Confirmation Message

Temecula Valley

Dear Student-Athlete and Parent:

This message is to confirm that consent forms, and physical wil officially cleared to participate

For students interested in an ad-

The final step in this process re digital signatures. Please read, forms.

I hereby give my consent for B and be supervised by a represer have the student treated and I a medical, or surgical diagnosis c

EXAMPLE

| 2024-25

| PARTICIPATING IN WILL BE SHOWN HERE

THE ONLINE CLEARANCE MUST BE COMPLETED
FOR THE 2024-2025 SCHOOL YEAR
YOUR CONFIRMATION PAGE MUST HAVE
A LIVE SIGNATURE FROM BOTH PARENT/GUARDIAN
AND STUDENT ATHLETE

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orize the student to go with njured, you are authorized to examination, anesthetic, be rendered under, the

general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said a hospital 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 the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Your signature also verifies that you and [student] initialed the following documents digitally on athleticclearance.com:

- 1. Activities/Athletic Rules
- 2. Code of Ethics
- 3. Concussion Information Sheet
- 4. Consent for Treatment by Athletic Trainer
- 5. Hold Harmless and Indemnification Agreement
- 6. Injury Warning to Athletes & Parents/Guardians
- 7. Insurance Statement
- 8. NCAA Coversheet Acknowledgement and Clearance
- 9. NCAA Eligibility
- 10. Social Media Acceptance Policy
- 11. Statement of Consent
- 12. Sudden Cardiac Arrest Information Sheet
- 13. Victory with Honor: Code of Conduct for Parents/Guardians

Parent Signature _____

Student Athlete Signature



Pre-Participation Physical Evaluation

HISTORY FORM (should be filled out by the student and parent/guardian prior to the physical examination) Sport(s) Home Address Phone Personal physician Parent Email PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable Medicines and Allergies: Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are ions Do Un **EXAMPLE** Wh Exp THIS FORM CAN BE PRINTED FROM THE Ger ONLINE WEBSITE UNDER THE ATHLETICS TAB 1. OR PICKED UP FROM THE 2.1 ACTIVITIES/ ATHLETICS OFFICE IN ROOM # 201 IT MUST BE FILLED OUT & SIGNED BY BOTH THE 3.1 PARENT/GUARDIAN & ATHLETE PRIOR TO THE PHYSICAL 4.1 PRINTABLE PRE-PARTICIPATION PHYSICALS CAN BE PICKED UP GE FROM THE ATHLETICS OFFICE IN ROOM 201. 6. 1 OR FOUND ON THE TVHS ATHLETICS WEBSITE mailto:https://www.tvusd.k12.ca.us/cms/lib/CA02208611/Centricity/Domain/11894/Physical%20and%20Health%20History%20Forms1.pdf 8. 9.1 problems? If so, check all that apply: 38. Do you have neadaches with exercise r ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection Have you ever had numbness, lingling, or weakness in your arms or legs after being hit or failing (Stinger/Burner/Pinched Nerve)? ☐ Kawasaki disease Other: 40. Have you ever been unable to move your arms or legs after being tilt or falling? 10. Has a doctor ever ordered a test for your heart? (For example, ECG/ EKG, echocardiogram) 41. Have you ever become ill while exercising in the heat? 11 Do you get lightheaded or leel more short of breath than expected dur-42. Do you get frequent muscle cramps when exercising? 43. Do you or someone in your family have sickle cell trait or disease? 12. Have you ever had an unexplained seizure? 44. Have you had any problems with your eyes or vision? 13. Do you get more lired or short of breath more quickly than your friends during exercise? 45. Have you had any eye injuries? art Health Queations About Your Family 46. Do you wear glasses or contact lenses? 14. Has any family member or relative died of heart problems or had an 47. Do you wear protective eyewear, such as goggles or a face shield? unexpected of unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 48. Do you worry about your weight? 49. Are you trying to or has anyone recommended that you gain or lose 15. Does anyone in your lamily have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminer gic polymorphic ventricular tachycardia? 50. Are you on a special diet or do you avoid certain types of foods? 51. Have you ever had an eating disorder? Does anyone in your lamily have a heart problem, pacemaker, or implanted defibrillator? 52. Do you have any concerns that you would like to discuss with a doctor? Females Only 17. Has anyone in your family had unexplained fainting, unexplained sei-53. Have you ever had a menstrual period? zures, or near drowning? 54. If yes, are you experience es with athletic participation (i.e., irregular 18. Have you ever had an inju nent, or lendon that 55. How old were you when al period? caused you to miss a prac 56. How many periods have 19. Have you ever had any bro dislocated joints? Explain "yes" answers here 20. Have you ever had an inju II, CT scan, injections, therapy, a brace, a d 21. Have you ever had a stress fracture 22. Have you ever been told that you you had an x-ray for neck instability or atlantoaxial instability idronte or dwarfism) 23. Do you regularly use a brace orth år åssistive device? 24. Do you have a bone, muscle, or, bothers you? 25. Do any of your joints become painful n, feel warm, or look red? 26. Do you have any history of juvenile an s or connective tissue

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

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***Per CIF & TVUSD Rules, this is a form that can be used for athletic physicals ***

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

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