

THINGS TO KNOW ABOUT SPORTS AT SAN DIEGUITO ACADEMY

In order to be eligible to participate on a sports team, you must first have the following items turned into the Athletic Director's office. All forms must be filled out completely and turned in prior to the beginning of the sports season. Failure to complete any of these forms will make you ineligible.

This packet should only be completed ONCE for each school year. Check the website for specific sport signup dates and information.

- Emergency Release Form
- SDA Sports Physical Form (2-sided)
- Proof of Medical Insurance Coverage (copy of insurance card)**
- CIF Code of Ethics

- SDUHSD Code of Conduct
- SDA Transportation Waiver Form
- GPA (copy of most recent report card)**
- SDUHSD Release of Liability
- Steroid Use Policy

Emergency Release Form: This form is the ONLY form you need to fill out **every time** you try out for a team.

SDA Sports Physical Form: This form must be SIGNED/DATED by the physician in order to be accepted.

Proof of Medical Insurance: You must provide a Xerox copy of your medical insurance coverage (card).

GPA: SDA requires all students to turn in a Xerox copy of his/her up-to-date GPA when starting a new sport(s) season.

CIF Code of Ethics: The athlete must sign this form. It should be turned in with the athletic packet.

SDUHSD Code of Conduct: The athlete and parent must sign this form.

Steroid Use Policy: The athlete and parent must sign this form.

- Athletic Transportation
- GPA

Athletic Transportation: Athletes are responsible for attending their athletic events on or off-campus. Athletic transportation is provided as an optional service per coach(s) request. The athletic transportation fee for the 2009-2010 school year is \$100 .

Checks should be made payable to: SDUHSD.

Grade Point Average: You must have a 2.0 GPA in order to be eligible for a team. All STUDENT(S) must include a copy of their last report card in this packet.

- Physicals
- Equipment

Physicals: A physical is required before participation in sports is permitted. A physical from your personal physician may be obtained or the school provides an optional physician's service in early June as a convenience to students. A nominal fee is charged to cover the costs. This physical will cover the following academic year.

Equipment: Students who make the team will be issued equipment. If the equipment is lost, stolen or not returned at the end of the season, a fee will be charged for repairs to, or replacement of, the equipment. Failure to return or pay for lost, stolen or repairs to equipment will affect the student's eligibility in other sports and graduation.

Athletic Eligibility Form

San Dieguito Academy

FALL SPORTS (Sept.-Nov.)

Cross Country
Girls Field Hockey
Girls Golf
Girls Tennis
Girls Volleyball

WINTER SPORTS (Nov.-Feb.)

Girls Basketball
Boys Basketball
Girls Soccer
Boys Soccer
Wrestling

SPRING SPORTS (March-May)

Baseball
Boys Golf
Boys Lacrosse
Girls Lacrosse
Girls Softball
Boys Volleyball
Boys Tennis
Track & Field

Athletic Eligibility Info for Entering Ninth Grade Students

1. You must have at least a 2.0 grade point average from your last semester in order to be eligible to tryout. Please attach a copy of your June report card to your packet. You must include a copy of your summer school report card if it helps raise your GPA to 2.0.
 2. If you make a team that requires you leave from a class early, "A Weekly Early Release Schedule" is emailed to SDA staff and faculty. Please let your teacher know as you enter that class that you would like to leave early so they can plan ahead.
 3. You must have medical insurance coverage and be able to prove it. The school has paper work available for the Myers-Stevens Insurance Co. for those of you who are not insured or would like extra insurance. The forms are available in the Athletics Office.
 4. You must have a physical from your doctor in order to tryout. Physicals are good for ONE calendar year and must cover you through your entire sports season. Please think ahead when making your doctor appointments. **If you do not have a current physical you will not be allowed to tryout. There are no exceptions.**
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Pre-Participation Physical Evaluation

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ Pulse _____
 Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	Initials*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart - Auscultation of the heart in the supine position			
Heart - Auscultation of the heart in the standing position			
Heart - Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Skin			
Musculoskeletal			
Neck			
Back			
Should/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation
for: _____

- Not cleared for: _____ Reason: _____

Recommendations:

The following must be filled in and signed by either a Physician or D.O.

Name of physician (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Pre-participation Physical Evaluation

Date of Exam _____

HISTORY

Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____
 School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____

In Case of Emergency, Contact

Name _____ Relationship _____ Phone _____

Explain "Yes" answers below.

- | | YES | NO |
|--|-------|-------|
| 1. Have you had a medical illness or injury since your last checkup or sports physical? | _____ | _____ |
| 2. Have you ever been hospitalized overnight? | _____ | _____ |
| 3. Have you ever had surgery? | _____ | _____ |
| 4. Are you currently taking prescription or nonprescription medications or using an inhaler? | _____ | _____ |
| 5. Have you ever taken vitamins or supplements to help you gain or lose weight or improve your performance ? | _____ | _____ |
| 6. Do you have any allergies (ex. – pollen, medicine, food, or stinging insects?) | _____ | _____ |
| 7. Have you ever had a rash or hives develop during or after exercise? | _____ | _____ |
| 8. Have you ever passed out during or after exercise? | _____ | _____ |
| 9. Have you ever been dizzy during or after exercise? | _____ | _____ |
| 10. Have you ever had chest pain during or after exercise? | _____ | _____ |
| 11. Do you get more tired than your friends do during exercise? | _____ | _____ |
| 12. Have you ever had racing of your heart or skipped heartbeats? | _____ | _____ |
| 13. Have you had high blood pressure or high cholesterol? | _____ | _____ |
| 14. Have you ever been told you have a heart murmur? | _____ | _____ |
| 15. Has any family member or relative died of heart problems or of sudden death before age 50? | _____ | _____ |
| 16. Have you had a severe viral infection? (ex- mono-nucleosis or myocarditis) within the past month? | _____ | _____ |
| 17. Has a physician ever denied or restricted your participation in sports for any heart problems? | _____ | _____ |
| 18. Do you have current skin problems? (ex – itching, rashes, acne, blisters, fungus) | _____ | _____ |
| 19. Have you ever had a head injury or concussion? | _____ | _____ |
| 20. Have you ever been knocked out, become unconscious, or lost your memory? | _____ | _____ |
| 21. Have you ever had a seizure? | _____ | _____ |
| 22. Do you have frequent or sever headaches? | _____ | _____ |
| 23. Have you ever had numbness or tingling in your arms, legs, hands, or feet? | _____ | _____ |
| 24. Have you ever had a stinger, burner, or pinched nerve? | _____ | _____ |
| 25. Have you ever become ill from exercising in the heat? | _____ | _____ |
| 26. Do you cough, wheeze or have trouble breathing during or after activity? | _____ | _____ |
| 27. Do you have asthma? | _____ | _____ |
| 28. Do you have seasonal allergies that require medical treatment? | _____ | _____ |

- | | YES | NO |
|--|------------------|---------------|
| 29. Do you use any special protective or Corrective equipment or devices that aren't usually used for your sport or position (ex-knee brace, neck roll, foot orthotics, hearing aid) | _____ | _____ |
| 30. Have you had any problems with your eyes or vision? | _____ | _____ |
| 31. Have you ever had a sprain, strain, or swelling after injury? | _____ | _____ |
| 32. Have you broken or fractured any bones or dislocated any joints? | _____ | _____ |
| 33. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | _____ | _____ |
| If yes, check and explain below. | | |
| ___ Head | ___ Elbow | ___ Thigh |
| ___ Neck | ___ Forearm | ___ Knee |
| ___ Back | ___ Wrist | ___ Shin/Calf |
| ___ Chest | ___ Hand | ___ Ankle |
| ___ Shoulder | ___ Finger | ___ Foot |
| ___ Upper Arm | ___ Hip | |
| 34. Do you want to weigh more or less than you do now? | _____ | _____ |
| 35. Do you lose weight regularly to meet weight requirements for your sport? | _____ | _____ |
| 36. Do you feel stressed out? | _____ | _____ |
| 37. Record the dates of your most recent immunizations for: | | |
| Tetanus _____ | Measles _____ | |
| Hepatitis B _____ | Chickenpox _____ | |

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Furthermore, I consent to the performance of a sports physical exam, and I hereby authorize the athletic director, school nurse, or their designated agents to access and utilize my complete pre-participation physical evaluation.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

ATHLETE'S AGREEMENT

I understand that:

- A. I must be passing at least four (4) subjects and carry at least at 2.0 GPA in order to participate in athletic program.
- B. I must attend at least two (2) periods of classes on the school day in which I have practice or contests.
- C. I must read, sign, and turn in the SDA Athletic Emergency Release for every sport I try out for.
- D. I must turn in a current physical. I am aware that physicals are good for one calendar year.
- E. I must turn in a Xerox copy of my insurance card proving that I have medical insurance.
- F. The use or possession of alcohol, tobacco (chewing or smoking), or drugs during practice or the playing season will result in my being banned from athletic participation.
- G. I am aware that serious catastrophic injury can result from any athletic participation. A handicapping injury or death can occur even under optimum conditions (equipment, coaching techniques, playing surfaces),
- H. The Varsity letter is a symbol of SDA athletics and remains the property of the school until my graduation; the wearing of the letter carries certain responsibilities. This *privilege* may be withdrawn at any time by school administration.
- I. As a representative of SDA, my conduct and sportsmanship will always reflect the school philosophy. Behavior contrary to the school philosophy will result in my being banned from athletic participation.
- J. I am financially responsible for any gear issued to me. I realize that I will be billed for any item I am issued but do not return at the end of the seasons. I understand that by neglecting to return or pay for any items, I am putting my participation in the graduation ceremony in jeopardy.

I will take care of the following items with my coach once I have made the team:

- K. I agree to pay an athletic transportation fee as designated by the school.
- L. I must read, sign, and turn in the SDUHSD extra-curricular Code of Conduct.
- M. I must read, sign, and turn in the two page CIF Ethics in Sports.
- N. I must read, sign, and turn in the Transportation Waiver Form.

Athlete's Signature: _____ Date: _____

PARENT'S AGREEMENT

We, the parents/or legal guardian have read the athlete's agreement and understand item "J." We also understand and agree that my child is subject to all SDA and SDUHSD as well as all athletic, CIF, and extra-curricular Code of Conduct rules. We also understand and agree that we are financially responsible for any items lost, stolen, or damaged by my child.

Parent/Guardian Signature: _____ Date: _____