17	7/18	M-Th	10:00am - 12:00pm	Wrestling Room	\$350
June	Incoming Freshman	6/17	7/18	M-Th	12:30pm - 2:30pm	Wrestling Room	\$350





# SANTA MARGARITA CATHOLIC HIGH SCHOOL COACHES' PROFILE

The purpose of the coaches' profile is to outline the essential attributes and attitudes all coaches are expected to possess. The objectives of the SMCHS coach profile are to inform prospective coaches about the unique educational environment at SMCHS and to use the profile as a standard when evaluating their performance and professional growth. In addition, the profile focuses on personal, professional and institutional growth and provides a level of aspiration for coaches. This approach lends itself to honest reflection, creative discussion and emphasizes respect for the individual.

## ATHLETIC DEPARTMENT PHILOSOPHY

The interscholastic athletic program of Santa Margarita Catholic High School is an integral part of the entire educational experience. It is a Christ-centered sports program that contributes to the development of the individual athlete in every aspect; spiritually, intellectually, physically, emotionally, and socially.

As role models, coaches must exemplify our school's core principals of compassion, humility, justice, and kindness and align with our athletic department's mission. The athletic staff will strive to develop students' athletic skills, teach the values of good sportsmanship and instill responsibility to oneself, their team, and school. While winning is important, we believe the lessons learned and the efforts made by our student athletes, will lead them to succeed throughout their lives.

## ATHLETIC DEPARTMENT MISSION STATEMENT

Through the charism of Caritas Christi – the love of Christ, Santa Margarita Catholic High School Athletics strives to foster a culture that supports growth and empowerment. Athletic participation provides a safe space for the learning and development of life-long skills; the pursuit of excellence through personal development and teamwork, ethical and responsible behavior, and demonstrating strength of character and sportsmanship.

## A SMCHS COACH WILL DEMONSTRATE

### FAITH

Embody our charism, Caritas Christi, the love of Christ

- Foster faith by means of prayer, Mass and communion services, retreats, and Christian Service activities.

### COMPASSION

Be Kind

- Respect for all.
- Victory with humility and acknowledgement of defeat with dignity. Convey genuine care and concern for all players. Develop rapport with team through trust and respect.

### LEADERSHIP

Instill the importance of faith, family, and education with professionalism and servant leadership

- Create a positive and inclusive environment that promotes growth and opportunity.
- Instill characteristics that commit to a challenge, welcomes adversity, and recognize that there is no substitute for hard work.

### COMMUNICATION

Set and convey vision, goals and standards for the sports program

- Clearly defining expectations of coaches, players, and parents.
- Prompt handling of any issues that may arise within the program.
- Maintain open lines of communication with the SMCHS athletic department.