

ATHLETIC COMPETITION

Nondiscrimination and Equivalent Opportunities in the Athletic Program

No person shall on the basis of actual or perceived sex, age, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability or on the basis of a person's association with a person or group with in one or more of these actual or perceived characteristics be excluded from participation in, be denied the benefits of, be denied equivalent opportunity in, or otherwise be discriminated against in interscholastic, intramural or club athletics.

The Superintendent or designee may provide single-sex teams where selection for the teams is based on competitive skills.

When a school provides only one team in a particular sport for members of one sex, but provides no team in the same sport for members of the other sex, and athletic opportunities in the total program for that sex have been previously limited, members of the excluded sex shall be allowed to try out for the team.

When determining whether equivalent opportunities are available to both sexes in athletic programs, the Superintendent or designee shall consider, among other factors:

1. Whether the selection of sports and levels of competition offered effectively accommodate the interests and abilities of both sexes;
2. The provision and maintenance of equipment and supplies;
3. Scheduling of games and practice times, selection of the season for a sport, and location of the games and practices;
4. Travel and per diem allowances;
5. Opportunities to receive coaching and academic tutoring;
6. Assignment and compensation of coaches and tutors;
7. Provision of locker rooms, practice and competitive facilities;
8. Provision of medical and training facilities and services;
9. Provision of housing and dining facilities and services; and/or
10. Publicity.

In order to help ensure that the district's athletic program effectively accommodates the interests and abilities of both sexes in athletics within the meaning of 5 CCR 4922, the district shall use the following criteria:

1. Whether the interscholastic level participation opportunities for male and female students are provided in numbers substantially proportionate to their respective enrollments.
2. When the members of one sex have been and are underrepresented among interscholastic athletes, whether the district can show a history and continuing practice of program expansion that is demonstrably responsive to the developing interest and abilities of the members of that sex.
3. When the members of one sex are underrepresented among interscholastic athletes, and the district cannot show a history and continuing practice of program expansion as required in item #2 above, whether the district can demonstrate that the interest and abilities of the members of that sex have been fully and effectively accommodated by the present program.

Parental Notifications

Before a student participates in interscholastic athletic activities, the Superintendent or designee shall send a notice and clearance to participate form to the student's parents/guardians which:

1. Explains that there is an element of risk associated with all athletic competitions and that the district cannot guarantee that students will not be injured, despite its commitment to provide for every participant's health and welfare;
2. Requires parental permission for the student to participate in the program and, if appropriate, be transported by the school to and from competitions; and
3. States the Governing Board's expectation that students adhere strictly to all safety rules, regulations and instructions, as well as rules and guidelines related to conduct and sportsmanship.
4. Requires clearance from a physician stating the student is eligible to participate.

Adopted: September 24, 2008

INSURANCE WAIVER AND PARENT’S CONSENT

(Student’s Last Name)

(Student’s First Name)

IT IS CERTIFIED THAT THE ABOVE NAMED STUDENT IS COVERED BY VALID INSURANCE WHICH PROVIDES:

1. At least \$1,500 insurance protection for medical and hospital expenses resulting from accidental bodily injuries incurred while participating in, practicing for, and/or traveling to and from inter-school athletic contests or other school activities.
2. This insurance provides for payment of medical and hospital benefits in the amounts equal to or exceeding the minimum medical fee schedule in use by the Industrial Accident Commission for purposes of medical and hospital benefits under Division 4 of the Labor Code.
3. This insurance required is issued by an admitted insurer, or through a benefit and relief association described in subparagraph (l) or subdivision (c) of Section 10493 of the Insurance Code.

PARENT’S STATEMENT

I will maintain the stated coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet state requirements.

I have read the Guidelines for Athletic Participation and Eligibility and agree to the provisions contained therein. I hereby give my consent for the above named student to compete in sports and to travel with a representative of the school, in approved method of transportation, to all athletic contests. In the event this pupil is injured you are authorized to have him/her treated.

(Date)

(Signature of Parent/Guardian)

PREPARTICIPATION PHYSICAL EVALUATION *(for Physicizn)* page -2-

PHYSICAL EXAMINATION

Name _____ Date of Birth _____
 Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____ / ____)
 Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS <small>(Station-based examination only)</small>
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

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

PREPARTICIPATION PHYSICAL EVALUATION *(for Physician)* page -2-

PHYSICAL EXAMINATION

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

	NORMAL	ABNORMAL FINDINGS	INITIALS <small>(Station-based examination only)</small>
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

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

Revised 3/29/04
Mandatory

PREPARTICIPATION PHYSICAL EVALUATION (for family)

HISTORY

Date of Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

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 sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? 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"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. 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, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a history of Marfan's Syndrome in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
7. Is there a history of premature (prior to age 50) onset of diabetes in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
8. 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
9. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upperarm	<input type="checkbox"/> Foot	
	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	17. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		

Explain "Yes" answers here (may use back of form also):

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 _____