

Preparticipation Physical Evaluation

HISTORY FORM

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) _____	(W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

		Yes	No		Yes	No																
1. Has a doctor ever denied or restricted your participation in sports for any reason?		<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>																
2. Do you have an ongoing medical condition (like diabetes or asthma)?		<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>																
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?		<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>																
4. Do you have allergies to medicines, pollens, foods, or stinging insects?		<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>																
5. Have you ever passed out or nearly passed out DURING exercise?		<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>																
6. Have you ever passed out or nearly passed out AFTER exercise?		<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>																
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>																
8. Does your heart race or skip beats during exercise?		<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>																
9. Has a doctor ever told you that you have (check all that apply):				32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High blood pressure				33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High cholesterol				34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> A heart murmur				35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> A heart infection				36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>																
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)		<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>																
11. Has anyone in your family died for no apparent reason?		<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>																
12. Does anyone in your family have a heart problem?		<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																
13. Has any family member or relative died of heart problems or of sudden death before age 50?		<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>																
14. Does anyone in your family have Marfan syndrome?		<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>																
15. Have you ever spent the night in a hospital?		<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>																
16. Have you ever had surgery?		<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>																
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:		<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>																
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:		<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>																
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:		<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 8%;">Head</td> <td style="width: 8%;">Neck</td> <td style="width: 8%;">Shoulder</td> <td style="width: 8%;">Upper arm</td> <td style="width: 8%;">Elbow</td> <td style="width: 8%;">Forearm</td> <td style="width: 8%;">Hand/fingers</td> <td style="width: 8%;">Chest</td> </tr> <tr> <td>Upper back</td> <td>Lower back</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Calf/shin</td> <td>Ankle</td> <td>Foot/toes</td> </tr> </table>				Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes	FEMALES ONLY 47. Have you ever had a menstrual period? <input type="checkbox"/> <input type="checkbox"/> 48. How old were you when you had your first menstrual period? _____ 49. How many periods have you had in the last 12 months? _____		
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest															
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/toes															
20. Have you ever had a stress fracture?		<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____																		
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		<input type="checkbox"/>	<input type="checkbox"/>	_____																		
22. Do you regularly use a brace or assistive device?		<input type="checkbox"/>	<input type="checkbox"/>	_____																		
23. Has a doctor ever told you that you have asthma or allergies?		<input type="checkbox"/>	<input type="checkbox"/>	_____																		

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 _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had at least 1 drink of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc. | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

[†]Having a third party present is recommended for the genitourinary examination.

Notes:

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

CUPERTINO HIGH SCHOOL
ATHLETIC EMERGENCY INFORMATION

School Year: 200__-200__

Please Print Legibly

Student's Name _____

Last First

Address: _____

Street Apt.#

City Zip Code

Parent/Guardian: _____

Name

Home Telephone:(____) _____

Work Telephone:(____) _____

Parent/Guardian: _____

Name

Home Telephone:(____) _____

Work Telephone:(____) _____

Date of Birth _____ Grade _____

Month Day Year

Who to contact in case of emergency other than parents:

Name: _____ Telephone:(____) _____

Name: _____ Telephone:(____) _____

Physician: _____

Physician Telephone:(____) _____

Dentist: _____

Dentist Telephone:(____) _____

Insurance Carrier: _____

Insurance Policy Number: _____

Special Health Considerations (allergies, medications, etc.): _____

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Signature of Parent/ Guardian: _____ **Date:** _____

Fremont Union High School District

Extracurricular and Co-curricular Activities

Code of Conduct

Students who participate in the district's Extracurricular and Co-curricular activities are representatives of the school and the District therefore they are expected to model positive behaviors. Participation in these activities is a privilege, conditioned up on meeting the eligibility criteria established by the Board, administration, and individual activity coaches and advisors. Each student participant and his/her parent/guardian are required to read and agree to the district's Code of Conduct before participation in Extracurricular and Co-curricular activities.

The Board's policy and the Code of Conduct cover the following activities:

Athletics, band, instrumental and vocal music performances, drama productions, speech contests, all honorary and elected offices (e.g. Homecoming King/Queen/court, class officer, student government officer or representative), state contests and performances for cheerleading and drill team, mock trial, or any other activity where the student represents the Fremont Union High School District in a defined competition/contest.

Expectations

Students will:

- Demonstrate cooperative attitudes and participate to personal capacity
- Demonstrate high standards of ethics and sportsmanship
- Understand and strive to maintain academic excellence and participation eligibility

Eligibility for Participation

To be eligible for participation, students must meet district academic and attendance requirements as well as student conduct expectations.

Academic

Students must adhere to district academic eligibility policies as outlined in BP/AR 6145 (see below) Failure to meet academic standards results in ineligibility until the re-establishing of academic eligibility the Monday following the distribution of grades to students.

Attendance

In order to participate in co-curricular activities, the student must be in attendance at school, meeting the requirements of minimum day, as defined by Education Code, on the day of the activity unless the absence is excused.

Student Conduct

To maintain eligibility for participation in Fremont Union High School District extracurricular activities, student must conduct themselves as good citizens both in and out of school at all times. Students who represent the school in an activity are expected to serve as good role models to other students and to members of the community.

Loss of eligibility, due to poor student conduct, takes place when one or more of the following conditions occur:

- Engaged in any school suspendable offenses (violations Education Code 48900 et. al and Board Policy 5144.1)
- Involvement in cheating, gambling, accepting gratuities
- Engagement in disrespectful conduct including profanity, obscene gestures, offensive remarks of a sexual or slanderous nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals, the activity or the school community
- Demonstration of poor sportsmanship and/or retaliation against teammates, coach, staff, parents, members of other teams (including coaches)
- Use of any illegal substances including alcohol, tobacco and drugs
- Engagement in any school suspendable offense or criminal behavior.

Ineligibility

Any student who fails to meet Student Conduct expectations during the period of the school year in which she/he participates in a school-sponsored activity is subject to a loss of eligibility. The loss of eligibility means:

- One-week suspension from competition/participation in all school sponsored activities from the date of suspension.
- Mandatory referral to counseling – Student Advocates or outside agencies/professionals
- Required administrative/coach-advisor/parent/student conference
- Law enforcement contact if appropriate
- Additional sanctions will be imposed for subsequent violations of district disciplinary rules including possible removal from the sport/activity for the remainder of the year.
- An ineligible student shall attend all practices or rehearsals but will not “suit up” or perform/participate.
- Any student holding a leadership position (e.g. ASB, Class Officer, Spirit member, etc.) that loses eligibility due to poor student conduct will be removed from their leadership position for the remainder of the academic year.

Coach/Advisor/Administration Sanctions

The Administration, coach and/or advisor have the right and the power to impose other additional penalties or consequences, separate and apart from the penalties listed above, in response to serious violations of the School District’s policies, team/activity rules and/or community laws. Examples of additional sanctions for ineligibility are not limited to:

- While performing in an activity, the student violates Education 48900 and/or BP5144, the coach/advisor may remove the student from the team; the reasoning supporting the coach/advisor’s decision is: the student’s actions are detrimental to the reputation of the team and/or to the need to maintain a harmonious environment for the other team members.
- While on a team sponsored activity away from school, the student violates team/district rule for the trip, the student may be removed from the team: The coach/advisor views the action as detrimental to the team.

Additional Guidelines

The school’s interest and intent is to expect and support positive student behavior at all times and to discourage or deter illegal, immoral, unhealthy, or highly inappropriate behavior. Serious violations of school rules or community laws that occur during the time a student is enrolled in the Fremont Union High School may result in the student’s ineligibility for participation.

Appeals

Student or the student’s parent(s) or legal guardian may appeal the decision on eligibility by notifying the Principal in writing of the desire to appeal. By the conclusion of the third school day after an appeal has been files, the Principal will issue a decision on the appeal of the alleged violation of Code of Conduct. The student will not be allowed to participate in any contest during the appeal process.

BP/AR 6145(a)

Academic Eligibility Requirements:

To be eligible to participate in extracurricular and co-curricular activities, students must demonstrate satisfactory educational progress in the previous grading period including but not limited to:

1. Be on target for graduation. To be considered on target, a student must be passing courses totaling 25 or more credits each semester.
2. Be enrolled in courses totaling 25 or more credits (may include community college courses) each semester:
 - a. Exception: Seniors who are on target for graduation and are enrolled in, and passing, courses totaling 20 or more credits
3. Maintain a minimum of a “C” (2.0) GPA average at the end of each grading period (progress report grades and/or semester grades)
4. Freshmen enter on probation. Eligibility for freshmen in the fall will be established at the end of the first grading period

Athletic Eligibility Requirements:

1. Eligibility for transfer students must meet CCS guidelines.
2. Eligibility will be determined based on grades from the most recent grading period (on the Monday following posting of grades to SASI)

Probation:

1. A student may be placed on probation when he/she fails to maintain a “C” (2.0) GPA.
 - a. The student must be passing the equivalent of a minimum of 25 credits each semester.
2. A student may not be placed on probation for consecutive grading periods.

We have read and understand the Fremont Union High School District’s Code of Conduct for students participating in extra-curricular and co-curricular activities.

ACTIVITY/SPORT

PRINT STUDENT NAME (LAST, FIRST)

STUDENT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

Fremont Union High School District

Athletics Participation

Risk Warning:

It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity includes, but are not limited to, serious neck and spinal injured which may result in complete or partial paralysis, brain damage, muscles, tendons, and other aspects of the muscular skeletal system, serious injury or impairments to other aspects of my body, general health and well-being, and death. It is understood that the dangers and risks of playing or practicing to play/participate in the above sport/activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Steroids:

The Governing Board recognizes that the use of steroids and other performance-enhancing supplements presents a serious health and safety hazard. As part of the district's drug prevention and intervention efforts, the Superintendent or designee and staff shall make every effort to ensure that students do not begin or continue the use of steroids or other performance-enhancing supplements. Student athletes prohibit the use and abuse of steroids.

The student athlete agrees that he/she shall not use steroids, unless the student has a written prescription from a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

A student who is found to have violated the agreement or this policy shall be restricted from participating in athletics and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with the law, Board policy, and administrative regulations.

We have read and understand the Fremont Union High School District's Code of Conduct for student athletes regarding steroids use and other performance enhancing supplements.

Activity / Sport

Print Student Name (Last , First)

Student Signature

Date

Parent / Guardian Signature

Date



Cupertino High School Athletics

10100 Finch Ave Cupertino, Ca 95014 (408) 366-7380 Fax (408) 255-8466

Athletic Directors

Craig Ellegood (408) 366-7310 Email: craig_ellegood@fuhdsd.org
Lacey Berry (408) 366-7388 x4819 Email: lacey_berry@fuhdsd.org

Dear Parents and Athletes,

The Athletic Department is requesting a \$60.00 donation for each athlete for each sport they participate in. This money helps offset some of the following costs: officiating, uniforms, equipment, etc. A third of this amount will go to the team the athlete is playing for. The team portion of the money can be used at the coach's discretion for other team needs such as tournaments, team party, etc.

We would appreciate your support for the athletics so that we can continue to maintain a high quality program that athletes will be proud to be a part of.

Sincerely,

Craig Ellegood & Lacey Berry
Athletic Directors

Please fill out the line below and return:



.....

Athlete Name: _____

Sport: _____

Donation amount: _____

Please make checks payable to:
CHS Athletic Department