Hoover High Athletics

Home of the Patriots

HOOVER ATHLETICS & REGISTRATION INFORMATION PACKET

2025-26 School Year

To try out for our Hoover Athletic Program and particiP.A.T.E. in sports:

P-**Physical** (Get an athletic physical completed after May 1 forms attached).

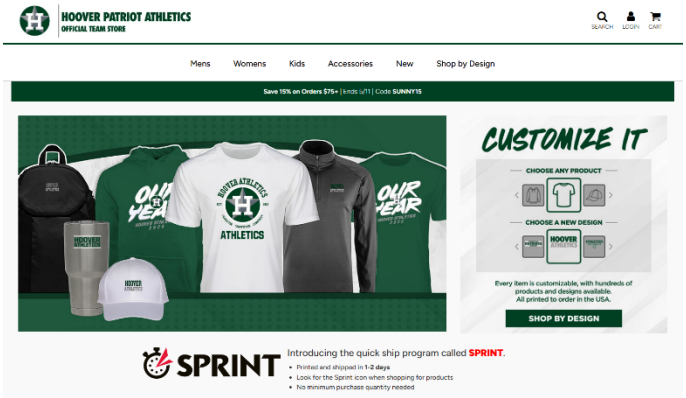
A-**Athletic Clearance/Registration** (After June 1 visit https://www.homecampus.com/clearances to complete the process).

QR Code to HOME CAMPUS

T-**Train to Tryout** (Attend pre-season workouts. Connect with your sport's Head Coach—use attached email list).

E-**Eligible Academically** (Must be passing 4 classes and earn AT LEAST a 2.0 GPA—put the STUDENT first in Student-Athlete).

Hoover Patriot Athletics Official Team Store - FRESNO, California - Sideline Store - BSN Sports



QR code to store

Hoover High Athletics

Home of the Patriots

HOOVER ATHLETICS & REGISTRATION INFORMATION PACKET

2025-26 School Year

Welcome to Hoover High School Athletics! We are happy you are thinking about joining our Patriot Athletic Community, or as we like to call it, the ***Green & White P.A.C.*** There are a few important things to consider before making this decision:

1. **Commitment is a Requirement**—Practice and games are mandatory. Make sure you have room in your family, school, and social life to add the commitment of TEAM to your plate.

2. **Grades Matter**—Student must have at least a 2.0 G.P.A. and be passing 4 classes. Most importantly, student must be on track to graduate. You are a STUDENT first.

3. **Athletic Equipment Needs**—You will be asked to supply your athlete with some sports-specific equipment (for example: cleats, sports bra, practice uniform, etc.). Each program is different, but the coach will clearly provide you with that information.

4. **Parent/Guardian Meeting Attendance**—Every parent/guardian is required to attend their son's/daughter's sport-specific parent meeting, so you are informed and part of our Green & White P.A.C., as well. Families are a critical partner in making this work! Meeting dates and times TBA. Follow Hoover Athletics and each sports program on Instagram: **hooverpatriotathletics**

5. **Completion of Season (Including Multisport Athletes)—**Student must complete entire season of sport (including playoffs) to earn participation certificate or varsity letter or start next sport season.

If you have an Athletic Physical question, email our Certificated Athletic Trainer: cheyenne.raymond@fresnouified.org

If you have a sport-specific question, refer to the attached Head Coach Contact List.

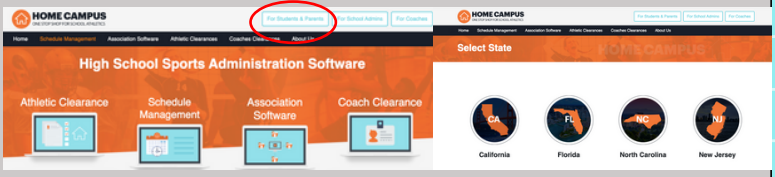
All of this information and more can be found on our Hoover Athletic Website:
https://hoover.fresnounified.org/extra-curriculars/athletics

I look forward to seeing you on the field, court, course, mat and pool. Go Patriots!!!

Dara Johnson, Hoover Athletic Director
Athletic Office: 559-451-4064/Email: dara.johnson@fresnounified.org

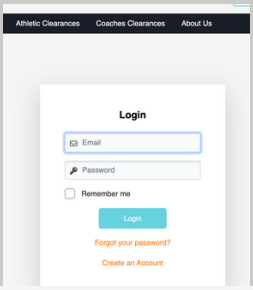
ONLINE ATHLETIC CLEARANCE

1 VISIT HOMECAMPUS.COM
CLICK FOR PARENTS & STUDENTS
SELECT STATE



Return Users
Log into existing account used in previous School Year.

New Users
Create an account. Please register with a valid PARENT/GUARDIAN email address as the username and generate a password.

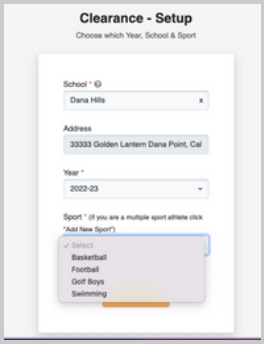


2 SELECT START CLEARANCE HERE

Type in School & Confirm School Address
Select Year
Add Sports

Participating in multiple sports? Use Add New Sport button.

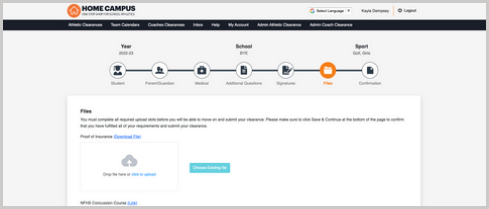
3 COMPLETE ALL REQUIRED FIELDS
Student Information, Parent/Guardian Information, Medical History, Signature Forms, and upload any File(s).



Student Info & Parent Guardian Info
Type in Student & Parent/Guardian Information. This information will be saved for future clearances. Utilize the drop down menu to autofill information for subsequent clearances.

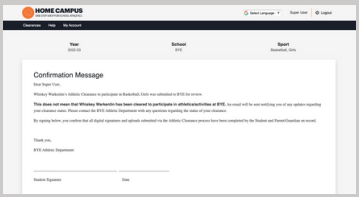
Signatures
Sign required documents by typing in an **EXACT** match of what is on the Student & Parent/Guardian page.

Files
Drag & drop or browse from your computer to add a file. Select Choose Existing File to search for a previously uploaded file.



CLICK
SUBMIT COMPLETED APPLICATION

4 CONFIRMATION MESSAGE



Your clearance is ready for review by your school once you have reached the **CONFIRMATION MESSAGE** page.

THE STUDENT IS NOT CLEARED YET!
THE SCHOOL MUST REVIEW AND CLEAR THE STUDENT. AN EMAIL NOTIFICATION WILL BE SENT ONCE THE SCHOOL HAS REVIEWED AND CLEARED THE STUDENT FOR PARTICIPATION.

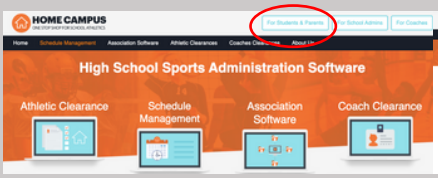
CONTACT HOME CAMPUS
SUPPORT@HOMECAMPUS.COM
ATHLETIC CLEARANCE HELP ARTICLES

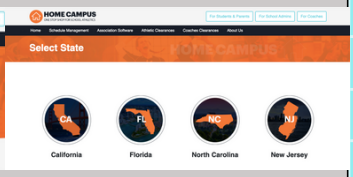
QUESTIONS?
USE THE HELP ICON AT THE BOTTOM RIGHT SCREEN FOR ASSISTANCE!

Help

ONLINE ATHLETIC CLEARANCE

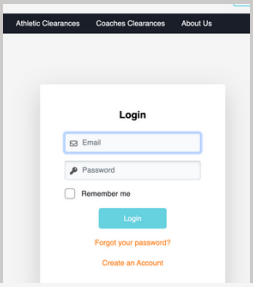
1 VISIT HOMECAMPUS.COM
HAGA CLIC EN PADRES Y ESTUDIANTES
SELECCIONE EL ESTADO





Usuarios recurrentes
Acceda a la cuenta existente utilizada en el curso escolar anterior.

Nuevos usuarios
Crear una cuenta. Por favor, regístrese con una dirección de correo electrónico válida de su PADRE/MADRE/TUTOR como nombre de usuario y genere una contraseña.



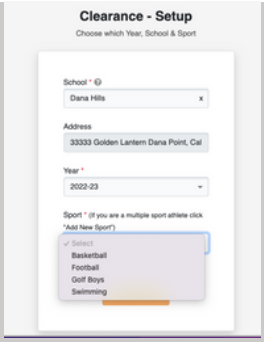
2 SELECCIONE INICIAR LA AUTORIZACIÓN

Escriba el nombre de la escuela y confirme la dirección
Seleccione el año
Añada el deporte

¿Participa en varios deportes? Utilice el botón Añadir Nuevo Deporte. Los deportistas que participen en varios deportes tendrán que crear autorizaciones para cada uno de ellos.

3 COMPLETE TODOS LOS CAMPOS REQUERIDOS

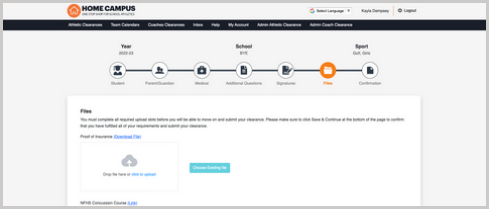
Información del estudiante, información de los padres/tutores, historial médico, formularios de firma y subida de cualquier archivo.



Información para el estudiante y los padres/tutores
Escriba la información del estudiante y de los padres/tutores. Esta información se guardará para futuras autorizaciones. Utilice el menú desplegable para autocompletar la información para autorizaciones subsiguientes.

Firmas
Firme los documentos requeridos escribiendo una copia EXACTA de lo que aparece en la página del estudiante y padres/tutores.

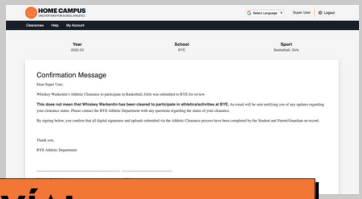
Archivos
Arrastra y suelta o navega desde tu computadora para agregar un archivo. Seleccione Elegir archivo existente para buscar un archivo cargado anteriormente.



HAZ CLIC
ENVIAR SOLICITUD COMPLETA

4 MENSAJE DE CONFIRMACIÓN

Su autorización está lista para ser revisada por la escuela una vez que haya llegado a la página de MENSAJE DE CONFIRMACIÓN.



¡EL ESTUDIANTE NO ESTÁ AUTORIZADO TODAVÍA!
LA ESCUELA DEBE REVISAR Y AUTORIZAR AL ESTUDIANTE. SE ENVIARÁ UNA NOTIFICACIÓN POR CORREO ELECTRÓNICO UNA VEZ QUE LA ESCUELA HAYA REVISADO Y AUTORIZADO LA PARTICIPACIÓN DEL ESTUDIANTE.

CONTACTE A HOME CAMPUS
SUPPORT@HOMECAMPUS.COM
ARTÍCULOS DE AYUDA PARA LA AUTORIZACIÓN DE LOS DEPORTISTAS

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N		
Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s) _____		
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 • Herpes simplex virus (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 of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots ☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. 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?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

Only this page needs to be uploaded to Home Campus

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ 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 certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

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).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____