

Check Your Sport(s):**MUSD ATHLETIC CLEARANCE**

School Year

FALL

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

SPRING

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

WINTER

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

Activities:

- ☐ Powder Puff
☐ CHEER

Last Name: _____ Grade: _____

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

Address: _____

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):

YES NO

- | | | |
|---|---|---|
| Y | N | 1. Head Injury |
| Y | N | 2. Back or neck problems or curvature of the spine |
| Y | N | 3. Broken Bones, dislocations, or amputations |
| Y | N | 4. Polio or problems with foot, knee, or other joints |
| Y | N | 5. Eye injury, eye surgery, eye disease |
| Y | N | 6. Wear glasses, contacts, hearing aid or dentures |
| Y | N | 7. Headaches-other than minor headaches |
| Y | N | 8. Drug addiction, mental illness, nervous disorder |
| Y | N | 9. Epilepsy, fits, fainting, or dizzy spells |
| Y | N | 10. Lung trouble, shortness of breath, asthma |
| Y | N | 11. Heart trouble, rheumatic fever |

YES

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

NO

N

N

N

N

N

N

N

N

N

N

N

12. Anemia, leukemia or other blood disorder

13. Diabetes

14. Hernia, kidney problem, testicle problem

15. Enlarged spleen or liver

16. Surgery other than tonsils

17. Family history of sudden death

18. Presently taking any medication (list below)

19. Allergic to medicine, foods, bee stings, etc.

20. Do you have any ongoing medical problems

21. Do you know of any reason why you should not participate in sports? _____

Date of last tetanus immunization
(recommended every 3 years)

Current Medications _____

Exam is good only for current school year

PHYSICIANS PHYSICAL EXAM

NO CHIROPRACTOR Exams Accepted

Physicals must be done after May 15th to be valid for the following school year

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: _____

For Office Use Only:

CIF Yes ___ No ___ Cleared by: _____

Submitted _____ Date: _____

Approved _____ Office Copy: _____

MANTECA UNIFIED SCHOOLDISTRICT

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, dangerous condition of public property, equipment defects or malfunctions, or any other act or omission which causes the student's illness, injury, death and damages of any nature in any way connected with student's participation in this activity.

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 sport involved 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 the 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 to and from participation in the activity itself. I understand that the Manteca Unified School District will not be held liable for medical services, hospital services or 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 into the administration front office.

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.

(Mother/Father/Guardian Signature) (Student Signature) (Date)

May2018

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)

****PHYSICAL IS NOT VALID WITHOUT SIGNATURES ON THIS FORM****

Updated 05/20/25