



**HESPERIA CHRISTIAN SCHOOL
SPORTS MEDICINE
(760) 244-6164
Preparticipation Sports Evaluation
&
Parental Medical Release**



ATHLETE INFORMATION:

Athlete's Name _____
Address: _____

Sex: M / F Age: _____ Date of Birth: _____
Phone: (____) _____ Grade: _____

HEALTH HISTORY: For Parent or Guardian to complete (Use back of form for any explanations)		
	Yes	No
Chronic / Recent Illness?		
Hospitalizations / Surgery?		
Bone/Joint Injury / Disease?		
Missing Organs?		
Dizziness: Fainting / Epilepsy?		
Frequent Headaches?		
Knocked out / Concussion?		
Wear Glasses / Contacts?		
Hearing Problems?		
False Teeth/Braces?		
High Blood Pressure?		
Heart Problems / Murmurs?		
Asthma / Chronic cough?		
Hernia?		
Allergies?		
Diabetes?		
Renal Disease / Injury?		
Recurrent skin disease?		
Current Medications:		
Family History of Heart disease?		
Other Family History of diseases?		
Immunizations current?		
Date of last tetanus:		
For Women Only: Age at first menses:		
Are periods regular?		
The above is correct and current to the best of my knowledge.		
_____ Parent/Guardian Signature _____ Date		

PHYSICIAN'S REPORT For Physician to complete	Satisfactory			Comments:	
	Yes	No	NE		
Height:					
Weight:					
Maturation Status:					
BP /					
Head					
Eyes					
Hearing					
Dental					
Nose/Throat					
Heart					
Lungs					
Abdomen					
Genitalia					
Hernia					
Skin (Staph? Fungus?)					
Joint Function: Shoulders Elbows Hips Knees Wrists Ankles Feet Hands					
Neuromuscular					
I certify that on this date I have examined the above student as indicated by items checked and recommend the following in regards to participation in supervised athletic activities.					
Sports participation approved: Yes ___ No ___ Restricted ___					
_____ Examining Physician Signature _____ Date					

PARENT INFORMATION:

Father's Name: _____ Cell # _____
Mother's Name: _____ Cell # _____
Health Insurance Carrier: _____ Policy # _____ ID# _____
Family Doctor: _____ Address _____
Phone # _____

EMERGENCY CONTACT INFORMATION (In Parents cannot be reached other persons who can be contacted)

Name: _____ Name: _____
Phone # _____ Phone # _____

**ASSUMPTION OF RISK AND
WAIVER, RELEASE AND INDEMNITY AGREEMENT**

1. For and in consideration of permitting (name) _____ to enroll in and/or participate in _____ given by Hesperia Christian School in the City of Hesperia, County of San Bernardino, State of California, beginning on the _____ day of _____, 20____. The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Hesperia Christian or any of its officers, agents, servants or employees for any said cause of action, whether the same shall arise by the negligence of any said persons, or otherwise.

2. IT IS THE INTENTION OF (name) _____ BY THIS INSTRUMENT TO EXEMPT AND RELIEVE HESPERIA CHRISTIAN FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

3. The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for injury, personal property damage or wrongful death shall be prosecuted against Hesperia Christian School he/she shall indemnify and save harmless such entity from any and all claims or causes of action by whomever or whatever made or presented for personal injuries, property damage, or wrongful death. The Undersigned acknowledges that he/she has read the foregoing three paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of _____ and is fully aware of the legal consequences of signing the within instrument. (Type of athletic or other voluntary activity)

Signature of Student Date

Signature of Parent or Guardian Date

CIF CODE OF ETHICS -- ATHLETES

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, 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 the 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 524).

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 200 D, there could be penalties for false or fraudulent information. We also understand that the Hesperia Christian School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Student Athlete Date

Signature of Parent/Caregiver Date