



Paso Robles Joint Unified School District
Elementary School Athletic Packet
2021-2022



Name _____
Please Print Clearly - Include nicknames

Date _____ Grade (circle): 3 / 4 / 5

Sport Participation: Please circle the sport in which you plan to participate. Please note grade levels available

Fall	Winter	Spring.
Cross Country (3rd, 4th, 5th) Volleyball (4th, 5th)	Basketball (4th, 5th)	Track (3rd, 4th, 5th)

Athletic Packet Checklist

Please make sure the following are completed and submitted to your school:

- Carefully read the information provided with regard to participation, code of ethics, parent code of conduct, and uniform policy.
- Read and sign the **PRJUSD Parent/Legal Guardian Permission Slip.**
- Read and sign the **PRJUSD Release of Student Form/Athletic Activity Participation** (provide insurance).
- Read and sign the **Parent/Athlete Concussion Information Sheet.**
- Read and sign the **Sudden Cardiac Arrest Information Sheet.**

Elementary students are **NOT** required to obtain a physical examination before participation.

I have read and verify that I understand and have signed all the above documents.

Guardian Signature Date Parent or

Signature Date Student

Georgia Brown: Phone: 805-769-1200 Pat Butler: Phone: 805-769-1750 Kermit King: Phone: 805-769-1700 Virginia Peterson: Phone: 805-769-1250 Bauer-Speck: Phone: 805-769-1350 Winifred Pifer: Phone: 805-769-1300

CODE OF PARTICIPATION

The Paso Robles Joint Unified School District Co-Curricular Program is an integral part of our total school program. It is an opportunity to allow all students to acquire progressively the skills, knowledge, and attitudes that lead to maximum development within their individual capabilities. It also affords the child an opportunity to develop social skills needed in order to be a well-adjusted individual. When students elect to participate in our co-curricular program, they must recognize that they have assumed certain responsibilities and obligations to the coach/advisor, to the members of the activity, and certainly themselves.

All PRJUSD Elementary Schools will maintain a “no cut” policy for all athletic teams. We encourage each and every child who has a desire to be part of a team to come out and participate.

Upon entering any sport or other co-curricular activity, students agree to participate in accordance with the Code of Participation. The code is enforced commencing with the second week of practice.

- Students are required to attend practice/rehearsal as established for the activity. Absences or tardies may be excused as with classroom attendance. The participant has the obligation to clear these with the teacher or coach.
- Students joining a sport or other co-curricular activity will be given one week grace period to determine whether they wish to continue with the activity throughout the entire season. The student and/or athlete will not arbitrarily or unilaterally “quit” a sport. After the grace period, the student may drop the sport only after consultation between the student, parent, coach or advisor and principal.
- Students are expected to respect and properly care for all property and/or equipment issued in conjunction with the activity. Team uniforms are the property of the school. Students who negligently lose or cause undue damage to a uniform will be charged for their replacement.
- Students will maintain a satisfactory level of academics and demonstrate satisfactory behavior and citizenship.

Athletic Participation

Coaches’ expectations of athletes:

1. Be at each practice on time and ready to work.
2. Do what your coaches ask of you.
3. Give your personal best for the entire practice time.
4. Follow all school rules and be a leader of character.

The following specific guidelines are in place to ensure fair, consistent, and appropriate participation for all student athletes:

Action	Guidelines / Consequences
During any reporting period, the student athlete earns more than 2 “N” grades.	Athletic meetings will take place with the coach, teacher, and principal to determine next steps.
Absences	In order to participate, a student must be in attendance the majority of the school day of practice and/or performance unless authorized by the principal. The student athlete must practice a minimum of 1 practice session during the week of the game in order to participate.
Excused Absences	School absences and illness
PE Excuse	Students who have a PE excuse will not be allowed to practice or compete in games or meets.
Behavioral Notice at school	Possible suspension from team
Suspension	Player does not play and Athletic Committee meeting will determine further action

Practices & Games

Practices are Tuesday and Thursday (if no game) from 2:45 – 4:00 pm. Rainy day may determine if practices are cancelled. Decisions to cancel will be made by administration by 12:00 pm. Athletes will have an opportunity to call parents when practices or games have been cancelled. Students will be released from schools if they are the traveling team at 1:25 on Fridays. Bus pick up is at 1:30. At home competitions the students will be released at 2:15. Competitions begin at 2:45.

- **There will be no bus transportation back to school sites. Parent pick up.**

CODE OF ETHICS

- The student will be respectful of his/her teammates, opponents, and all supervising adults. ● The student will contribute as well as encourage others to contribute in their efforts towards team success.
- The student should inspire competitiveness in teammates without personal antagonism towards the opposing team.
- The student will be a gracious and humble winner.
- The student will elect to place team betterment over individual accomplishment.
- The student will follow all school rules and lead with character while representing his or her school and District.

PARENT CODE OF CONDUCT

The purpose of the Parent Code of Conduct is to develop parental support and positive role models in all athletic activities. In the tradition of building, *ONE TEAM ONE DREAM*, the purpose of all athletic activities in PRJUSD is to promote the physical, mental, moral, social, and emotional well-being of each student. Parents/guardians are an integral part of this process.

Expectations:

As a PRJUSD parent/guardian, I agree to:

- Read and understand the guidelines of the Code of Participation, Code of Ethics, and Parent Code of Conduct
- Be a positive role model for my student, the school, and community
- Display a positive attitude and behavior
- Provide a pressure-free environment for my athlete
- Stress the importance of the complete athlete, both physical and mental preparation ● Assist in the commitment my athlete has towards his/her sport by making sure they are at all practices and games for their entirety
- Show respect for all participants, officials/judges, and advisors/coaches
- Assist in providing for student safety and welfare at all times
- Encourage my student to attend school regularly and excel academically
- Inform the coaches immediately of any participant with a medical condition, such as asthma, so they can be given special instructions and guidance
- Sign a child out if they are not going to ride the bus back home from away games. Failure to sign a child out puts a strain on staff as we work to provide proper supervision.

Grievances

It is a district policy that grievances should not be addressed during or immediately following any game or practice. If a situation arises where a parent/guardian wishes to meet with a coach, or address a specific issue or complaint, the following steps should be followed:

1. Request a meeting at school with the coach.
2. If your problem is not resolved, schedule an appointment with the Athletic Director to discuss. If not resolved, schedule a meeting with Administration.
3. If your problem has not been resolved after a meeting with the administration, refer to the appeal process outlined in the Paso Robles Joint Unified School District Policy.

Uniforms and athletic equipment assigned to an athlete are the sole responsibility of the athlete. It is expected that:

- Uniforms and equipment will be worn for school sports events only.
- Uniforms will be cared for and cleaned regularly.
- Within 5 days of the end of the season, all uniforms and equipment will be returned in good condition. All uniforms will be laundered before returning to the coach. Uniforms will be returned in a bag clearly labeled with the athlete's name, teacher's name, sport, and uniform number. • The athlete is responsible for the replacement cost of any lost or damaged uniforms and equipment.

Thank you for maintaining our athletic uniforms in good condition and helping control the costs of providing a fun and competitive athletic program!

Uniform and Equipment Return Policy

Students and Parents/Guardians must agree to return athletic uniforms and equipment in the condition they received it. When uniforms and equipment are returned it must be washed, dried, folded and placed into a plastic bag with student's first and last name, teacher, and room number on it. If the uniform is lost or damaged, students and parents/guardians will be responsible for the cost to replace the uniform and or equipment. Students will not be allowed to participate in the next season until the uniform and equipment have been turned in or paid for.

Approximate replacement costs for damaged or lost uniforms and equipment are as follows:

Volleyball	X Country/ Track		Basketball	
Jersey \$30 Short \$25	Jersey \$30 Shorts \$25		Jersey \$ 30 Shorts \$25	



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PARENT/LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised athletic programs, it is impossible to completely eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. By signing this form, we acknowledge that we have read the above information.

I hereby give my consent for my student:

1. to participate and represent his/her school in approved athletic activities.
2. to accompany any school team of which he/she is a member on local or out-of-town trips.
3. to be treated by a certified athletic trainer contracted by the school district for the purpose of attempting to evaluate, treat, or relieve any injuries received while participating in district athletics.
4. to be transported, and/or receive medical care by medical caregivers of the school's choice, when it is determined that emergency medical care is necessary in the course of such athletic activities or such travel.

I further agree not to hold Paso Robles Joint Unified School District, or anyone acting in its behalf, responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel. I also give Paso Robles Joint Unified School District permission to release my student's name and image to media for promotional purposes.

STUDENT: I HAVE READ AND UNDERSTAND THE POLICIES, RULES, AND REGULATIONS OF THE ATHLETIC DEPARTMENT AND AGREE TO ABIDE BY THEM.

_____ **STUDENT SIGNATURE**
DATE

PARENTS: WE HAVE READ AND UNDERSTAND THE POLICIES, RULES AND REGULATIONS OF THE ATHLETIC DEPARTMENT AND AGREE TO ABIDE BY THEM. WE AGREE TO, AND WILL SUPPORT, THE SCHOOL IN THE OBSERVANCE OF THESE ITEMS.

_____ **PARENT/LEGAL**
GUARDIAN SIGNATURE DATE



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**RELEASE OF STUDENT
TO PARENT/GUARDIAN AFTER FIELD TRIP OR ACTIVITY**

I request that _____ at _____
Student Name School Name

be released to my custody after all trips, activities or sports Games or events. I agree to notify the coach/ staff member immediately following the game and sign out my son/ daughter utilizing the district release form. Rather than returning to school in the transportation provided by Paso Robles Joint Unified School District. The following are additionally authorized individuals should also be listed on the registration medical card to whom the above-referenced child may be released:

Relationship _____ Name

Relationship _____ Name

Relationship _____ Name

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)

Phone Number Other Phone Number Date Home

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs. All parents will sign children out following each game. Coaches need to reference the roster with the sign out sheet to verify the number of athletes traveling home.

ATHLETIC ACTIVITY PARTICIPATION

Paso Robles Joint Unified School District currently provides secondary insurance coverage through **Self-Insured Schools of California (SISC)** for all sports **except tackle football**. This is only a secondary coverage and will pay a maximum of \$2,500.00. Tackle football is not covered under this SISC policy. We are now requiring parent(s) or legal guardian obtain or purchase a primary coverage at a higher level of coverage for tackle football. For more information on SISC call 661.636.4710

PLEASE INDICATE THE FORM OF INSURANCE COVERAGE YOU WILL USE:

- _____ State of California-Healthy Families Program
- _____ State of California-Medi-Cal
- _____ None
- _____ My own insurance, my son/daughter is insured by:

Name of Insurance Company: _____ **Policy or Group No.** _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

CardiacWise (20-minute training video)
<http://www.sportsafetyinternational.org>



06/27/2017

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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 <input type="checkbox"/> 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	Yes	No
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 _____