



# ACHS ATHLETE PARTICIPATION PACKET

2021-2022

*Please complete, print, and upload through [AthleticClearance.com](https://AthleticClearance.com) or email to [mary.perez@oxnardunion.org](mailto:mary.perez@oxnardunion.org). Entire packet must be submitted before athlete will be permitted to participate. More information can be found on [goscrops.com](https://goscrops.com).*

# PART 1: OUHSD PREPARTICIPATION HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_ Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

\_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	(Explain	
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

<b>MEDICAL QUESTIONS (CONTINUED)</b>	<b>Yes</b>	<b>No</b>
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
<b>FEMALES ONLY</b>	<b>Yes</b>	<b>No</b>
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2: OUHSD PREPARTICIPATION PHYSICAL EXAMINATION FORM

Note: To be completed by physician.

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BP: / ( / ) Pulse:
Vision corrected: Y / N		Pupils equal: Y / N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Hernia		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Allergies: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Comments: (asthma, diabetes, etc.) \_\_\_\_\_

**CLEARED FOR ATHLETICS**       **NOT CLEARED- Reason:** \_\_\_\_\_

Name of Examiner (print): \_\_\_\_\_ State License#: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA Provider Stamp or Attached Business Card:

Grade: \_\_\_\_\_

School: \_\_\_\_\_

First Name: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

### PART 3: PARENT/GUARDIAN AND STUDENT CONSENT TO TREAT

I hereby give my consent for \_\_\_\_\_, hereafter named student, to compete in athletics. 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 authorized the medical agency to render treatment. I consent to evaluation and treatment by the Certified Athletic Trainer, any X-ray examination, anesthetic, 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 accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgement may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4: VOLUNTARY SPORTS/ATHLETIC EVENT OR ACTIVITY INFORMED CONSENT AND LIABILITY  
RELEASE ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian (please print) \_\_\_\_\_

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

School/District \_\_\_\_\_

Sport/Activity \_\_\_\_\_ Coach/Instructor \_\_\_\_\_

I authorize my son/daughter, named above, to participate in the indicated sport/athletic event or activity. I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- |  |                                     |
|--|-------------------------------------|
| 1. Sprains and strains                   | 6. Disfigurement                    |
| 2. Fractured bones                       | 7. Head injuries                    |
| 3. Lacerations, abrasions, and avulsions | 8. Loss of eyesight                 |
| 4. Unconsciousness                       | 9. Death                            |
| 5. Paralysis                             | 10. Exposure to infectious diseases |

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary, and is not required by the District/School for completion of graduation requirements. I also understand that, if I do not consent to my son's/daughter's participation in the sport/athletic event or activity, he/she will be offered an alternative course of study for graduation credit.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code or other applicable statutes, regulations, policies and procedures, any participant determined to be in violation of safety requirements, behavior standards or other prohibited conduct may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I also understand that the District/School, due to the COVID-19 virus or other potential infectious diseases, is undertaking to reopen under a plan to facilitate a safe environment for educational programs in addition to extra-curricular, co-curricular and sport/athletic events or activities. In doing so, I further understand that the District/School will be adopting reopening plans designed to meet the requirements and recommendations of state agencies, health advisors and other responsible bodies. However, I also understand and acknowledge that despite the District's and School's efforts, the risk of infection from the COVID-19 virus, or others, cannot be eliminated at this time, and that my son/daughter may be exposed as a result. I also understand and acknowledge that in participating in this sport/athletic event or activity, my son/daughter will increase his/her interaction with students, coaches and assistants, and the corresponding risk of contact and infection, and that this may include functions involving students and facilities other than the District's and School's operating under potentially a different reopening plan, further increasing the risk of exposure of my son/daughter. Finally, I understand, acknowledge and agree that despite reasonable care and steps by the District/School, that the virus presents serious challenges to prevention and control, and reasonable efforts by the District/School that does not assure that my son/daughter may not be infected, and that the infection may not be brought home. Despite all the above I am freely and voluntarily signing this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Risk" form to enable and authorize my son/daughter to participate and releasing and discharging the District/School and its/their governing board, officers, agents, employees and/or volunteers from any liability for my son/daughter becoming infected in his/her participation in the event or activity.

I agree to, and do hereby release and hold the District/School and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity, including reopening programs or procedures of the District/School for the return of students and participation in such events or activities

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Risk" form and that I understand and agree to its terms.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_