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## LINFIELD CHRISTIAN HIGH SCHOOL

### ATHLETIC DEPARTMENT PARTICIPATION PACKET

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## **General Rules For Participation**

1. Clearance to play - No student athletes will be permitted to try out or practice unless they are enrolled in Linfield and have been cleared by the Athletic Department for participation. Injured athletes who are unable to participate must be re-cleared by Linfield's Athletic Trainer in order to return to practice or competition. Also, Failure to pay school fees and/or athletic fees may jeopardize clearance.
2. Playing time – Playing time is a privilege, not a right. It is earned by the player and awarded by the coach. At the Varsity level, coaches are expected to start and play the student-athletes who are best able to win the game. Because it can be difficult to not play, we encourage an open dialogue about playing time between the player and coach.
3. Drugs and alcohol - Validated use or possession of illegal drugs, tobacco, or alcohol will result in immediate dismissal from the team for the remainder of the season.
4. Quitting a team - A student/athlete may leave a sport for any reason prior to the first contest without penalty. However, if an athlete quits a team after the first contest, s/he will be ineligible to participate for the remainder of that season as well as the next season of sport. For example, if s/he quits during the fall season, s/he will be ineligible to participate in athletics for the fall and winter seasons.
5. Release from a team - An athlete may, at any time, request to be released from a team due to special circumstances. The head coach may release an athlete for reasons such as physical or mental inability to participate on the team. This type of dismissal carries no penalty and the athlete will be eligible for other sports.
6. Removal from a team - Athletes involved in activities that reflect negatively upon the team or the school are subject to suspension or removal from the team. An athlete who is removed from a team will need to be re-cleared by the Athletic Director and Principal to participate in any following sports.
7. Academic eligibility - An athlete MUST BE currently enrolled as a full time student and maintain a minimum 2.0 GPA and have no more than one 'F' for the most recent formal grading period (quarter and semester grades).
8. Student drivers – Due to special circumstances, a student may request his/her coach's permission to drive to a contest. No passengers allowed. Student must have prior guardian approval on the Student Voluntary Transportation Agreement Form. This form must be on file with the athlete's coach.
9. Transportation home from game – Students must return to Linfield Christian School in the same vehicle as they arrived. Coaches may release athletes, after a contest, to their guardians or to any Linfield approved drivers with written permission from their guardian.
10. Private vehicle transportation – Students may ride in a private vehicle driven by a coach or an approved adult volunteer. Student must have prior guardian approval on the Student Voluntary Transportation Agreement Form. This form must be on file with the coach.

**Warning To Athletes & Parents/Guardians**  
**Serious, Catastrophic and Perhaps Fatal Injury May Result From Athletic Participation.**

By its very nature, competitive athletics may put students in situations in where SERIOUS, CATASTROPHIC and, perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate, in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious catastrophic or even fatal injury. If any of the foregoing is not completely understood, please contact your school principal for further information.

Student's Name \_\_\_\_\_ Sports \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First

OUR SIGNATURES BELOW WILL ACKNOWLEDGE THAT WE UNDERSTAND AND HAVE READ THE MATERIAL CONTAINED IN THE WARNING TO ATHLETES & PARENTS/GUARDIANS AND GIVE PERMISSION FOR OUR STUDENT TO PARTICIPATE IN ATHLETICS AND BE TRANSPORTED, USING SCHOOL PROVIDED TRANSPORTATION, UNLESS STATED OTHERWISE ON VOLUNTARY TRANSPORTATION FORM.

Signature \_\_\_\_\_ date \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_  
Student Parent/Guardian

## **Code of Ethics - Athletes**

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the Linfield Christian School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

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Signature of Student Athlete

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Date

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Signature of Parent/Caregiver

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Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

**Emergency Medical Information**

STUDENT NAME:

\_\_\_\_\_

First Middle Last

Student Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE CHECK  WHICH PARENT SHOULD BE CALLED FIRST:**

FATHER/MALE GUARDIAN

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address if different than that of student \_\_\_\_\_

MOTHER/FEMALE GUARDIAN

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address if different than that of student \_\_\_\_\_

**LOCAL PERSON(S) TO CONTACT FOR EMERGENCY NOTIFICATION IF YOU CANNOT BE REACHED:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please explain if your child has diabetes, epilepsy, allergies to insect bites or any specific health problem that may require medication or special attention during school hours (medications and dosage instructions to be provided to school office when applicable):

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Claims Office Address: \_\_\_\_\_ Claims Office Phone#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured's ID Number: \_\_\_\_\_

**Consent to Treat Minor**

Father or Male Guardian (Herein "Parent") \_\_\_\_\_  
First Middle Last

Mother or Female Guardian (Herein "Parent") \_\_\_\_\_  
First Middle Last

Student Legal Name (Herein "Student") \_\_\_\_\_  
First Middle Last

(Student's Grade in School- 2011/12 school year) \_\_\_\_\_

The above-named parent(s) or legal guardian(s) (Collectively "Parent") of the Student has entrusted, for a temporary period of time, the Student into the care of Linfield Christian School and its Agent, an adult, for particular reasons and for the welfare of the student. The Parent does hereby authorize the Agent, as agent for the undersigned to consent to any X-ray examination, anesthetic, emergency Paramedic treatment, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital; or to consent to treatment to be rendered to the Student by any dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Civil Code of California. The Parent hereby authorizes any hospital which has provided treatment to the Student pursuant to the provisions of Section 6910 of the Civil Code of California to surrender physical custody of the Student to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California. These authorizations shall remain effective until June 30, 2012, unless sooner revoked in writing delivered to said Agent.

I understand that Linfield Christian School DOES NOT provide accident medical insurance for students for school related injuries, but does offer student accident insurance for VOLUNTARY purchase. I further understand that Linfield Christian School, its employees, and its Board assume NO LIABILITY of any nature in relation to the medically related transportation or treatment of this student. ALL COSTS INCURRED for treatment provided in relation to this shall be MY (OUR) RESPONSIBILITY. This authorization shall remain effective for the full school year unless revoked in writing and delivered to the Linfield Christian School Business Office. In the event of an accident or emergency, I (we) authorize school authorities to take my (our) child to any available doctor or hospital.

\_\_\_\_\_  
DATE (Signature of Father or Male Guardian)

\_\_\_\_\_  
DATE (Signature of Mother or Female Guardian)

**CIVIL CODE OF CALIFORNIA, SECTION 6910**

The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

**HEALTH AND SAFETY CODE, SECTION 1283 (a)**

No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent.

**Student Accident Insurance & Athletic Participation Form**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS: Please read the important information that follows. Your signature on this form releases your student for participation in Linfield Christian athletics and indicates your understanding of the conditions by which students will be permitted to participate.

**I. LINFIELD CHRISTIAN SCHOOL ACADEMIC ELIGIBILITY REQUIREMENTS:**

Not less than a 2.0 ("C") Grade Point Average (GPA) in previous grading period with no more than 1 "F", while working toward required graduation courses.

**II. INSURANCE:**

Although Linfield Christian School provides secondary medical coverage for all of our athletes, please provide the following insurance information as evidence of your student's existing medical coverage.

I have private insurance:

Name of Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Insured's Employer (If Group Plan) \_\_\_\_\_

**III. AGE AND RESIDENCE STATEMENT:**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (Aug 2011): \_\_\_\_\_  
Has student attended any other high school than Linfield Chr.?  Yes  No Name of School: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ (Dates) City/State: \_\_\_\_\_  
Did student participate in sports?  Yes  No If yes, which sports? \_\_\_\_\_

**IV. PHYSICAL**

An annual physical exam is required for a student to participate in interscholastic authorized school practice sessions, preseason try-outs and summer programs in any sport. I have read this form and will abide by its provisions. I hereby give my consent for the above-named student to participate in sports including regularly scheduled trips by supervised school transportation. I certify that all information provided on this form is accurate and understand that Linfield Christian School shares no responsibility in the payment of medical fees incurred by injuries to participants in its athletics program. I will keep the insurance named in force during the time my student tries out, practices, or competes in athletics. I agree to be responsible for the safe return of all school equipment issued to the student, and I will pay for articles lost or damaged beyond normal use.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Athlete Contract**

I, \_\_\_\_\_ understand all rules and regulations outlined on page 1 of this packet by the athletic department at Linfield Christian School and the CIF (California Interscholastic Federation) Code of Ethics on Page 3 of this packet. I understand that if I break training or any of the governing rules of my sport, during the school year or at any other time (i.e. summer programs, summer leagues, tournaments, etc.), I am subject to dismissal from that sport. It is my responsibility to get from each coach the rules for that particular sport.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**PHYSICIAN REMINDERS**

- 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, 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 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_, MD or DO