

El Diamante High School Athletics Clearance

Please complete and return this packet to the athletic director in the attendance office by the deadline each season. This packet will be valid for one calendar year from the date on the physical form.

Deadlines:

1. Fall - June 1 (incoming freshmen June 30 or before first day of practice if starting after this date)
2. Winter - November 1 (Or before the first official practice for off season)
3. Spring - January 15 (Or before the first official practice for off season)

A complete packet will include:

1. Parent or guardian permit for athletic participation - signed by both the parent/guardian and the student
2. Completed Family ID online registration
3. Completed sports physical signed and dated by valid medical physician

**My Child plans to try out for the following sports this year
(circle up to 3 total - one each season):**

Fall:	Football	Volleyball	Water Polo	Girls Tennis	Girls Golf	Cross Country	Sideline Cheer
Winter:	Basketball	Soccer	Wrestling	Competition Cheer			
Spring:	Baseball	Softball	Swimming/ Dive	Track	Boys Tennis	Boys Golf	Stunt Cheer

Student Name: _____ ID # _____

Circle Grade in School for school year this physical will represent:

Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)

PARENTS/GUARDIANS/SPECTATORS PLAY KEY ROLES

As we approach the beginning of another school year, parents and student-athletes will be asked to review the Visalia Unified School District Athletic Handbook to review our district guidelines which can be found on our school website. A hard copy can be provided per request. Because our extracurricular lives seem to exist in a highly competitive environment, it is sometimes easy to forget that the real mission of our programs is to provide opportunities for all young people in our school to participate equally under the rules of an activity and enjoy playing the activity.

As parents and coaches, our roles should be compatible. We all should promote and reinforce sportsmanship, teamwork, unity, compliance with eligibility rules and the value of team membership. Unfortunately, we have not had a chance to view many positive role models on television or at professional sporting events. In the eyes of some people, it seems to be more important to show clips of fights; penalties; negative, rather than positive, acts of good sportsmanship, and athletes violating laws with regard to alcohol or drugs. As a school and community, it should be our position to bring our athletic and cocurricular participants into compliance with the CIF Central Section, Visalia Unified School District, and El Diamante High School.

What can you do as a parent? State your position openly and clearly. Many students report they do not know how their parents feel about sportsmanship or the use of alcohol, drugs or tobacco among their friends. Verify your teen's whereabouts. Most drinking goes on at parties where there is no supervision. Communicate with other parents. Most will appreciate it. A few may not. Set the example for sportsmanship. Get acquainted with your student's friends. Praise your student's efforts as well as their accomplishments. Be supportive of the coaches, including their rules, principles and decisions.

The spirit of this information is to get the school, community and parents working together to deliver a consistent message to our young people. At El Diamante High School, it is our goal to enhance the health and development of our young people through co-curricular activities. The true champion is the one who treats an opponent with respect, positively prepares themselves, plays by the rules of the game, is in compliance with CIF and VUSD rules and regulations, attends practices consistently, and supports sportsmanship.

Thank you for being interested in and supporting our students in these activities at our school. I encourage you to join the Miner Foundation (edhsminerfoundation@gmail.com) or the booster club for the sport your student participates in. Contact your students' head coach to learn more about each sports booster club. All coaches and their contact information can also be found on our school websites athletics page.

El Diamante High School Athletic Director
Kimberly Watamura, PhD
kwatamura@vusd.org

PARENT or GUARDIAN PERMIT FOR ATHLETIC PARTICIPATION

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long-term catastrophic injury. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Players must obey all safety rules, report all physical problems to the athletic trainer, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Permission Form, we acknowledge that we have read and understood this warning. Parents or students who do not wish to accept the risks described in this warning should not sign this permission form. By signing this form it allows my student's medical information to be shared with appropriate medical staff when necessary in compliance with Health Insurance Portability and Accountability Act (HIPAA) Regulations.

I hereby give my consent for my child, _____, to compete in athletics for El Diamante High School (EDHS) and I have read and understand the general guidelines for eligibility as outlined in the California Interscholastic Federation Central Section (CIFCS).

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the CIFCS.

Student Signature _____ Date _____

*** No student shall represent EDHS in interscholastic athletics until there is a statement on file with the athletic director signed by his/her parent or legal guardian and a signed physical form verified by the EDHS nursing staff certifying that he/she has passed an adequate physical examination within the past calendar year; noting that in the opinion of the examining physician, physician's assistant, or nurse practitioner that are school physical certified, is physically fit to participate in high school athletics; that student has the consent of his/her parents or legal guardian to participate; and, the parent and participant have read, understand and agree to the CIFCS guidelines for eligibility.

The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner. If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician and ensures this is on file with the EDHS Athletic Trainer.

Family ID Instructions

Family ID is an online registration used by VUSD as a secure registration platform to provide you with an easy, user-friendly way to register for our programs, and helps us to be administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your profile. You enter your information only once for each family member for multiple uses and multiple programs.

BEFORE YOU REGISTER:

Be aware that each athlete must have a completed sports physical using the Visalia Unified School District Physical Packets.

INFORMATION NEEDED TO REGISTER

It will be helpful to have the following information handy to allow for accurate complete of you online registration:

- Doctor information
- Health Insurance information
- Student ID Number

REGISTRATION PROCESS:

A parent/guardian should register by going to our school athletics website (edhsminersathletics.com), the ABOUT tab at the top and finally LINKS. Then please follow these steps:

1. Scroll down to the PROGRAMS box and click on the correct school year
 - a. If this is your first time, click the blue CREATE ACCOUNT button at the bottom of the page.
 - i. *When creating* your secure FamilyID account, enter the account owner's First and Last names (parent/guardian), E-mail address and password. Select *I Agree* to the Family ID Terms of Service. Click *Create Account*.
 - ii. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.).)
 - iii. Click on the link in your activation email, which will log you into FamilyID.
 - b. If you are returning from last year, click the blue LOG IN button at the bottom of the page
2. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
3. Click the *Save & Continue* button when you form is complete.
4. Review your registration summary.
5. Click the green *Submit* button. After selecting *Submit* the registration will be complete. You will receive a complete email from Family ID confirming your registration.

Principal	Asst. Principals	Athletic Director	Activities Director
Kim Nelson	Nancy Nauman Cuca Atherton Melissa Garcia Carlos Quevedo	Kimberly Watamura	Ruby McBride

HISTORY: This side to be completed and signed by parent and student.
Next page to be completed, signed and stamped by MD,DO,NP or PA
Completed form to be turned into Health Office at least 48 hrs prior to athletics participation

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Grade: _____ ID#: _____ Sport(s): _____

Address: _____ Phone: (_____) _____

Personal Physician/Provider: _____

Explain "Yes" answers below.

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

Explain "Yes" Answers Here:

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

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

PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS

NAME _____	Student ID# _____	Date of Birth _____
Height _____ Weight _____ BMI (optional) _____ Pulse _____ BP _____ / _____ (____ / ____ / ____)		
Vision: R 20/ _____ L 20/ _____ Corrected: Yes No Pupils: Equal _____ Unequal _____		

EMERGENCY INFORMATION
Allergies/Other: _____

	Normal	Abnormal Findings	Initials*
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			

Date of last Tdap booster: _____ Varicella Documentation: _____

CLEARANCE

- Cleared without restriction, may compete in : All Sports Contact Sports Non-Contact Sports
- Cleared, with recommendations for further evaluation or treatment for:
- Not cleared for: All Sports Certain Sports:

Name of Physician/Provider: (print/type/stamp) (MD, DO, NP or PA) _____

Address: _____

Phone: _____ **Date of Exam:** _____

Signature of Physician: _____

MEDICAL OFFICE STAMP (Required)

THIS EXAM MUST HAVE A STAMP, SIGNATURE, AND DATE OF EXAM