



Don Pedro High School

3090 Merced Falls Rd.
La Grange, CA 95329
"Home of the Panthers"

(209) 852-2864
(209) 852-2125 FAX
www.bofg.k12.ca.us

SPORT PHYSICAL VERIFICATION

Students Athlete's Name: _____
Last First Initial

To the Physician:

In your opinion should this student participate in competitive sports?

Yes _____ No _____

If yes, please indicate if this student has any injury or physical condition that should be monitored by the school or coaching staff:

If no, please give recommendations regarding what the student, parents, or school can do to alleviate restrictions and enable the student to participate in competitive sports:

Physician's work address _____

Physician's work phone number _____

Physician's printed name _____

Physician's signature _____

Date: _____



HEALTH STATEMENT AND PARENT'S CONSENT



Student's Name _____
(LAST) (FIRST) (INITIAL)

I hereby certify that the above named student is physically fit to engage in sports.

(SIGNATURE) (DATE)

(TITLE) (STATE LICENSE)

Has the student had any injury or physical condition that should be watched? _____

If yes, please list: _____

PARENT TO COMPLETE

If the student has health or accident insurance, list company name, policy number, and local claims address:

(COMPANY NAME) (POLICY NUMBER)

(CLAIMS OFFICE ADDRESS)
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.

(DATE) (SIGNATURE OF PARENT OR GUARDIAN)

THIS CARD IS TO BE FILED IN THE SCHOOL OFFICE.

*Doctors →
Signature*

Coaches need to take this with them.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
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)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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 _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional Movement Screen (≤ 14 correlates to increased injury risk)		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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

Participation Physical Evaluation
CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

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 all 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) _____ Date _____

Address _____ Phone _____

X Signature of physician _____ MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

**Big Oak Flat-Groveland U.S.D.
Athletics**

Handbook\Athletic Contract

Parents and Athletes:

The administration and staff wish to develop a strong athletic program based on hard work on the athletic fields and in the classroom. It is voluntary and a privilege to play on an interscholastic athletic team.

Enclosed in this folder is an athletic handbook to state the athletic policies of BOFGUSD. Both athletes and parents should be familiar with the contents of the handbook.

We expect our athletes to be of high moral and ethical character and represent BOFGUSD as distinguished athletes.

Please read over the handbook with your student athlete. The final page is an "Athletic Contract". It must be signed by both the athlete and the parent before he/she will be allowed to compete in a contest,

Thank you,

Mr. Randi Mittelstadt
Athletic Director
BOFGUSD
209-962-4763/962-7846x 1170

BOFGUSD

Athletic Check List

(must be completed and turned in to your coach)

Name: _____

- () Athletic contract signed by student and parent.
- () Sports physical completed
- () Athletic Fee paid, optional
- () Current eligibility signed off with athletic director or Principal

Student is cleared to begin practice.

Athletic Director/Principal

**** Student athletes are not eligible to begin practice until this form is complete and given to the coach of your current sport**

BIG OAK FLAT-GROVELAND UNIFIED SCHOOL DISTRICT

Dear Parent:

Donations for athletic participation are listed below.

High School

1 Person	-	\$40.00 - 1 Sport
		\$80.00 - 2 or more sports per year
Family	-	\$120.00

If there are children in 7th - 8th attending Tenaya and high school, the family price would be \$100.00 to reflect lower cost of junior high sports.

7th - 8th Grade Sports

1 Person	-	\$25.00 - Each Sport
	-	\$50.00 - Two or More Sports
Family	-	\$75.00

BOFGUSD Athletic Department

Student Sports Information

Dear Parent/Guardians and Student Athletes:

Welcome to the BOFGUSD and our athletic program!

The BOFGUSD is a member of the California Interscholastic Federation (CIF) Mountain Valley League (MVL) which participates in Division 1,4, 5, 6, and 7 athletics. Don Pedro and Tioga athletes have the opportunity to participate in the following sports:

Volleyball, Cross Country, soccer (fall)

Boys & Girls Basketball (winter)

Boys Baseball, Girls Softball, Track, golf (spring)

Athletes must complete the Student-Athlete Packet. The packet will require your review and signature on several forms including Parental Consent; Emergency Medical Care & Insurance Information; Risk Warning: Acknowledgement of understanding and having reviewed with your student the contents of the Student-Athlete Packet.

In order to participate in athletics, student-athletes must have an annual medical clearance from a currently licensed physician (nurse practitioner or physician's assist). This will require an office visit for an examination. As parent or guardian, you will be required to complete and sign a medical history form on your student prior to the examination. California schools can no longer accept student medical clearance from chiropractors, dentists, etc.

If you have any questions about BOFGUSD athletics, contact me at school 209-962-4763 or 962-7846, or email rmittelstadt@bofg.org

Mr. Randi Mittelstadt
Athletic Director

BOFGUSD Athletic Department

Responsibilities of a BOFGUSD High School Athlete

Being the member of an athletic team is the fulfillment of an early ambition for many students. The attainment of this goal carries with it certain traditions and responsibilities that must be maintained. A great athletic tradition is not built over night, but takes the hard work of many people over many years. As a member of an interscholastic team in the BOFGUSD, you have inherited a tradition... a tradition you are challenged to uphold.

Objectives

- To be successful through dedication and commitment.
- Sportsmanship.
- Improvement in physical skills, mental well-being, and social skills.
- Enjoyment.
- Develop desirable personal health habits.
- Sports Code of Conduct and Ethics.
- Education is the primary reason for being in school. Sports experiences are another facet of a well rounded education, but secondary to success in the classroom.
- Be committed to work cooperatively with teachers, coaches and all staff.
- Athletes are expected to put forth their best effort in both practice and games.
- BOFGUSD athletes will be humble in victory and gracious in defeat.
- All athletes will be models of sportsmanship regardless of the outcome.
- Stress the values derived from fair play.
- Show courtesy to visiting teams and officials.
- Eliminate all negative aspects which tend to destroy the best values of the game.
- Respect the integrity and judgment of sports officials.
- Encourage leadership and good judgment by players on the team.
- Recognize that the purpose of athletics is to promote the physical, mental, moral, social, and emotional well being of the players.

Basic Code of Conduct

- **Unsportsmanlike Conduct:** Any athlete ejected from a game shall be prohibited from participating in the next contest also. This includes pre-game or post-game ejections, whether or not they are reported by the officials to the CIF or other authorities.
- **Interactions with Officials.** Any athlete physically assaulting an official shall be banned from interscholastic athletics for the remainder of the student's eligibility no matter what school the athlete attends (CIF, Section 522)
- **Drug and/or Alcohol Use.** Any athlete's use of a not-prescribed medication and/or the use of alcohol, in or out of season, at school or school events, or based on verifiable information, shall be suspended from athletics pending an administrative investigation. The current BOFGUSD School Board Policy will be adhered to.

Athletics Fees

The Big Oak Flat USD asks that all student athletes pay an athletic participation fee. This fee is used to offset the cost of transportation to away contests. The fee is optional but encouraged.

Transportation

- Unless exceptional circumstances occur, all athletes will travel to athletic events in school provided transportation.
- Appropriate behavior is mandatory. This will include, but is not limited to: accepting the seating designated by the supervising coaches or driver; keeping the center aisle clear at all times; remaining seated while the bus is in motion; keeping voices at normal conversation level; and all trash appropriately placed in trash containers before leaving the bus or van.
- No audio or video device shall be used without headphones.
- Nothing is to be thrown from a bus or van at any time.
- Boys and girls will ride in separate seats to away contest. The only exception will be seat availability and the coach's discretion.
- All athletic bags will be stowed under the bus when being transported to and from contests.
- No food or beverages, except water, will be allowed on the bus.
- Athletes may return from an athletic event with their parents or guardian only after completing the transportation Waiver of Liability.
- An athlete may not ride with another athlete's parent, unless a signed permission request is presented. Permission slips must be completed by the parent of each athlete, be signed by the principal (or designee) and be on file, in writing, in the school office and for each transportation request.
- Athletes must notify their parents or guardians of the expected time of return. Arrangements must be made to be picked up at the return time.
- Failure to abide by any of the above conditions, may result in a suspension of travel privileges and subsequent dismissal from the team and, if appropriate, referral to the legal authorities for those involving a violation of the law.

Meals When Traveling

- Athletes will eat at the designated restaurants with an adult present. Athletes will not enter any business without an adult supervisor present.
- Athletes will not cross any thoroughfare unless direct permission is received from an adult supervisor.
- Athletes will maintain a minimum group of two when away from School.

Athletic Eligibility

- Athletes must maintain a 2.0 GPA to participate in interscholastic athletics.

- Athletes may not participate in interscholastic athletics with two (2) failures (F's). An "Incomplete" will be averaged as an "F" until the grade has been completed.
- Progress reports will be conducted on a regular basis during the season. Those athletes with below average grades may be restricted from traveling to away contest.
- Athletes must successfully progress toward graduation requirements

Conduct Eligibility

- An athlete will not travel to an away contest or play in a home game if a received detention has not been cleared over a period of one week.
- Any athlete receiving three or more referrals in a weeks will be suspended from the team pending a parent conference
- An athlete that engages in any activity in violation of school policy, ie., racial or sexual slurs, cheating, truancy, tardiness, profanity, obscene gestures, berating an opponent, or a criminal violation of the law, will be suspended from the team.
- An athlete suspended by an administrator, or serving In-School suspension, will not be allowed to practice or participate with the team on the day(s) of suspension.

Class Attendance

- Athletes must attend class. This requirement is for practice as well as games. Failure to attend Class will result in the athlete being ineligible for the day.
- The only exception is prior coach or administration approval to conduct personal business or fulfill an appointment.

School issued Equipment

- Athletes are financially responsible for all equipment and uniforms entrusted to their care. Abuse of the equipment may result in suspension or dismissal from the team
- Requests to turn in equipment must be met by the deadline. Athletes will not be allowed to practice or compete in another sport until equipment/uniforms have been turned in or the financial bill for replacement paid.
- The financial replacement cost for a lost or unreturned uniform is \$100.00

Quitting a Sport

- Upon successful completion of a try-out period, an athlete that quits a sport shall be withheld from participation in another sport until the season of the dropped sport is completed, to include playoffs.
- An athlete that voluntarily quits a sport after the first scheduled contest, for reasons other than injury or a personal reason deemed valid by the Athletic Council, will be ineligible for 90 school

days or the next sport in which he/she has participated. The 90 day period may extend to the following school year.

- "Cuts" to team personnel may occur at any time in the season. "Cut" athletes are eligible to participate in another sport.
- Release from the team commitment to be determined by the team's coach.
- All possible awards are forfeited.

Attendance at Practice & Games

- Attendance at practice and games is mandatory. Employment is not a valid reason for missing scheduled practices or games.
- Missing practice or a game, even with prior approval, may result in an adjustment in playing time or position on the team.

Personal Appearance

- All athletes are to comply with the High School Dress Code. The dress code is in effect during practice. Proper practice attire is required.
- Game Day attire for boys shall consist of a dress shirt (tucked in), and appropriate pants. Game Day attire for girls shall consist of a blouse or sweater that covers all mid-section skin and proper slacks/skirt or team shirts assigned by the coach.
- Game day attire shall be worn at all times, prior to the contest, when at an opponent's school.
- Comfortable, but dress code appropriate clothing may be worn on the return trip.
- At no time will unbuttoned shirts and sleeveless undershirts be allowed.
- Athletes not adhering to the dress code will not be allowed to board the transportation to away contests.
- Failure to abide by the dress code and grooming request will result in a suspension of your traveling privileges and may lead to dismissal from the team.

Violation of School Policy

- Violation of school policy, whether on Don Pedro's campus or visiting another campus will be reported to the Administration
- In violations resulting in a suspension, the athlete is also suspended from practice and suspended from the next athletic contest.
- A second such violation and suspension shall result in dismissal from the team.

Criminal Violations

- Any athlete involved in a criminal violation of the law shall be removed from the team and is ineligible for all sports during that school year.

- Any athlete involved in a criminal violation of the law shall be turned over to the proper law enforcement agency. Parent/guardians will need to respond to take custody of the student from the law enforcement agency.
- Reinstatement will be at the discretion of the Athletic Council.

Travel Policy

- All policies of the BOFGUSD are in effect when traveling to and returning from an athletic event.
- These policies are in addition to the requirements listed in this handbook

Athletic Probation

- An athlete with excessive tardies and /or absences, he/she will be suspended from practice and game participation by the coach or athletic director. Excessive tardies is defined as three (3) unexcused tardies in a quarter.
- An athlete behind academically, as determined by the athletic council may be suspended from practice or participation by the coach or athletic director.
- An athlete receiving three (3) referrals for classroom disruption and impeding other students' ability to learn will be suspended from practice or participation on the team as determined by the athletic Council pending a review.

One time academic probation

- Each athlete is entitled to "One-time Academic Probation".
- It may be used one time only during the athletes' high school eligibility and is in effect for one semester.
- Failure to raise the GPA to an eligible minimum of 2.0 will result in the athlete being academically ineligible for the following semester.

Tobacco, Illegal Drug and/or Alcohol Use

- The use of tobacco, illegal drugs and/or alcohol is strictly forbidden. The athlete will be dismissed from the team.
- The use of any performance enhancing steroid/substance is strictly forbidden. No substance of any type that is used with the intent of enhancing athletic performance will be allowed.
- Any violation will result in removal from the team.
- The removal from a team for violation of substance abuse will be treated the same as an athlete quitting a sport.

- Athletes will comply with all provisions of the Big Oak Flat-Groveland Unified School District Policy AR 5131.61 (a), Drug Testing for student Athletes, failure to comply with the above will result in immediate suspension from the athletic team.

Use of Energy Drinks and Over the Counter Medication

- The use of energy stimulating drinks with high levels of sugar and caffeine is strongly discouraged. The use of such drinks in combination with over-the counter medication can cause an extreme medical emergency.
- Such an emergency will result in an administrative investigation and may result in dismissal from the team.

Athletic Council

- The Athletic Council (AC) shall consist of the principal (or designee), athletic director, current sport coach, and a non-coaching staff member.
- The athletic Council (AC) will be responsible for establishing guidelines for discipline and for enforcing them in a fair and consistent manner.
- The Athletic Council (AC) will be responsible for hearing all parental appeals to discipline rulings.
- Appeals to discipline rulings must be made in writing to the principal.
- Appeals to discipline must be made within 5 days of a discipline notice.
- Response to an appeal must be made within 3 days of receiving the appeal.

Review and Acceptance

- The contract page of this handbook must be signed by both the athlete and parent/guardian.
- Failure to return the signed contract will result in non-participation for the athlete.

**Big Oak Flat-Groveland U.S.D.
Athletic Department**

Athletic Contract

I have read the Student/Athlete Handbook and accept the guidelines included within it. I understand that failure to abide by the rules may result in dismissal from a team. I understand that participation on a Big Oak Flat-Groveland U.S.D. Athletic team is a privilege and realize the importance of sportsmanship. By signing below, I accept the rules to be an athlete in the BOFGUSD.

Student/Athlete

Date

I have reviewed the Student/Athlete Handbook with my son/daughter and understand the consequences for failing to abide by the guidelines set forth.

Parent/Guardian

Date

Return to your Coach