■ PREPARTICIPATION PHYSICAL EVALUATION

- To be completed prior to your physical examination and provided to your doctor

PERRIS UNION HIGH SCHOOL DISTRICT

MEDICAL HISTORY FORM

Name: _____ Date of birth: _____

Sports: _____ Gender: _____

Physician: _____ Date of Examination: _____

LIST PAST AND CURRENT MEDICAL CONDITIONS:
LIST ALL PAST SURGICAL PROCEDURES:
LIST ALL CURRENT PRESCRIPTIONS AND OVER-THE-COUNTER MEDICINES:
LIST ANY ALLERGIES (I.E. MEDICINES, POLLENS, FOOD, STINGING INSECTS, ETC.):

MEDICAL QUESTIONS	Yes	No
1. Have you ever passed out or nearly passed out during or after exercise?		
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
3. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
4. Has a doctor ever told you that you have any heart problems?		
5. Has a doctor ever requested a test for your heart?		
6. Do you get light-headed or feel shorter of breath than your friends during exercise?		
7. Have you ever had a seizure?		
8. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35?		
9. Have you ever had an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
10. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
11. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
12. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		

MEDICAL QUESTIONS	Yes	No
13. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
14. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
15. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
16. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
17. Have you ever become ill while exercising in the heat?		
18. Do you or does someone in your family have sickle cell trait or disease?		
19. Have you ever had or do you have any problems with your eyes or vision?		
FEMALES ONLY	**Yes**	**No**
20. Have you ever had a menstrual period?		
21. How old were you when you had your first menstrual period?		
22. When was your most recent menstrual period?		
23. How many periods have you had in the past 12 months?		

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

Signature of Student Athlete: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

- To be filled out by the physician

PHYSICAL EXAMINATION FORM

Patient Name: _____ Date of birth: _____

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: Does patient require corrective lenses or contacts? □ Y □ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph Nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • HSV, lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination.

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

- □ Medically eligible for all sports without restriction
- □ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
- □ Medically eligible for the following sports: _____
- □ Not medically eligible
  - □ Pending further evaluation
  - □ For any sports
  - □ For the following sports: _____
- □ Reason and Recommendations:

Name of Physician: _____ MD, DO, NP, or PA Phone: _____

Address: _____

Signature of Physician: _____

Physician's Stamp Required

PERRIS UNION
HIGH SCHOOL DISTRICT

CONSENT TO PARTICIPATE AND AGREEMENT TO WAIVE LIABILITY, ASSUME RISK, AND HOLD HARMLESS

STUDENT: _____ PARENT/GUARDIAN: _____

SCHOOL SITE: _____SPORT(S): _____

I, the above-named parent/guardian, understand that participation in the above-listed sport/activity (the "**Sport**") is voluntary and is not required as a part of the regular school program. Consent is hereby given for the above-named student (the "**Student**") to participate in the Sport.

I am aware that participating, playing, practicing, or preparing to practice or play in the Sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of participating, playing, or practicing the Sport include, but are not limited to, death, serious neck and spinal injuries, paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment general health and well-being. I understand that the risks described can result in serious impairment of the Student's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In the event of an accident or sudden illness, Perris Union High School District has permission to render whatever emergency medical treatment may be deemed necessary for the Student. In the event that emergency services must be rendered, I understand that I will be responsible for the costs thereof. I consent to any 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 licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said 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.

In consideration of the Perris Union High School District permitting participation of the Student in the Sport, I, FOR MYSELF AND ON BEHALF OF THE STUDENT, HEREBY ASSUME ALL RISKS DESCRIBED HEREIN AND AGREE TO WAIVE LIABILITY AND HOLD THE PERRIS UNION HIGH SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS, OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER THAT MAY ARISE OUT OF OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE SPORT. THE TERMS HEREOF SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR ME, MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the undersigned, having carefully read the foregoing, do hereby hold harmless and release the District as described herein.

_____	_____	_____
Parent/Guardian [printed]	Parent/Guardian [signed]	Date

Leadership Excellence Generosity Academics Character Opportunity

Heritage High School Athletic Leadership

Code of Conduct Agreement and Contract

I _____understand that I have been given a leadership position at Heritage High School. Participation in Athletics is a privilege and I realize that as a leader, I have a responsibility to be a role model on campus. My actions, both good and bad, will be watched carefully by the students and staff. Breaking rules reflects poorly on the entire program and I will represent HHS Athletics and my team in a positive way at all times. I understand that if I do not follow the HHS leadership code of conduct, I may have to have a parent meeting with the Athletic Director, suspended from practice and/or games, and could be removed from the program.

Leader Expectations: (Initial to agree to each statement)

_____ I will follow all of the rules and expectations laid out in the student handbook and the CIF Code of Conduct.

_____ I will maintain at least a 2.0 GPA and pass all of my classes.

_____ I will maintain good attendance by arriving to class on time and clearing my absences with attendance.

_____ I will be respectful to all students and staff; always be a leader and positive influence both on/off campus; my language and actions will be appropriate.

_____ I will use social media appropriately by making sure my posts, pictures, and comments are appropriate and respectful. I will treat others with respect. I will be an advocate for anyone being bullied.

_____ I will uphold the principles of LEGACY by displaying leadership, excellence, generosity, academics, character, opportunity both on and off campus.

I understand that I may be removed from the athletic program if I fail to uphold any of the behaviors mentioned above. I have read, understand, and agree with the expectations outlined above. I commit to being a positive role model for my peers at HHS.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ATHLETIC CLEARANCE

Quick steps for parents/students using the online athletic clearance process.

Updated: February 2025

Online Athletic Clearance 25-26 Registrations opens April 28, 2025.

1. Visit **www.homecampus.com**, select "For Students & Parents", then choose your state.
2. **New Users select "Create an Account",** register using a valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not be activated.
3. **Login:** using your email address that you registered with
4. Select "**Start Clearance Here**" to start the process.
5. Choose the school: **Heritage** Verify the correct address appears: **26001 Briggs Rd.** School Year in which the student plans to participate & the Sport.
6. Student Information: Complete all required fields for Student Information, Educational History, Medical History. *(We suggest declining NCSA recruitment as our school also includes recruitment opportunities)*
7. Digital Signature: Requires a parent and athlete to read our policies and consent with a digital signature.
8. Files page: PUHSD now requires proof of insurance. Please upload a photo of your insurance card. If you do not have insurance coverage, the district offers a low-cost option with Myers-Stevens and Toohey: https://myers-stevens.com/.
   Download the school physical forms file if needed. ***Return the physical form (with wet signatures/Black or Blue ink pen only) to the athletics office in person.***
9. **Confirmation page** you have completed the process.

   All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

Online Athletic Clearance FAQ

What is my Username?

Your username is the email address that you registered with.

Multiple Sports

Once you complete a clearance for one sport and arrive at the Confirmation Message, you will have the option to check off additional sports/activities for the current school year. PLEASE ONLY CHECK OFF SPORTS YOU KNOW YOU WILL PLAY. If you would like to change sports after submission, please contact your athletics department.

Physicals

The physical form your school uses can be downloaded on the Physicals page. Remember to turn in a hard copy of the Physical and Waivers to the Athletic department.

Why haven't I been cleared?

Your school will review the information you have submitted and Clear or Deny your student for participation. You will receive an email when the student is cleared.

My sport is not listed!

Please contact your school's athletic department and ask for your sport to be activated.

ATHLETICS

PARENT INFORMATIONAL PAGE

LEGACY CEREMONY - SAVE THE DATE!

Join us for an evening in celebration of our Athletes! Afterwards, enjoy a family friendly Carnival Fundraiser event ran by our teams. All proceeds will go back to the sports programs. Food will be available for purchase. Opportunity drawings for those who attend!

FALL: AUGUST 15TH, 2025
WINTER: NOVEMBER 14TH, 2025
SPRING: FEBRUARY 13TH, 2026

MORE INFORMATION

For more information regarding practice calendars, game schedules, sponsorship Opportunities, Sports Photography, Letterman's Jackets, fan apparel etc. please scan this QR code below.

PARENT/ATHLETE EXPECTATIONS

Please review the parent/athlete contract prior to the season. using this QR Code. This document includes Athlete and Parent expectations, codes of conduct, & athlete eligibility requirements. This contract is signed/ submitted digitally through the Athletic Online Registraition website.

PARENT CONCERN FORM

GoFan®

ALL Football Basketball, Wrestling, Volleyball & Stunt Cheer sporting events will require a GoFan online ticket to enter. Scan the QR code for our school's ticket webpage.

ATHLETE CLEARANCE CHECKLIST

- ☐ **Medical History Form/Recent Sports Physcial**
  Filled out with a black or Blue Ink Pen (Originals required)
- ☐ **Liability Waiver/Hold Harmless**
  Consent to Participate and agreement to waive liability, assume risk and hold harmless. (Originals required)
- ☐ **Heritage Athletic Leadership Contract**
  Filled out with a black or Blue Ink Pen (Originals required)
- ☐ **Home Campus Online Registration**
  Includes digital signature for the CIF and PUHSD expectations, parent/athlete contract. Proof of health insurance is also required

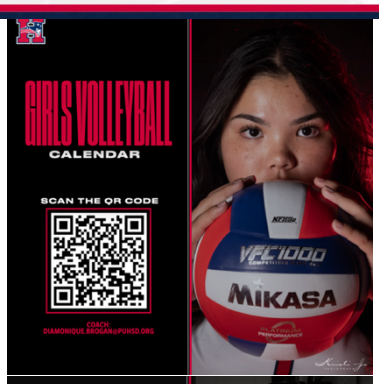
HERITAGE HIGH SCHOOL

SPORTS CALENDARS

SCAN THE QR CODES WITH YOUR PHONE CAMERA TO VIEW THE SPORTS CALENDARS

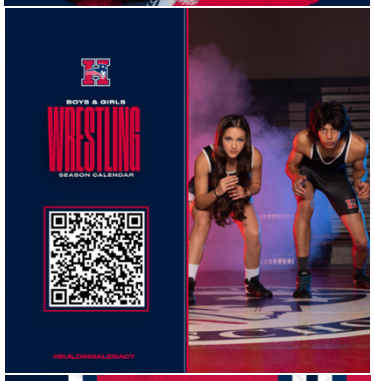




















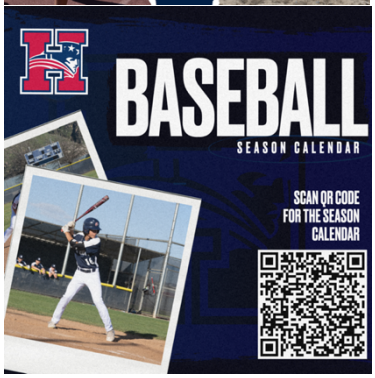
















HERITAGE HIGH SCHOOL ATHLETICS

Building A LEGACY



HERITAGE ATHLETES ARE ABLE TO COMPETE IN ONE SPORT PER SEASON. TO BE ELIGIBLE TO PLAY, ATHLETES MUST BE REGISTERED THROUGH ATHLETICCLEARANCE.COM AND SUBMIT THE ATHLETIC FORMS TO THE ATHLETICS OFFICE (RECENT PHYSICAL & CURRENT MEDICAL INSURANCE IS REQUIRED), AND ATHLETES MUST MAINTAIN AT LEAST A 2.0 GPA EVERY 6 WEEKS.

FALL

CROSS COUNTRY
BRANDON.JONES@PUHSD.ORG

FOOTBALL
RICHARD.MCCLURE@PUHSD.ORG

GIRLS GOLF
MICHAEL.MATTISON@PUHSD.ORG

GIRLS VOLLEYBALL
DIAMONIQUE.BROGAN@PUHSD.ORG

GIRLS TENNIS
MONTY.MCINTOSH@PUHSD.ORG

BOYS WATER POLO
SHANNON.STEPHENSON@PUHSD.ORG

SIDELINE CHEER
AMY.FRAHN@PUHSD.ORG

WINTER

BOYS BASKETBALL
ADRIAN.CONTRERAS@PUHSD.ORG

GIRLS BASKETBALL
DEANNA.MEIJER@PUHSD.ORG

BOYS SOCCER
WILLIAM.ZUAZO@PUHSD.ORG

GIRLS SOCCER
MICHAEL.MATTISON@PUHSD.ORG

BOYS WRESTLING
OSCAR.NUNEZ@PUHSD.ORG

GIRLS WRESTLING
PRECIOSA.MORENO@PUHSD.ORG

GIRLS WATER POLO
SHANNON.STEPHENSON@PUHSD.ORG

SPRING

BASEBALL
TONY.MARTINEZ@PUHSD.ORG

SOFTBALL
ALVIN.HILL@PUHSD.ORG

BOYS GOLF
MICHAEL.BEES@PUHSD.ORG

BOYS LACROSSE
SHAWN.HILL@PUHSD.ORG

GIRLS LACROSSE
MICHAEL.MATTISON@PUHSD.ORG

BOYS VOLLEYBALL
ALICIA.DILLEY@PUHSD.ORG

STUNT CHEER
AMY.FRAHN@PUHSD.ORG

BOYS TENNIS
HANNAH.ORTEGA@PUHSD.ORG

BOYS & GIRLS SWIM
SHANNON.STEPHENSON@PUHSD.ORG

TRACK & FIELD
RICHARD.MCCLURE@PUHSD.ORG

WELCOME TO THE PATRIOT FAMILY!

STAY CONNECTED

Facebook: @HeritageHSPatriots

Instagram: @Heritagehspats

Brandon Jones
Athletic Director
brandon.jones@puhsd.org

Ana Sandoval
Athletic Secretary
anayeli.sandoval@puhsd.org